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Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

Department of the ∓reasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection

F	or ca	lendar year 2014 or tax year beginning	12	2/16 , 2014,	and ending		12/31, 2014
						A Employer identif	ication number
_	WES	TERN ALLIANCE COMMUNITY FOUND	ATION			47-256124	9
_	Numb	per and street (or P O box number if mail is not delivered	to street address)		Room/suite	B Telephone numb	per (see instructions)
						(60	02) 389-3500
ONE EAST WASHINGTON ST., STE 1400						,	
		or town, state or province, country, and ZIP or foreign po					
						C If exemption applic	ation is
	РНО	ENIX, AZ 85004				pending, check here	
G	Che	eck all that apply X Initial return	Initial return	of a former p	ublic charity	D 1 Foreign organiza	
		Final return	Amended re	turn	•	2 Foreign organiza	
		Address change	Name chang	е		85% test, check	here and attach
H	Che	eck type of organization. X Section 501(computation •	
ſ		Section 4947(a)(1) nonexempt charitable trust	Other taxable pr		ion	1	on status was terminated
ī			unting method: X C			1	
			ther (specify)				s in a 60-month termination
			olumn (d) must be on cas				
E		Analysis of Revenue and Expenses (The					(d) Disbursements
		total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net inve		(c) Adjusted net	for charitable
		may not necessarily equal the amounts in column (a) (see instructions))	books	incom	e	income	purposes (cash basis only)
	1	Contributions, grits, grants, etc , received (attach schedule) .	1,000,000.				(2222222222
	2	Cheek I I If the foundation is not required to				-	
ı	3	attach Sch B Interest on savings and temporary cash investments.					
Ì	4	Dividends and interest from securities					-
j	5a	Gross rents					
						-	
۰	_	Net gain or (loss) from sale of assets not on line 10	-				
Revenue	b	Gross sales pnce for all					
Š	7	Capital gain net income (from Part IV, line 2)		_			
盔	8	Net short-term capital gain	10			-	
	9	1 18L	80				
	10 a	Gross sales less returns AUU 4 0 2013	·				_
	h	Less Cost of goods sold	<u>K</u>				
-		Gross profit or (loss) (attached lie), .U.T.			<u> </u>		
- }	11	Other income (attach schedule)					
į	12	Total. Add lines 1 through 11	1,000,000.				
٦	13	Compensation of officers, directors, trustees, etc	0				<u> </u>
es	14	Other employee salaries and wages					
(C)	15	Pension plans, employee benefits					
힑		Legal fees (attach schedule)		-			-
ũ	b	Accounting fees (attach schedule)					
9	c	Other professional fees (attach schedule)	_				
듥	17	Interest					
돐	18	Taxes (attach schedule) (see instructions)					
<u>Ē</u>	19	Depreciation (attach schedule) and depletion.		<u> </u>			
	20	Occupancy					
ا≥	21	Travel, conferences, and meetings	 - ·				
=	22	Printing and publications		<u>. </u>			
5	23	Other expenses (attach schedule)					
텵	23 24 25	Total operating and administrative expenses		-			
ers		Add lines 13 through 23	0				
8	25	Contributions, gifts, grants paid					
	26	Total expenses and disbursements Add lines 24 and 25					 0
\neg	27	Subtract line 26 from line 12					
		Excess of revenue over expenses and disbursements	1,000,000.				
		Net Investment income (if negative, enter -0-)			0		
		Adjusted net Income (if negative, enter -0-).				0	

JSA For Paperwork Reduction Act Notice, see instructions.
4E1410 1 000
0950IZ 1783 8/13/2015 4:34:38 PM

