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DLN: 93493255003073

Form **990**

Department of the Treasury

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)

2012

OMB No 1545-0047

Open to Public

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

		e Service						Inspection
			endar year, or tax year beginnin C Name of organization	g 01-01-2012 , 2012, and ending 1	2-31-2012	—		
_		applicable	COMMUNITY FOUNDATION OF WEST	TERN NEVADA		D Emple	oyer iden	ntification number
	ress cl	-	Doing Business As			88-0	370179)
	me cha	-						
_	ial retu		Number and street (or P O box if n 1885 SOUTH ARLINGTON AVENUE N	nail is not delivered to street address) Room	n/suite	E Teleph	one numb	ber
Te	mınate	ed	1003 SOUTH ARLINGTON AVENUE IN	0 103		(775) 333-5	499
M Am	ended	return	City or town, state or country, and RENO, NV 895093310	ZIP + 4		(, , ,	,	
П Ар	olicatio	n pending	KENO, NV 053053510			G Gross	receipts \$	22,230,153
			F Name and address of prii	ncıpal officer	H(a) I	s this a grou	p return	for
			CHRIS ASKIN 1885 S ARLINGTON AVE S	STF 103	ā	affiliates?		┌ Yes No
			RENO, NV 895093310	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Н(b)	\re all affiliati	es inclue	ded? 「Yes 「No
					II .			(see instructions)
I Ta	x-exen	npt status	✓ 501(c)(3)	insert no) 4947(a)(1) or 527				
j W	ebsit	e: ► WW	/W CFWNV ORG		H(c)	Group exemp	tion num	nber 🟲
K For	n of or	raanization	Corporation Trust Association	n Cother In	l Vear	of formation 1	008 M	State of legal domicile N
	rt I		mary	otilei F	L Teal	or formation 1	996	state of legal doffficile. No
			escribe the organization's mission	an ar most significant activities				
				DUGH LEADERSHIP ACTIVITIES	THAT ENGA	GE RESIDEN	ITS ARC	DUND A COMMON
a)		ISSUE						
Governance								
Ē								
o ye	2	Check th	nis box দ if the organization di	scontinued its operations or dispose	ed of more th	ian 25% of its	s net as	sets
								1
20 (1)				ing body (Part VI, line 1a)			3	15
Ě				of the governing body (Part VI, line			4	15
Activities &				calendar year 2012 (Part V, line 2a			5	6
∢.				ecessary)			6	(
				art VIII, column (C), line 12			7a	(
	ь	Net unre	lated business taxable income f	rom Form 990-T, line 34	· · ·		7b	(
						Prior Year		Current Year
a)	8			ne 1 h)		18,410		20,285,845
n Lie	9	_		ne 2g)			0	0
Ravenue	10			n (A), lines 3, 4, and 7d)	•	1,024	_	1,159,682
_	11			lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A),	lina -	94	,670	708,266
	12			(must equal Part VIII, column (A),		19,529	,732	22,153,793
	13			IX, column (A), lines 1-3)		10,071	,469	5,905,664
	14	Benefi	ts paid to or for members (Part I	X, column (A), line 4)			0	C
	15	Saları	es, other compensation, employe	ee benefits (Part IX, column (A), line	es			
\$		5-10				393		457,665
Expenses	16a			column (A), line 11e)	•		0	C
ठ	b		ndraising expenses (Part IX, column (D		-			
	17			lines 11a-11d, 11f-24e)		578		660,434
	18			st equal Part IX, column (A), line 25		11,043		7,023,763
	19	Reven	ue less expenses Subtract line	18 from line 12		8,486		15,130,030
Net Assets or Fund Balances					Begi	nning of Curre Year	ent	End of Year
Set	20	Total	assets (Part X, line 16)			58,672	449	65,539,488
AB GB	21				•	20,161		8,927,866
25 E	22			line 21 from line 20	· .	38,510		56,611,622
	t III		ature Block		-	00,010	,	00/011/022
my k	nowle arer ha	dge and as any k	belief, it is true, correct, and cor nowledge	amined this return, including accom nplete Declaration of preparer (othe				
			or print name and title					
			Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN	
Paid	t	—	BETH KOHN-COLE		2013-09-10	self-employed	•	
	- pare		Firm's name F KOHN & COMPANY LLF	,		Firm's EIN 🕨 4	10-328162	21
	On		rım's address ► 5310 KIETZKE LANE SU	JПЕ 101		Phone no (77	5) 828-73	300

RENO, NV 89511

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

Par		ent of Program Service A chedule O contains a response	ccomplishments to any question in this Part III .		
1	Briefly describe	the organization's mission			
	STRENGTHEN OUI SES THAT MATTE		LANTHROPY AND LEADERSHIP	BY CONNECTING PEOPLE V	WHO CARE WITH
2			ogram services during the year wh		┌ Yes ┌ No
	If "Yes," describe	these new services on Schedu	e O		
3	services?		significant changes in how it condi	ucts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Schedule O			
4	expenses Sectio		omplishments for each of its three nizations are required to report th program service reported		
4a	(Code) (Expenses \$	5,310,279 including grants of \$	5,905,664) (Revenue \$)
	FORM OF DONOR		ENGTHENS THE NORTHERN AND WESTER O LOCAL CHARITIES, SCHOLARSHIP FUNI		
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program s	services (Describe in Schedule (O)		
	(Expenses \$		grants of \$) (Revenue \$)
4e	Total program s	ervice expenses ► 6,	310,279		

art 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
LO	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	Yes	
1	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	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νo
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
.2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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 and XII is optional	12b	Yes	
.3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
.4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
.5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
.6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
. 7	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 (see instructions)	17		No
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
.9	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νo
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 of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			1
_		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

			Yes	Ī
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 32		162	 '
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
)				
	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	-		
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		r
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<u> </u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		H
-	IT TES, to fine 3a of 3D, did the organization life Form 6000-17	5c		
	Does the organization have annual gross receipts that are normally greater than $$100,000$, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		ı
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
h	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			\vdash
•	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
:	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
J	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
)	Sponsoring organizations maintaining donor advised funds.	8		
3	Did the organization make any taxable distributions under section 4966?	9a		
•	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
,	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	
)	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	This which the organization is incensed to issue qualified fleath plans	1		
J	200	14a	 	
_	Did the organization receive any payments for indoor tanning services during the tax year?			

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

	ection A. Governing Body and Management			
12	Enter the number of voting members of the governing body at the end of the tax		Yes	No
Ia	year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b		
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes	
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b c 13	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
b 11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participation in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No

- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply of Own website. Another's website. Upon request. Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ CHRIS ASKIN 1885 S ARLINGTON AVE SUITE 103 RENO, NV (775)333-5499

<u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot ecto	not box h ar or/tr	offic	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officel	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
(1) NORMA WEBSTER	2 00	Х		х				0	0	0	
IMMEDIATE PAST BOARD CHAIR											
(2) LINDA SMITH	2 00	x		x				0	0	0	
BOARD CHAIR		^		L^							
(3) BUTCH ANDERSON	2 00										
BOARD VICE CHAIR		Х		Х				0	0	0	
(4) THOMAS HALL	2 00										
		Х		Х				0	0	0	
BOARD SECRETARY											
(5) SALLIE ARMSTRONG	2 00	x						0	0	0	
TRUSTEE								_			
(6) KATHIE BARTLETT	2 00								0		
TRUSTEE		Х						0	0	0	
(7) SETH BERRY	2 00										
TRUSTEE		Х						0	0	0	
(8) REBECCA DICKSON	2 00										
	2 00	х						0	0	0	
TRUSTEE											
(9) BRIAN KENNEDY	2 00	x						0	0	0	
TRUSTEE		^						ŭ	ŭ		
(10) DIANA KERN	2 00	, , ,							•		
TRUSTEE		Х						0	0	0	
(11) CARY LURIE	2 00										
TRUSTEE		Х						0	0	0	
(12) JAMES PFROMMER	2 00										
	2 00	x		х				0	0	0	
TREASURER											
(13) JENNIFER SATRE	2 00	x						0	0	0	
TRUSTEE		^						Ĭ	Ŭ	Ŭ	
(14) NORA JAMES	2 00									_	
TRUSTEE		X						0	0	0	
(15) JAN RUDE	2 00										
		Х						0	0	0	
TRUSTEE (16) CHRIS ASKIN	40.00										
	40 00			х				122,500	0	8,618	
	1	1		1	1	I	1	·			
PRESIDENT AND CEO	4	\vdash			_		-				

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						table nsation the tion (W-	(E) Reportable compensation from related organizations (W	-	(F) Estima amount o compens from t	ted f other atıon he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		organizati relate organiza	ed
1b	Sub-Total				•			F						
c d	Total from continuation shee Total (add lines 1b and 1c) .	•		. .	٠.	٠.		F		122,500		0		8,618
2	Total number of individuals (ii	ncluding but not	lımıted				d abov	e) w	ho receive					
	\$100,000 of reportable comp	ensation from th	e organ	ızatı	on ► 1	L								
											Г		Yes	No
3	Did the organization list any f on line 1a? <i>If</i> " <i>Yes,"</i> complete:						emplo	yee,	or highes ,	t compen • •	sated employee	3		No
4	For any individual listed on lin organization and related organ individual													
5	Did any person listed on line :									anızatıon	or individual for	4		No_
	services rendered to the orga	nızatıon? <i>If "Yes</i>	," compi	ete S	chea	lule J	for su	ch p	erson .		[5		No
Se	ection B. Independent Co	ontractors												
1	Complete this table for your fi compensation from the organi												tax year	
		(A) Name and business	address							Des	(B) cription of services		(C Comper	
											·	4	,	
												\dashv		
												_		
	Total number of independent co	ontractors (inclu	dına but	not	lımıt	ed to	those	e list	ed above)	who rece	ived more than			

\$100,000 of compensation from the organization $\blacktriangleright 0$

Part VI		Statement of Revenue					rage 3
rait vi		Check if Schedule O contains a respo	nse to any question	ın thıs Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
	1a	Federated campaigns 1a					
E E	b	Membership dues 1b					
tributions, Giffs, Grants Other Similar Amounts	c	Fundraising events 1c					
S A	_						
<u>.</u> ia G	d	Related organizations 1d					
ا <u>ا</u> ا	е	Government grants (contributions) 1e					
Contributions, Giffs, and Other Similar A	f	All other contributions, gifts, grants, and similar amounts not included above	20,285,845				
를 를	g	Noncash contributions included in lines	5,101,815				
를 급 유	_	1a-1f \$	3,101,613				
Cont	h	Total. Add lines 1a-1f	· · · · •	20,285,845			
9			Business Code				
nue	2a						
<u>\$</u>	b						
9	c						
e e	d						
် ခြေ	e						
Grag	f	All other program service revenue					
Program Serwice Revenue	q	Total. Add lines 2a-2f					
+	3	Investment income (including dividen					
		and other similar amounts)	🟲	1,188,140			1,188,140
	4	Income from investment of tax-exempt bond	proceeds 🕨				
	5	Royalties					
	6 -	(I) Real Gross rents 109,619	(II) Personal				
	6a h	Gross rents 109,619 Less rental 47,902					
		expenses					
	С	Rental income 61,717 or (loss)					
	d	Net rental income or (loss)		61,717			61,717
	_	(i) Securities	(II) Other				
	7a	Gross amount from sales of					
		assets other than inventory					
	b	Less cost or other basis and 28,458					
		sales expenses Gain or (loss) -28,458					
	c d	Net gain or (loss)		-28,458			-28,458
	u 8a	Gross income from fundraising		20,130			20,133
<u>a</u>	-	events (not including					
듄		\$ of contributions reported on line 1c)					
ا <u>چ</u>		See Part IV, line 18					
<u> </u>		а					
Other Revenue	b	Less direct expenses b					
٠	C	Net income or (loss) from fundraising	events 🛌				
	9a	Gross income from gaming activities See Part IV, line 19					
		a					
	b	Less direct expenses b					
	С	Net income or (loss) from gaming acti	vities				
	10a	Gross sales of inventory, less returns and allowances .					
		a					
	b	Less cost of goods sold b					
		Net income or (loss) from sales of inv	entory 🛌				
		Miscellaneous Revenue	Business Code				
Γ	11a	MISCELLANEOUS REVENUE	561000	592,023			592,023
	b	CHANGE IN VALUE OF CRT	900099	54,526			54,526
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d	🕨	646,549	-		
	12	Total revenue. See Instructions .	🕨	·		_	4.007.01
			-	22,153,793	0	0	1,867,948

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 5,905,664 5,905,664 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 131,119 26,224 85,227 19,668 key employees . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 270,457 54,091 175,797 40,569 Pension plan accruals and contributions (include section 401(k) 12,861 2,572 8,360 1,929 and 403(b) employer contributions) 10,849 2,170 7,052 Other employee benefits 1,627 10 32,379 6,476 21,047 4,856 11 Fees for services (non-employees) Management 1,099 1,099 Legal Accounting 25,677 25,677 Lobbying Professional fundraising services See Part IV, line 17 Investment management fees 172,162 172,162 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 19,357 19,357 Schedule O) Advertising and promotion . . 7,328 12 4,187 3,141 13 Office expenses 31,063 6,213 20,191 4,659 37,669 7,534 14 Information technology . . . 24,485 5,650 15 Royalties . 25,500 5,100 3,825 16 Occupancy 16,575 **17** 2,386 2,386 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 380 380 20 11,029 2,206 7,169 1,654 Payments to affiliates 21 22 Depreciation, depletion, and amortization . . . 2,767 554 1,798 415 23 5,632 3,661 1,126 845 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a DIRECT FUND EXPENSES FO 262,450 262,450 b OTHER EXPENSES 55,935 23,712 32,223 C d e All other expenses Total functional expenses. Add lines 1 through 24e 25 7,023,763 6,310,279 624,646 88,838 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► | if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

	ťΧ	Check if Schedule O contains a response to any question in this Part X			
			(A)		(B)
		Cook was interest because	Beginning of year		End of year
	1	Cash—non-interest-bearing	4 004 047	1	7.070.007
	2	Savings and temporary cash investments	4,261,347	2	7,976,837
	3	Pledges and grants receivable, net	2,240,828		1,933,272
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
38	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3	9	17,614
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 1,882,504			
	ь	Less accumulated depreciation 10b 628,250	1,304,921	10c	1,254,251
	11	Investments—publicly traded securities		11	· · · · · · · · · · · · · · · · · · ·
	12	Investments—other securities See Part IV, line 11	50,865,350	12	54,357,514
	13	Investments—program-related See Part IV, line 11		13	· · ·
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	58,672,449	16	65,539,488
	17	Accounts payable and accrued expenses	86,251	17	61,594
	18	Grants payable	·	18	<u> </u>
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ige I		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	20,075,611		8,866,272
	26	Total liabilities. Add lines 17 through 25	20,161,862	26	8,927,866
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
lan .	27	Unrestricted net assets	15,586,906	27	23,240,510
е В	28	Temporarily restricted net assets	14,323,941	28	23,829,178
5	29	Permanently restricted net assets	8,599,740	29	9,541,934
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
. 6	32	Retained earnings, endowment, accumulated income, or other funds		32	
	J2	metallica carrings, chaotiment, accamatatea meetine, et carret ranas			
Net As	33	Total net assets or fund balances	38,510,587	33	56,611,622

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮		
1	Total revenue (must equal Part VIII, column (A), line 12)			22.	153,793		
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses Subtract line 2 from line 1	2			023,763		
_		3		15,	130,030		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		38,	510,587		
5	Net unrealized gains (losses) on investments	5		2.9	971,005		
6	Donated services and use of facilities						
7	Investment expenses	6					
•		7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,						
Dar	t XII Financial Statements and Reporting	10			611,622		
Fai	Check if Schedule O contains a response to any question in this Part XII				. ᅜ		
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes	No		
	According to the form the form 200.						
1	Accounting method used to prepare the Form 990						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revi a separate basis, consolidated basis, or both	ewed on					
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate					
	Separate basis Consolidated basis Both consolidated and separate basis						
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes			
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	3a		No		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required					

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As Filed Data -

DLN: 93493255003073

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

COMMUNITY FOUNDATION OF WESTERN NEVADA

Department of the Treasury Internal Revenue Service

Total

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.