Part II		Deleves Chaste	Attached schedules and amounts in the description column should be for end-of-year			End o	nd of year		
۲	art II	Balance Sneets	amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value		
	1	Cash - non-interest-bear	ing	0	1,000,0	00.	1,000,000.		
			cash investments			_			
	3	Accounts receivable		· · · · · · · · · · · · · · · · · · ·					
		Less allowance for dou	btful accounts ▶						
			btful accounts ▶						
	5	Grants receivable							
	6	Receivables due from	officers, directors, trustees, and other						
		disqualified persons (at	tach schedule) (see instructions)		<u> </u>				
	7	Other notes and loans r	eceivable (attach schedule) 🕨						
		Less allowance for dou	btful accounts ▶						
ts	8	Inventories for sale or us	e						
ssets			eferred charges						
Ä	10 a	Investments - U S and state	e government obligations (attach schedule)						
1	b	Investments - corporate	stock (attach schedule)						
	С	Investments - corporate	bonds (attach schedule)						
	11	Investments - land, buildings and equipment basis	s, -						
		Less accumulated deprecia (attach schedule)	ation >	 _					
	12	Investments - mortgage	loans			_			
	13	Investments - other (atta	ach schedule)						
	14	Land, buildings, and equipment basis	-						
		Less accumulated deprecia (attach schedule)	ation	- <u>, </u>					
	15	Other assets (describe	P/						
			completed by all filers - see the						
\perp			age 1, item I)	0	1,000,0	00.	1,000,000.		
1	17	Accounts payable and a	ccrued expenses						
	18	Grants payable							
es	19	Deferred revenue							
Liabilities	20		rs, trustees, and other disqualified persons						
ë	21	Mortgages and other no	ites payable (attach schedule)						
-	22	Other liabilities (describe	∍ ▶)						
						_			
\dashv			s 17 through 22)	0		0			
			low SFAS 117, check here . ▶						
es		and complete lines	24 through 26 and lines 30 and 31.						
alances	24	Unrestricted				_			
39	25	Temporarily restricted .							
9	26 27 28 29								
힖		Foundations that do	not follow SFAS 117, ▶ 🗓						
9			plete lines 27 through 31.						
ţ	27		cipal, or current funds	· - · · · ·	1 000 0	0.0			
SSB	28		land, bldg, and equipment fund		1,000,0	00.			
٢	29	•	ulated income, endowment, or other funds		1 000 0				
Ž			balances (see instructions)	0	1,000,0	00.			
	31		net assets/fund balances (see		1 000 0	.00			
			need in Not Appets or Fund Pole	0	1,000,0	00.			
			nges in Net Assets or Fund Balan						
1			palances at beginning of year - Part I			_			
_			d on prior year's return)			_1_	1 000 000		
		er amount from Part I,		• • • • • • • • • • • • •		2	1,000,000.		
						3	1 000 000		
4	Add	reases not included in	Juno 2 (Itemizo)	• • • • • • • • • • • • • • • • • • • •		4	1,000,000		
		reases not included in	alances at end of year (line 4 minus	lino 5) Doet II selvere (5	1 000 000		
0	10(8	ii net assets or tund b	alarices at end of year time 4 minus	iirie 5) - Part II, column (υ), iine 30	6	1,000,000.		