2012

Open to Public Inspection

	Reason for Public Charity Status (All organizations must complete this part.) See instructions.										
The o	he organization is not a private foundation because it is (For lines 1 through 11, check only one box)										
1	Γ	A chur	ch, convent	on of churches, or a	ssociation of	churches de	escribed in se	ection 170(b)(1)(A)(i).		
2	Γ	A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Schedu	ıle E)				
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the									
_	_			ty, and state							
5	ı	_	· ·	erated for the benefi	_	or universit	y owned or o	perated by a	government	al unit desc	ribed in
_	_		. , , , ,	(A)(iv). (Complete P	•						
6	<u> </u>		•	local government or	_						
7	_ _	describ	ed in sectio	at normally receives on 170(b)(1)(A)(vi).	(Complete P	art II)		J	ntal unit or fr	om the gene	eral public
8	<u> </u>			described in section			•	•			
9	ı	_		at normally receives					<u>.</u>	-	-
				ities related to its ex	•	=					
		-	_	oss investment inco				-		tax) from bu	sinesses
	_	•	,	ganızatıon after June 	•			•	•		
10	<u> </u>	_		ganized and operated							
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated					09(a)(3). Check					
е	ı	other tl section	han foundatı n 509(a)(2)	ox, I certify that the on managers and otl	her than one	or more pub	licly supporte	ed organızat	ions describe	ed in section	n 509(a)(1) or
f			_	received a written de	etermination	from the IRS	S that it is a ⁻	Гуре I, Туре	e II, or Type	III supportı	ng organization,
g			this box August 17	2006, has the organi	zation accer	nted any dift	or contribution	nn from anv	of the		ı
9			ng persons?		zacion accep	rea any gne	or continuation	o o a,	01 1110		
				irectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons des	cribed in (ii)		Yes No
		and (III) below, the	governing body of th	e supported	organızatıor	1?			11g	(i)
		(ii) A fa	amıly memb	er of a person descr	bed in (i) abo	ove?				11g((ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	ibove?			11g((iii)
h		Provide	the followi	ng information about	the supporte	ed organizati	on(s)				
•) Nam		(ii) EIN	(iii) Type of	(iv) Is t		(v) Did you		(vi) Is t		(vii) A mount of
	supported organization organization in the organization organization in organization (described on col (i) listed in in col (i) of your col (i) organized					monetary					
ОГ	ganıza	ation		(described on lines 1- 9 above						support	
				or IRC section	docume		Suppor	. ,	lii tile o	3 '	
				(see	ascanie	iie:					
				instructions))	W		W	BI-	V	N-	1
					Yes	No	Yes	No	Yes	No	

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 2,885,897 2,249,321 5,895,341 18,410,104 20,285,844 49,726,507 include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 2,885,897 2,249,321 5,895,341 18,410,104 20,285,844 49,726,507 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 21,647,526 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 28,078,981 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total beginning in) 🟲 2,885,897 18,410,104 Amounts from line 4 2,249,321 5,895,341 20,285,844 49,726,507 Gross income from interest, dividends, payments received on securities loans, rents, royalties 1,103,871 849,166 655,958 724,341 1,297,759 4,631,095 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 52,300 49,839 163.016 568,794 833,949 capital assets (Explain in Part IV) 11 Total support (Add lines 7 55,191,551 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 50 880 % Public support percentage for 2011 Schedule A, Part II, line 14 15 40 240 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┡┰ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this ►□ box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493255003073

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

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

Open to Public

ema	Revenue Service F Attach to Fol	m 990. F See separate instructions.	Thispection
	me of the organization MMUNITY FOUNDATION OF WESTERN NEVADA		Employer identification number 88-0370179
Pa	Organizations Maintaining Donor Adorganization answered "Yes" to Form 990		
		(a) Donor advised funds	(b) Funds and other accounts
•	Total number at end of year	30	
<u> </u>	Aggregate contributions to (during year)	101,873	
3	Aggregate grants from (durıng year)	1,170,030	
ŀ	Aggregate value at end of year	6,665,892	
;	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		radvised V Yes No
•	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if	the organization answered "Yes" to	Form 990, Part IV, line 7.
<u>.</u>	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held easement on the last day of the tax year	n or education)	nistorically important land area ertified historic structure e form of a conservation
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified hist	orıc structure ıncluded ın (a)	2c
d	Number of conservation easements included in (c) accommodate structure listed in the National Register	quired after 8/17/06, and not on a	2d
3	Number of conservation easements modified, transfer the tax year ▶	red, released, extinguished, or terminated	by the organization during
ļ	Number of states where property subject to conservat	:ion easement is located ▶	_
•	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, handl	ing of violations, and Yes No
•	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation easeme	ents during the year
,	Amount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easements	during the year
3	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of secti	ion 170(h)(4)(B)(i)
)	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easem	e footnote to the organization's financial s ents	statements that describes
a	Complete if the organization answered "	es" to Form 990, Part IV, line 8.	
.a	If the organization elected, as permitted under SFAS: works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education, o	r research in furtherance of public
b	If the organization elected, as permitted under SFAS : works of art, historical treasures, or other similar assesservice, provide the following amounts relating to the	ets held for public exhibition, education, o	
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		▶ \$8
<u>!</u>	If the organization received or held works of art, historical following amounts required to be reported under SFAS		
а	Revenues included in Form 990, Part VIII, line 1		▶ \$

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	<u>liections of Art</u>	i, HIS	<u>torical li</u>	<u>easures</u>	, or O	ine	r Similar As	ssets (c	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other recor	ds, cl	neck any of	he followin	g that a	re a	sıgnıfıcant us	e of its	
а	Public exhibition		d	┌ Loan	or exchang	e progra	ams			
b	Scholarly research		e	┌ Othe	-					
С	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	ollections and expla	ıın hov	w they furthe	er the orgar	nızatıon	s ex	empt purpose	ın	
5	During the year, did the organization solicit of							ılar	_	_
	assets to be sold to raise funds rather than t								┌ Yes	✓ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					swered	1 "Y	es" to Form	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					her ass	ets r	not	┌ Yes	✓ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving table		_				
								Α	mount	
С	Beginning balance					L	1c			
d	Additions during the year					L	1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?						┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anation has	been provid	ded in P	art X	(111		Γ
Pa	rt V Endowment Funds. Complete									
		(a)Current year	(b)	Prior year				Three years back		ears back
1a	Beginning of year balance	6,927,695		2,269,756		,176,220		2,081,483		2,095,634
b	Contributions	3,453,929		6,103,713		224,847		83,026		219,204
С	Net investment earnings, gains, and losses	673,893		-46,797		58,652		102,114		-227,619
d	Grants or scholarships	738,261		1,369,981		19,894		36,388		1,369
e	Other expenditures for facilities and programs	47,215		28,996		170,069		31,286		1,106
f	Administrative expenses									
g	End of year balance	10,270,041		6,927,695	2	,269,756		2,176,220		2,081,483
2	Provide the estimated percentage of the curi	ent year end balan	ce (lır	ie 1g, colum	n (a)) held	as				
а	Board designated or quasi-endowment 🕨	31 000 %								
ь	Permanent endowment ► 1 000 %									
С		000 %								
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%								
За	Are there endowment funds not in the posses	ssion of the organiz	ation	that are hel	d and admir	nistered	for	the		
	organization by								Yes	No
	(i) unrelated organizations						•	—	(i)	No
	(ii) related organizations							-	(ii)	No
ь 4	Describe in Part XIII the intended uses of the	•				• •	•	🗀	3b	<u> </u>
	t VI Land, Buildings, and Equipme				10					
I GI	Description of property	ine. See Form 32	,0,10	(a) Cost o		Cost or ot	her	(c) Accumulated	d (d) B	ook value
	, , ,			basis (inve	stment) ba	ısıs (othei)	depreciation		
1a	Land						1			
b I	Buildings			1,	829,296			582,0	90	1,247,206
c i	Leasehold improvements						\dashv	· · · · · · · · · · · · · · · · · · ·		
d I	Equipment					53,2	08	46,1	63	7,045
e	Other									
	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colu	ımn (B), lıne	10(c).)					1,254,251

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12.	Ŧ
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
See Additional Data Table		
_	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III		1 425 1
(a) Descriț	ption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15		
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of liability	(b) Book value	
Federal Income taxes		
GRANTS PAYABLE AND FUNDS HELD FOR OTHERS	7,587,875	
ANNUITIES PAYABLE	1,278,397	
MINOTITESTATABLE	1,210,331	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	8,866,272	

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	17,135,695
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	3,018,90
3	Subtract line 2e from line 1	3	14,116,788
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	8,037,00!
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	22,153,793
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	5,700,55
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	47,90
3	Subtract line 2e from line 1	3	5,652,650
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	1,371,111
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	7,023,76

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS		DEPRECIATION REFLECTED AGAINST RENTAL INCOME
PART XI, LINE 4B - OTHER ADJUSTMENTS		INVESTMENT MANAGEMENT FEES NETTED IN REVENUE FOR FINANCIAL STATEMENTS FUNDS HELD FOR OTHER AGENCIES
PART XII, LINE 2D - OTHER ADJUSTMENTS		DEPRECIATION REFLECTED AGAINST RENTAL INCOME
PART XII, LINE 4B - OTHER ADJUSTMENTS		INVESTMENT MANAGEMENT FEES NETTED IN REVENUE FOR FINANCIAL STATEMENTS FUNDS HELD FOR OTHER AGENCIES
		FOR FINANCIAL STATEMENT PURPOSES, RENTAL INCOME AND EXPENSES WERE REPORTED BY GROSS AMOUNT FOR FORM 990, THE RENTAL EXPENSES ARE OFFSET AGAINST RENTAL INCOME THEREFORE, PART XII, LINE 2D AND PART XIII, LINE D2 HAVE BEEN ADJUSTED FOR OFFSETTING RENTAL EXPENSES OF \$47,902

Additional Data

(J) LAND

Software ID: Software Version:

EIN: 88-0370179

Name: COMMUNITY FOUNDATION OF WESTERN NEVADA

С

Form 990, Schedule D, Part VII - Investments— Other Securities							
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value					
(3)Other (A)LIFE INSURANCE POLICY	59,714	F					
(B) VIOLIN	8,000	F					
(C) MINERAL RIGHTS	1	С					
(D) MUTUAL FUNDS	32,624,872	F					
(E) CORPORATE STOCKS	7,936,379	F					
(F) CERTIFICATES OF DEPOSIT	99,958	F					
(G) INVESTMENTS IN LLCS	1,023,465	С					
(H) NOTES RECEIVABLE	972,784	F					
(I) NON-PUBLICLY TRADED STOCK	8,855,000	С					

2,777,341

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493255003073

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE F (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

► Attach to Form 990. ► See separate instructions.

Employer identification number

COMMUNITY FOUNDATION OF WESTERN NEVADA

88-0370179 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States. Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (c) Number of (d) Activities conducted in (a) Region (b) Number of (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, region (by type) (e g , program service, describe for and investments region agents, and fundraising, program specific type of in region ındependent services, investments, grants service(s) in region contractors in to recipients located in the region region)

0

3a Sub-total

to Part I

b Total from continuation sheets

c Totals (add lines 3a and 3b)

ol

0

Part I	I Grants Part IV,	and Other As line 15, for an	sistance to Orga y recipient who rec	inizations or Entiti ceived more than \$5,	es Outside the Un 000. Part II can be	ited States. Comp duplicated if addition	plete if the organiza onal space is needed	tion answered "Yes I.	" to Form 990,
	Name of ganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
_			EAST ASIA AND THE PACIFIC	DESIGNATED FUNDS	21,800	CHECK			
_									
_									
_									
_									
_									
_									
_									
_									
_									
_									
_									
_									
2 Er ta	nter total nu x-exempt b	mber of recipions y the IRS, or fo	ent organizations li or which the grante	sted above that are lee or counsel has pro	recognized as charit ovided a section 501	cies by the foreign of L(c)(3) equivalency	country, recognized letter	as 	1
3 E	nter total nu	mber of other	organızatıons or e	ntıtıes					1

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+	1		,		1
		+ +		'	+		+
		+		'	+		+
		+	<u> </u>		 		+
	 		 		 	 	+
					<u> </u>		
					<u> </u>	<u> </u>	
							<u> </u>
			1				
		+ + +			,		1
		+ + +			+		
	 	+			+		+
			1		-		+
	 		 		 	 	
			 		<u> </u>	 	
						1	

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Y	'es	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Y	'es	্য	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Y	'es	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Υ	'es	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Υ	'es	<u> </u>	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Γ	Υ	'es	<u> </u>	No

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

as applicable. Also cor	npiete this part to provide any add	ditional information (see instructions).
Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 GRANTS PAID TO THE INTERNATIONAL ORGANIZATIONS ARE EITHER GIVEN FOR GENERAL SUPPORT-AT THE REQUEST OF THE DONOR ADVISORS-OR DESIGNATED FOR SPECIFIC USES GRANTS ARE GENERALLY SMALL (LESS THAN \$5,000 USD), GRANTS FOR LESS THAN \$5,000 ARE USUALLY FOR GENERAL SUPPORT AND, IF DESIGNATED FOR A SPECIFIC USE, THE DONOR REQUESTS NO REPORTING ORGANIZATIONS ARE REQUESTED TO SEND A THANK-YOU LETTER TO THE DONOR ADVISORS, AND THESE THANK-YOU LETTERS GENERALLY INCLUDE INFORMATION FROM THE ORGANIZATION THAT THE GRANT WAS USED AS SPECIFIED IN THE ACCOMPANYING GRANT CORRESPONDENCE
		†
		†
		
	L	Schedule F (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

DLN: 93493255003073

Open to Public

Department of the Treasury

(Form 990)

Internal Revenue Service			Attach to Form 990				Inspection
Name of the organization	MECTERN NEVARA					Employer identification	on number
COMMUNITY FOUNDATION OF V	WESTERN NEVADA					88-0370179	
Part I General Informat	tion on Grants and	Assistance				•	
 Does the organization maintage the selection criteria used to Describe in Part IV the organ 	award the grants or ass	sistance?					✓ Yes
			rganizations in the more than \$5,000. Pa				es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	• • •
See Additional Data Table							
2 Enter total number of section3 Enter total number of other o						_	
For Paperwork Reduction Act Notice				Cat No. 50055P			le I (Form 990) 2012

INTHEUS

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

LETTER TO THE DONOR ADVISORS, AND THESE THANK-YOU LETTERS GENERALLY INCLUDE INFORMATION FROM

THE ORGANIZATION THAT THE GRANT WAS USED AS SPECIFIED IN THE ACCOMPANYING GRANT

CORRESPONDENCE

(a) Type of grant or a	issistance	(b) Number of recipients		(c)A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS		98		24,100			
Part IV Suppleme	ntal Informat	ion.					
Complete this part to provide	e the information r	equired in Part I, lii	ne 2, F	Part III, column (b), and	any other additional in	formation	
Identifier	Return Reference	e	Expla	nation			
PROCEDURE FOR MONITORING GRANTS	PART I, LINE 2						FOR A SPECIFIC USE REQUIRE EQUESTED TO SEND A THANK-YOU

organization or government non-cash assistance or assistance

Software ID: Software Version:

ıf applıcable

EIN: 88-0370179

grant

Name: COMMUNITY FOUNDATION OF WESTERN NEVADA

cash

assistance

valuation (book, FMV, appraisal,

other)

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) Amount of cash (e) Amount of non- (f) Method of (g) Description of (h) Purpose of grant

				otner)	
AIR FORCE MUSEUM FOUNDATION INCPO BOX 33624 WRIGHT PATTERSON AFB,	31-0668800	501(C)(3)	50,000		GENERAL SUPPORT
OH 45433 ANIMAL ARKPO BOX 60057 RENO,NV 89506	94-2991026	501(C)(3)	15,000		RESTRICTED FUNDS FOR ANIMAL CARE,
ARTOWNPO BOX 3058 RENO,NV 89505	88-0412311	501(C)(3)	45,291		GENERAL SUPPORT LEAR THEATER OPERATIONS,
ASSEMBLY OF TURKISH AMERICAN ASSOCIATIONS1526 18TH STREET NW	52-1204665	501(C)(3)	50,000		GENERAL SUPPORT GENERAL SUPPORT
WASHINGTON, DC 20036 ASSISTANCE LEAGUE OF RENO-SPARKSPO BOX 7376 RENO, NV 89509	88-0139673	501(C)(3)	5,300		GENERAL SUPPORT
BARRY'S BOXING A NONPROFIT CORPORATION2664 S HIGHLAND LAS VEGAS,NV 89109	88-0263073	501(C)(3)	6,471		DESIGNATED FUNDS FOR FACILITY
BIG BROTHERS BIG SISTERS OF HONOLULU INC418 KUWILI STREET SUITE 106 HONOLULU,HI 96817	99-0109970	501(C)(3)	5,000		DESIGNATED FUNDS
BOY SCOUTS OF AMERICA NEVADA AREA COUNCIL 1745 S WELLS AVENUE RENO,NV 89502	88-0059912	501(C)(3)	100,000		GENERAL SUPPORT
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS2680 E NINTH STREET RENO,NV 89512	88-0142068	501(C)(3)	86,900		GENERAL SUPPORT
BREWERY ARTS CENTER 449 W KING STREET CARSON CITY, NV 89703	51-0183567	501(C)(3)	5,000		RESTRICTED PER THE GRANT CONTRACT
BRUKA THEATER99 N VIRGINIA STREET RENO,NV 89501	88-0389497	501(C)(3)	5,000		RESTRICTED PER THE GRANT CONTRACT
CALIFORNIA COMMUNITY FOUNDATION221 SOUTH FIGUERUA STREET SUITE 400 LOS ANGELES, CA 90012	95-3510055	501(C)(3)	320,000		DESIGNATED FUNDS
CARE CHEST OF SIERRA NEVAD7910 N VIRGINIA STREET RENO,NV 89506	94-3118373	501(C)(3)	5,500		DESIGNATED FUNDS
CAREER CLOSET OF SANTA CLARA COUNTY43 EAST GISH ROAD SUITE 100 SAN JOSE,CA 95112	77-0313083	501(C)(3)	5,000		GENERAL SUPPORT
CATALYST FOR YOUTH INC 1724 ALBERTA AVENUE SAN JOSE,CA 95125	22-3863184	501(C)(3)	5,000		RESTRICTED PER THE GRANT CONTRACT
CATAMOUNT FUND50 W LIBERTY STREET 1080 RENO,NV 89501	88-0370686	501(C)(3)	150,000		GENERAL SUPPORT
CAZENOVIA COLLEGE JOY HALL22 SULLIVAN STREET CAZENOVIA,NY 13035	15-0543658	501(C)(3)	21,824		RESTRICTED PER THE GRANT CONTRACT
CHILD ASSAULT PREVENTION (CAP) PROJECT OF WASHOE COUNTY122 RIDGE STREET SUITE B RENO, NV 89501	88-0208611	501(C)(3)	7,000		DESIGNATED FUNDS
CHURCH OF SCIENTOLOGY MISSION OF SANTA MONICA2716 WILSHIRE BLVD SANTA MONICA,CA 90403	68-0212464	501(C)(3)	5,000		RESTRICTED PER THE GRANT CONTRACT
CITY OF RENOPO BOX 1900 RENO,NV 89505	88-6000201	501(A) GOV	41,199		RESTRICTED PER THE GRANT CONTRACT
COACH ART3303 WILSHIRE BLVDSUITE 320 LOS ANGELES, CA 90010	94-3389547	501(C)(3)	5,000		GENERAL SUPPORT
CRISIS CALL CENTERPO BOX 8016 RENO,NV 89507	88-0201840	501(C)(3)	5,000		RESTRICTED PER THE GRANT CONTRACT
DAVID J DRAKULICH ART FOUNDATION FOR FREEDOM OF EXPRESSION 10450 FORT CHURCHILL ROAD RENO,NV 89508	26-1893051	501(C)(3)	13,429		RESIDUAL EARNINGS
DOUGLAS COUNTY SHERIFFS ADVISORY COUNCILP O BOX 1002 MINDEN,NV 89423	20-1308918	501(C)(3)	10,000		RESTRICTED PER THE GRANT CONTRACT
DRAKE UNIVERSITY2507 UNIVERSITY AVENUE DES MOINES,IA 50311	42-0680460	501(C)(3)	10,000		RESTRICTED PER THE GRANT CONTRACT
FISH-FRIENDS IN SERVICE HELPING138 E LONG STREET CARSON CITY, NV 89706	94-2590904	501(C)(3)	5,000		RESTRICTED PER THE GRANT CONTRACT
FOOD BANK OF NORTHERN NEVADA550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	19,060		GENERAL SUPPORT
FRATERNITY OF THE DESERT BIGHORNPO BOX 27494 LAS VEGAS, NV 89126	94-2950514	501(C)(3)	28,920		RESTRICTED PER THE GRANT CONTRACT
FRIENDS OF NEVADA WILDERNESSPO BOX 9754 RENO,NV 89507	88-0211763	501(C)(3)	39,205		DESIGNATED FUNDS
FUN CAMP INCPO BOX 2670 RENO,NV 89505	94-3152378	501(C)(3)	17,000		DESIGNATED FUNDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States **(b)** EIN (c) IRC Code section (d) Amount of cash (a) Name and address of (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant ıf applıcable organızatıon valuation cash non-cash assistance or assistance (book, FMV, appraisal, other) or government assistance GRANT FOR COSTS ASSOCIATED 88-0060580 501(C)(3) GIRL SCOUTS OF THE 115,000 SIERRA NEVADA605 WASHINGTON STREET RENO, NV 89503 GENERAL SUPPORT GREAT BASIN YOUTH 88-0280336 501(C)(3) 7,500 SOCCER LEAGUE711 SOUTH STEWART STEET CARSON CITY, NV 89706

CARSON CITY, NV 89706						
HEALTH ACCESS WASHOE COUNTY1055 S WELLS AVENUE SUITE 120 RENO,NV 89502	72-1619489	501(C)(3)	7,000			RESTRICTED PER THE GRANT CONTRACT
HIGH SIERRA HUSKIES 2830 W PINENUT COURT C/O JAMES D JOHNSON RENO, NV 89509	20-4097038	501(C)(3)	5,000			DESIGNATED FUNDS
HOLLAND PROJECT RENO 122 RIDGE STREET SUITE B RENO,NV 89501	71-1017805	501(C)(3)	5,000			RESTRICTED PER THE GRANT CONTRACT
HORSE POWER3235 EASTLAKE BLVD BOX 26 WASHOE VALLEY, NV 89704	42-1713805	501(C)(3)	55,000			DESIGNATED FUNDS
HUMBOLDT VOLUNTEER HOSPICE705 E FOURTH STREET WINNEMUCCA,NV 89445	87-0707204	501(C)(3)	5,000			RESTRICTED PER THE GRANT CONTRACT
IABTIPO BOX 160 GOLDVEIN, VA 22720	51-0137445	501(C)(3)	8,000			DESIGNATED FUNDS
ICON INTERNATIONAL FOUNDATIONPO BOX 1066 WOODBRIDGE, CA 95258	23-7333364	501(C)(3)	5,000			RESTRICTED PER THE GRANT CONTRACT
KEEP MEMORY ALIVE888 WEST BONNEVILLE AVENUE	88-0515534	501(C)(3)	7,500			DESIGNATED FUNDS
LAS VEGAS, NV 89106 KEEP TRUCKEE MEADOWS BEAUTIFULPO BOX 7412 RENO, NV 89510	88-0254957	501(C)(3)	46,450			DESIGNATED FUNDS
KIDDIE HAWK AIR ACADEMY26 WEST DRY CREEK CIRCLE SUITE 600 LITTLETON,CO 80120	84-1482207	8 501(C)(3)	41,700			DESIGNATED FUNDS
KNPB - CHANNEL 51670 N VIRGINIA STREET RENO,NV 89503	88-0172215	501(C)(3)	66,282			GENERAL SUPPORT
LA CARIDAD A VALMONTE FOUNDATION INC VALMONTE BUILDING RIZAL AVENUESAN FERNANDO CITY LA UNION RP		501(C)(3)	21,800			DESIGNATED FUNDS
LAKE TAHOE CONSERVATION FUND AKA TAHOE FUNDPO BOX 7124 TAHOE CITY, CA 96145	01-0974628	501(C)(3)	5,100			GENERAL SUPPORT
LEXINGTON INSTITUTE 1600 WILSON BLVD 900 ARLINGTON,VA 22209	54-1880642	501(C)(3)	10,000			GENERAL SUPPORT
LIED DISCOVERY CHILDREN'S MUSEUM833 LAS VEGAS BLVD NORTH LAS VEGAS,NV 89101	94-2943891	501(C)(3)	50,000			RESTRICTED PER THE GRANT CONTRACT
LUTHERAN CHURCH OF THE GOOD SHEPHERD357 CLAY STREET RENO,NV 89501	88-0069965	501(C)(3)	33,500			DESIGNATED FUNDS
MAPLIGHTORG2223 SHATTUCK AVENUE BERKELEY, CA 94704	33-1094233	501(C)(3)	40,000			GENERAL SUPPORT
MAR VISTA ELEMENTARY SCHOO6860 SOQUEL DRIVE APTOS,CA 95003	95-6001908	501(A)GOV	8,000			DESIGNATED FUNDS
MARINE TOYS FOR TOTS FOUNDATION THE COOPER CENTER18251 QUANTICO GATEWAY DRIVE TRIANGLE, VA 22172	20-3021444	501(C)(3)	5,000			GENERAL SUPPORT
NATHAN ADELSON HOSPICE FOUNDATION INC3391 NORTH BUFFALO ROAD LAS VEGAS, NV 89129	88-0197147	501(C)(3)	10,000			DESIGNATED FUNDS
NATIONAL 4-H COUNCIL 7100 CONNECTICUT AVENUE CHEVY CHASE, MD 20815	36-2862206	501(C)(3)	10,000			RESTRICTED PER THE GRANT CONTRACT
NATIONAL MULTIPLE SCLEROSIS SOCIETY4600 KIETZKE LANE SUITE K225 RENO,NV 89502	95-1727656	501(C)(3)	8,000			GENERAL SUPPORT
NATIONAL WORLD WAR II MUSEUM945 MAGAZINE STREET NEW ORLEANS, LA 70130	72-0120790	501(C)(3)	10,000			DESIGNATED FUNDS
NEVADA DISCOVERY MUSEUM490 S CENTER STREET RENO,NV 89501	61-1474845	501(C)(3)	51,000			GENERAL SUPPORT
NEVADA DIVING CENTER 11260 MESSINA WAY RENO,NV 89521	45-3941312	509(A)PRI	5,000			GENERAL SUPPORT
NEVADA HEALTH CENTERS INC3325 RESEARCH WAY CARSON CITY, NV 89706	94-3199117	501(C)(3)	5,000			RESTRICTED PER THE GRANT CONTRACT
NEVADA HUMANE SOCIETY INC2825 LONGLEY LANE SUITE B RENO,NV 89502	88-0072720	501(C)(3)	232,210			DESIGNATED FUNDS
		+	+			1

NEVADA LAND TRUSTPO

BOX 20288 RENO, NV 89515 88-0287591

501(C)(3)

224,881

DESIGNATED FUNDS

Form 990,Schedule I, Par (a) Name and address of organization or government	t II, Grants an (b) EIN	d Other Assistance (c) IRC Code section if applicable		and Organizations (e) Amount of non- cash assistance	s in the United Sta (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA MILITARY SUPPORT ALLIANCE FUND 985 DAMONTE RANCH PKWY SUITE 310 RENO,NV 89521	27-1095956	501(C)(3)	13,700		other)		GENERAL SUPPORT FOR THE 2012
NEVADA MUSEUM OF ART 160 W LIBERTY STREET RENO,NV 89501	88-6003042	501(C)(3)	63,400				GENERAL SUPPORT
NEVADA POLICY RESEARCH INSTITUTE7130 PLACID STREET LAS VEGAS,NV 89119	88-0276314	501(C)(3)	40,000				GENERAL SUPPORT
NEVADA YOUTH EMPOWERMENT PROJECT 2030 W 6TH STREET RENO,NV 89503	26-1118584	501(C)(3)	5,500				GIVEN IN RESPONSE TO THE
NEXT DOOR234 EAST GISH ROAD SUITE 200 SAN JOSE,CA 95112	94-2420708	501(C)(3)	10,000				GENERAL SUPPORT
NORTH VALLEYS HIGH SCHOOL1470 EAST GOLDEN VALLEY ROAD RENO,NV 89506	88-6000919	501(A) GOV	18,233				DESIGNATED FUNDS
NORTHERN NEVADA RAVE FAMILY FOUNDATION - NNRFFPO BOX 2072 RENO,NV 89432	94-3236921	501(C)(3)	6,000				DESIGNATED FUNDS
NORTHERN NEVADA YOUTH GOLF FOUNDATION AKA THE FIRST TEE OF NORTHE1575 DELUCCHI LANE SUITE 104 RENO, NV 89502	88-0444732	501(C)(3)	5,000				TO HONOR PHIL ROSEAND HIS
OUR LADY OF THE SNOWS 1125 LANDER STREET RENO, NV 89509	90-0111465	501(C)(3)	97,500				DESIGNATED FUNDS
PERLAN PROJECT INC CO ED WARNOCK7415 SW HART PLACE BEAVERTON, OR 97008	27-2151721	501(C)(3)	50,000				RESTRICTED PER THE GRANT CONTRACT
PETS2VETSPO BOX 100010 ARLINGTON,VA 22210	27-0648741	501(C)(3)	5,000				GENERAL SUPPORT
PRIMAVERA FOUNDATION INC702 SOUTH SIXTH AVENUE TUCSON,AZ 85701	86-0733182	501(C)(3)	31,000				DESIGNATED FUNDS
PROJECT HEALING WATERS FLY FISHING INCPO BOX 695 LA PLATA,MD 20646	61-1518154	501(C)(3)	5,000				DESIGNATED FUNDS
PROJECT OPEN HAND730 POLK STREET SAN FRANCISCO,CA 94109	94-3023551	501(C)(3)	5,000				GENERAL SUPPORT
RENO CHAMBER ORCHESTRA925 RIVERSIDE DRIVE SUITE 5 RENO, NV 89503	88-0134278	501(C)(3)	9,460				DESIGNATED FUNDS
RENO HIGH SCHOOL395 BOOTH STREET RENO,NV 89509	88-6000919	501(C)(3)	9,856				DESIGNATED FUNDS
RENO PHILHARMONIC ASSOCIATION925 RIVERSIDE DRIVE SUITE 3 RENO,NV 89503	94-2762076	501(C)(3)	6,200				GENERAL SUPPORT
RENO WHEELMEN INCPO BOX 12832 RENO,NV 89510	88-0240630	501(C)(3)	7,500				GENERAL SUPPORT
RENO-TAHOE OPEN FOUNDATION16475 BORDEAUX DRIVE RENO,NV 89511	88-0412314	501(C)(3)	6,000				GENERAL SUPPORT
RONALD MCDONALD HOUSE OF SAN FRANCISCO1640 SCOTT STREET SAN FRANCISCO,CA	94-2951627	501(C)(3)	6,000				DESIGNATED FUNDS
94115 SAGE RIDGE SCHOOL2515 CROSSBOW COURT RENO,NV 89511	86-0852480	501(C)(3)	71,039				DESIGNATED FUNDS
SAINT ANDREW'S PRESBYTERIAN CHURCH 600 SAINT ANDREWS ROAD NEWPORT BEACH, CA	95-3619259	501(C)(3)	85,000				GENERAL SUPPORT
92663 SAINT JUDE CHILDREN'S RESEARCH HOSPITAL501 SAINT JUDE PLACE MEMPHIS,TN 38105	35-1044585	501(C)(3)	20,000				GENERAL SUPPORT
SAINT MARY'S FOUNDATION520 WEST SIXTH STREET RENO,NV 89503	88-0059665	501(C)(3)	175,840				BALANCE TO CLOSE FUND
SAINT ROSE OF LIMA100 BISHOP MANOGUE DRIVE	27-4338126	501(C)(3)	10,000				GENERAL SUPPORT
RENO, NV 89511 SANTA CLARA UNIVERSITY 500 EL CAMINO REAL FINANCIAL AID OFFICE	94-1156617	501(C)(3)	210,000				DESIGNATED FUNDS
SANTA CLARA, CA 95053 SECOND HARVEST FOOD BANK750 CURTNER AVENUE	94-2614101	501(C)(3)	8,000				GENERAL SUPPORT
SAN JOSE, CA 95125 SIERRA BIBLE CHURCH 3195 EVERETT DRIVE RENO, NV 89503	88-0191493	501(C)(3)	76,069				DESIGNATED FUNDS
SIERRA NEVADA	26-2259705	501(C)(3)	10,000				DESIGNATED FUNDS

10,000

15,190

501(C)(3)

501(C)(3)

DESIGNATED FUNDS

GENERAL SUPPORT

SIERRA NEVADA

SIERRA NEVADA JOURNEYS190 EAST

LIBERTY STREET RENO,NV 89501

BOX 11301 RENO,NV 89510

COMMUNITY AQUATICSPO

26-2259705

01-0881587

Form 990,Schedule I, Par (a) Name and address of organization or government	t II, Grants an	d Other Assistance (c) IRC Code section if applicable		(e) Amount of non- cash	s in the United Sta (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIERRA SAFARI ZOOSIERRA NEVADA ZOOLOGICAL SOCIETY 10200 NORTH VIRGINIA STREE	88-0327020	501(C)(3)	5,000		other)		RESTRICTED PER THE GRANT CONTRACT
RENO, NV 89506 SILVER SPIRIT ALL STARS BOOSTER CLUB INC1366 BALLARD COURT C/O APRIL EDDY MINDEN, NV 89423	27-0394616	501(C)(3)	5,996				DESIGNATED FUNDS
SOROPTIMIST INTERNATIONAL OF TRUCKEE MEADOWSPO BOX 20125	94-2342761	501(C)(3)	24,391				GIRLS & ANIMAL ASSISTANCE
RENO, NV 89515 SPANISH SPRINGS HIGH SCHOOL1065 EAGLE CANYON DRIVE SPARKS, NV 89436	88-6000919	501(C)(3)	9,250				DESIGNATED FUNDS
SPCA OF NORTHERN NEVADA4950 SPECTRUM BLVD RENO,NV 89512	88-0386601	501(C)(3)	5,000				RESTRICTED PER THE GRANT CONTRACT
SPECIAL OPERATIONS WARRIOR FOUNDATIONPO BOX 13483 TAMPA,FL 33681	52-1183585	501(C)(3)	9,400				GENERAL SUPPORT OF THE SWOF
STATE OF NEVADA DEPARTMENT OF WILDLIFE 4600 KIETZKE LANE ROOM D-135	88-6000022	501(A) GOV	99,323				RESTRICTED PER THE GRANT CONTRACT
RENO, NV 89502 STEP 2PO BOX 40674	94-3025207	501(C)(3)	5,200				GENERAL SUPPORT
RENO, NV 89504 SUPPORT OUR SHELTERS 100 WALSH ROAD LANSDOWNE, PA 19050	23-3062176	501(C)(3)	25,000				RESTRICTED PER THE GRANT CONTRACT
SUSAN G KOMEN 3-DAY FOR THE CUREPO BOX 660843 DALLAS,TX 75266	75-1835298	501(C)(3)	5,030				DESIGNATED FUNDS
SUSANNE AND GLORIA YOUNG FOUNDATION2449 RANGE VIEW COURT RENO,NV 89519	26-3617880	501(C)(3)	56,500				DESIGNATED FUNDS
TAHOE RESOURCE CONSERVATION DISTRICT 870 EMERALD BAY ROAD SUITE 108 SOUTH LAKE TAHOE, CA 96150	94-2355693	501(A) GOV	98,799				DESIGNATED FUNDS
TAHOE YOUTH & FAMILY SERVICES1021 FREMONT AVENUE SOUTH LAKE TAHOE, CA 96150	94-2145042	501(C)(3)	5,000				RESTRICTED PER THE GRANT CONTRACT
TAHOE-PYRAMID BIKEWAY 4790 CAUGHLIN PARKWAY SUITE 138	55-0895667	501(C)(3)	15,800				GENERAL SUPPORT
RENO, NV 89519 THE CHILDREN'S CABINET INC 1090 SOUTH ROCK BLVDMAIN OFFICE RENO, NV 89502	77-0097156	501(C)(3)	5,700				RESTRICTED PER THE GRANT CONTRACT
THE CITADEL FOUNDATION171 MOULTRIE STREET CHARLESTON, SC 29409	57-6020493	501(C)(3)	22,615				DESIGNATED FUNDS
THE GREAT RENO BALLOON RAC1425 EAST GREG STREET SPARKS, NV 89431	88-0196071	501(C)(3)	5,463				INVOICE REIMBURSEMENT FOR
THE HAMLIN SCHOOL2120 BROADWAY SAN FRANCISCO, CA 94115	94-1393894	501(C)(3)	5,000				GENERAL SUPPORTFROM ANNABEL
THE HARRAH AUTOMOBILE FOUNDATION THE NATIONAL AUTOMOBILE MUSEUM10 LAKE STREET SOUTH RENO,NV 89501	94-2777978	501(C)(3)	96,700				RESTRICTED PER THE GRANT CONTRACT
THE NATURE CONSERVANCY OF NEVADAONE EAST 1ST STREET 1007 RENO, NV 89501	88-0427511	501(C)(3)	103,750				DESIGNATED FUNDS
THE SALVATION ARMY - A CALIFORNIA CORP180 EAST OCEAN BLVD LONG BEACH, CA 90802	94-1156347	501(C)(3)	5,000				DESIGNATED FUNDS
TREE HOUSE HUMANE SOCIETY1212 WEST CARMEN CHICAGO,IL 60640	23-7444825	501(C)(3)	5,000				RESTRICTED PER THE GRANT CONTRACT
TRINITY EPISCOPAL CHURCHPO BOX 2246	88-0073425	501(C)(3)	6,275				GENERAL SUPPORT
RENO, NV 89505 TRUCKEE DONNER LAND TRUSTPO BOX 8816	68-0245327	501(C)(3)	100,000				RESTRICTED PER THE GRANT
TRUCKEE, CA 96162 TRUCKEE RIVER WATERSHED COUNCILPO BOX 8568 TRUCKEE CA 96162	91-1818748	501(C)(3)	271,000				CONTRACT DESIGNATED FUNDS
TRUCKEE, CA 96162 TURKISH EDUCATIONAL FOUNDATIONPO BOX 391165 MOUNTAIN VIEW, CA	23-7050060	501(C)(3)	70,000				GENERAL SUPPORT
US DIVING FOUNDATION PO BOX 4352 CARMEL, IN 46082	31-1153995	501(C)(3)	20,000				DESIGNATED FUNDS
UNITED WAY OF NORTHERN NEVADA & THE SIERRAS639 ISBELL ROAD SUITE 460 RENO, NV 89509	88-0059327	501(C)(3)	10,000				GENERAL SUPPORT
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION PO BOX 45339 SAN FRANCISCO,CA	94-2829914	501(C)(3)	27,000				RESTRICTED PER THE GRANT CONTRACT
94145						Ī	I

UNIVERSITY OF

COLORADO FOUNDATION 4740 WALNUT STREET BOULDER,CO 80301 84-6049811

501(C)(3)

5,000

DESIGNATED FUNDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule I, Par	rt II, Grants ar	na Other Assistance	e to Governments	and Organization	is in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEVADA RENO - CONTROLLER'S OFFICEMAIL STOP 0007 MORRILL HALL RENO,NV 89557	88-6000024	501(A) GOV	13,500				RESTRICTED PER THE GRANT CONTRACT
UNIVERSITY OF SOUTHERN CALIFORNIA USC ASSOCIATES OFFICE BOVARD ADMIN BLDG 252A LOS ANGELES,CA 90089	95-1642394	501(A) GOV	10,000				USC ASSOCIATES CONTRIBUTION
UNR FOUNDATION- MORRILL HALL ALUMNI CENTERMAIL STOP 0007 RENO,NV 89557	94-2781749	501(C)(3)	30,750				IN MEMORY OF BILL RAGGIO
USA DIVING INC132 E WASHINGTON STREET SUITE 850 INDIANAPOLIS,IN 46204	31-0986868	501(C)(3)	297,344				GENERAL SUPPORT
USAA TRUST SERVICESPO BOX 690827 SAN ANTONIO,TX 782690827	74-2974802	501(C)(3)	550,000				GENERAL SUPPORT
USO OF METROPOLITAN WASHINGTONPO BOX 1710 FT MYER,VA 22211	53-0204665	501(C)(3)	9,473				GENERAL SUPPORT
VETERANS GUEST HOUSE INC880 LOCUST STREET RENO,NV 89502	94-3160109	501(C)(3)	10,100				GENERAL SUPPORT
VSA ARTS OF NEVADA 250 COURT STREET RENO, NV 89501	94-3030518	501(C)(3)	5,000				RESTRICTED PER THE GRANT CONTRACT
WASHOE COUNTY SHERIFF'S OFFICE911 PARR BLVD RENO,NV 89512	88-6000138	501(A) GOV	68,243				DESIGNATED FUNDS
WASHOE K-12 EDUCATION FOUNDATION985 DAMONTE RANCH PARKWAY SUITE 310 RENO,NV 89521	45-2488886	501(C)(3)	15,000				DESIGNATED FUNDS
WEST SACRAMENTO SOUTHPORT COMMUNITY CHURCH OF THE NAZARENE2919 PROMENADE STREET SUITE 100 WEST SACRAMENTO, CA 95691	94-2885238	501(C)(3)	6,000				GENERAL SUPPORT
YOUNG AT HEART SENIOR CITIZENS CLUB INCPO BOX 1042 GARDNERVILLE,NV 89410	84-1639118	501(C)(3)	8,000				GENERAL SUPPORT

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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Noncash Contributions

Name of the organization COMMUNITY FOUNDATION OF WESTERN NEVADA

Employer identification number

	T				88-0370179			
Pa	TI Types of Property	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of c noncash contri	determi	_	ts
				1 g				
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
5	Clothing and household							
6	goods							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	21	4 721 815	FAIR MARKET VA	LILE		
	Securities—Closely held stock .		21	4,721,813	TAIR MARKET VAI	LUL		
	Securities—Partnership, LLC, or trust interests							
. 2	Securities—Miscellaneous							
L3	Qualified conservation contribution—Historic							
.4	structures Q ualified conservation							
	contribution—Other							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other	X	1	380,000	FAIR MARKET VA	LUE		
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
	O ther ►()							
	O ther ►()							
	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization comple				29		I I	
20~	During the year, did the organiza	ation rocow	a by contribution any propo	arty reported in Part I. lines	1-28 that it		Yes	No
ova								
	must hold for at least three year			on, and which is not require	a to be used	1		NI-
_	for exempt purposes for the enti					30a		No
	If "Yes," describe the arrangem							
1	Does the organization have a gif	πacceptan	ce policy that requires the i	review of any non-standard	contributions?	31		No
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell i	noncash • • •	32a		No
ь	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	t an amount	: in column (c) for a type of	property for which column (a) ıs checked,			

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

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

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization
COMMUNITY FOUNDATION OF WESTERN NEVADA

88-0370179

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	UPON RECEIPT OF THE FORM 990 FROM THE AUDITING FIRM, THE FOUNDATION'S CEO AND CONTROLLER REVIEWS THE DOCUMENT THE CEO PROVIDES A COPY TO THE FOUNDATION TREASURER, WHO ALSO REVIEWS THE DOCUMENT IF ANY ERRORS OR CORRECTIONS ARE SPOTTED THE AUDITING FIRM IS REQUESTED TO MAKE CHANGES BEFORE THE DOCUMENT IS REVIEWED BY THE FOUNDATION'S FINANCE COMMITTEE, WHICH IS REPRESENTATIVE OF THE BOARD OF TRUSTEES ONCE THE FORM 990 IS THEREBY APPROVED IT MAY BE FILED, AND THE BOARD OF TRUSTEES ADDITIONALLY REVIEWS AND APPROVES THE FORM 990 AT THEIR NEXT SCHEDULED MEETING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	IN ACCORDANCE WITH THE FOUNDATION'S CONFLICT OF INTEREST POLICY, EACH BOARD MEMBER ANNUALLY COMPLETES A CONFLICT OF INTEREST FORM WHERE THEY LIST ANY AND ALL REAL, POSSIBLE, OR PERCEIVED CONFLICTS OF INTEREST THESE FORMS ARE REVIEWED BY STAFF FOR COMPLETENESS AND MAINTAINED IN THE BOARD RECORD BOOK WITH BOARD MINUTES AND COMMITTEE MINUTES FOR THE REMAINDER OF THE YEAR AT EACH BOARD MEETING WHEN GRANTS ARE CONSIDERED FOR APPROVAL, BOARD MEMBERS ARE RECUSED FROM VOTING FOR GRANTS TO ORGANIZATIONS THEY HAVE LISTED AS BEING A POSSIBLE CONFLICT OF INTEREST

Identifier Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ONCE ANNUALLY, THE BOARD CONSIDERS COMPENSATION FOR THE CEO A PERFORMANCE REVIEW IS PERFORMED WITH ALL BOARD MEMBERS AND STAFF COMPLETING AN EVALUATION FORM ON THE CEO ADDITIONALLY THE CEO REPORTS ON ACHIEVEMENTS OF ANNUAL GOALS AND OBJECTIVES FROM THE PRIOR YEAR THIS INFORMATION IS REVIEWED BY THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE ALSO REVIEWS INFORMATION COMPILED BY THE COUNCIL OF FOUNDATION THAT TABULATES COMPENSATION FOR CEO'S OF COMMUNITY FOUNDATIONS NATIONWIDE. COMPENSATION AND/OR SALARY INCREASES ARE THEN DETERMINED IN ACCORDANCE WITH ACCEPTABLE COMPENSATION FOR THE CEO PER NATIONAL AND REGIONAL PAY RANGES AND ANNUAL PERFORMANCE OF THE CEO IN MEETING FOUNDATION GOALS AND OBJECTIVES THE CEO PERFORMS AN ANNUAL EVALUATION OF EACH STAFF PERSON AT THE FOUNDATION. THE CEO USES ANNUAL OBJECTIVES AND PERFORMANCE STANDARDS TO DETERMINE INDIVIDUAL JOB PERFORMANCE, AND UTILIZES THE COUNCIL OF FOUNDATION'S ANNUAL COMPENSATION STUDY FOR SIMILAR POSITIONS AT COMMUNITY FOUNDATIONS NATIONWIDE. ALTHOUGH THE CEO HAS SOLE DISCRETION IN HIRING, TRAINING, MANAGING, AND EVALUATING STAFF, THE EXECUTIVE COMMITTEE RECEIVES COMPLETE PERSONNEL REPORTS ON ALL STAFF REGARDING PERFORMANCE AND COMPENSATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION MAINTAINS COPIES OF ALL GOVERNING DOCUMENTS, POLICIES, TAX RETURNS, AND FINANCIAL AUDITS IN THE OFFICE AND MAKES COPIES AVAILABLE TO ANY PERSON WHO REQUESTS A COPY ADDITIONALLY, ALL POLICIES AS WELL AS THE TAX RETURN ARE POSTED ON THE FOUNDATION'S WEBSITE AS WELL AS GUIDESTAR'S WEBISTE

Identifier	Return Reference	Explanation
		THE PROCESS FOR THE REVIEW AND APPROVAL OF THE AUDITED FINANCIAL STATEMENTS HAS NOT CHANGED FROM THE PRIOR FISCAL YEAR