Page	3

Pa	Part IV Capital Gains and Losses for Tax on Investment Income									
	(a) List ar	nd describe the kind(s) of property sold	(e g , real estate,	(b) How acquired	(c) Date	(d) Date sold				
	2-story	shs MLC Co)	P - Purchase D - Donation	àcquired (mo , day, yr)	(mo, day, yr)					
1a										
b										
С	-									
d										
e										
	(1) 0		(h) Gain or (lo	ss)						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(e) plus (f) minu					
а										
b										
c			-							
d										
e										
	Complete only for assets	s showing gain in column (h) and owne	ed by the foundation on 12/31/69							
_		(j) Adjusted basis	(k) Excess of col (i)		Gains (Col. (h) ga (k), but not less t					
	(i) F M V as of 12/31/69	as of 12/31/69	over col (j), if any	00.	Losses (from co					
_			, , , , , , , , , , , , , , , , , , ,							
_ <u>a</u>										
<u>_b</u>										
<u> </u>										
<u>d</u>										
<u>e</u>			<u> </u>							
2	Capital gain net income		gain, also enter in Part I, line 7							
	. •	, , , , , , , , , , , , , , , , , , ,	f (loss), enter -0- in Part I, line 7	2						
3	• • •	ain or (loss) as defined in sections								
			structions) If (loss), enter -0- in							
		 		3						
Pa	rt V Qualification	Under Section 4940(e) for Re	duced Tax on Net Investment I	ncome						
(Fo	r optional use by domest	ic private foundations subject to th	ne section 4940(a) tax on net investi	ment incor	ne)					
If s	ection 4940(d)(2) applies	, leave this part blank NO	T AVAILABLE FOR INITIAL	YEAR RE	TURNS					
	,									
Wa	s the foundation liable for	the section 4942 tax on the distril	butable amount of any year in the b	ase period	12	Yes No				
If "Y	es," the foundation does	not qualify under section 4940(e)	Do not complete this part	•		, <u> </u>				
			ar, see the instructions before making	any entr	ies					
	(a)	(b)	(c)	J ,	(d)					
Ca	Base period years lendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by					
	2013		*		(CC) (D) divided by	COI (C))				
_	2012									
	2011									
_	2010		-	-						
_	2009	L	<u> </u>			<u> </u>				
_				_						
2				2						
3	Average distribution ration	o for the 5-year base period - divid	de the total on line 2 by 5, or by the							
	number of years the fou	ndation has been in existence if le	ss than 5 years	3						
4	Enter the net value of no	oncharitable-use assets for 2014 fi	rom Part X, line 5	4						
5	Multiply line 4 by line 3			5						
-										
6	Enter 1% of not investm	ent income (1% of Part Lline 27h)		6						
U	Litter 1 /0 OF HEL HIVESUII	chancome (1 % of Falt I, line 270)		-						
7	Add lines 5 and 6			7						
7	Add lines 5 and 6	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	' 						
_	Para audie :	one from De CMI L								
8			on Dort VI. line 4b, and complete	8	40/ /					
	Part VI instructions	peater than line 7, check the box	in Part VI, line 1b, and complete to	mat part i	using a 1% tax	crate. See the				
ISA	r art vi instructions									

orm	990-PF (2014) WESTERN ALLIANCE COMMUNITY FOUNDATION 47-256	1249	F	age 4
_	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see			
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			-,
b	Date of ruling or determination letter (attach copy of letter if necessary - see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% of Part I, line 27b			C
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			C
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			(
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			
6	Credits/Payments			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a			
b	Exempt foreign organizations - tax withheld at source 6b			
С	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			C
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			C
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
1	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ Refunded ▶ 11			(
Par	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
	Instructions for the definition)?	1b		x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
c	Did the foundation file Form 1120-POL for this year?	1c		x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
_	(1) On the foundation ▶ \$ 0 (2) On foundation managers ▶ \$ 0	í		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	í		
•	foundation managers ▶ \$0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		x
-	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		x
	* * * * * * * * * * * * * * * * * * * *	4a		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		x
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		┢▔
_	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	_	"	
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Γ	
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	\vdash	X	
	Website address ► N/A		<u></u>	
14	The books are in care of ▶ DALE GIBBONS Telephone no ▶ 602-389	-350	0	
	Located at ▶ONE EAST WASHINGTON STREET, SUITE 1400 PHOENIX, AZ ZIP+4 ▶ 85004			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	TT.
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		x
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) If			
	"Yes," enter the name of the foreign country ▶			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	i		
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	ļ		
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days) Yes X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2014?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2014? Yes X No			
	If "Yes," list the years			
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
2-	Did the foundation held many than a COV development			
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lease of the 5-per period for leases period excepted by the			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
		26		
4 2	foundation had excess business holdings in 2014)	3b		<u>x</u>
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		х
		m 99 ()-PF	
	•	00		(== -7)

Total number of other employees paid over \$50,000......

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Part VIII Information About Officers, Directors, Trustees, Foundation Mana and Contractors (continued)	gers, Highly Paid Emplo	yees,
3 Five highest-paid independent contractors for professional services (see instru	ctions). If none, enter "NONE	7
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		0
Total number of others receiving over \$50,000 for professional services	<u></u>	0
Part IX-A Summary of Direct Charitable Activities		
- Commany of Direct Charladic Floating		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in	formation such as the number of	Expenses
organizations and other beneficianes served, conferences convened, research papers produced, etc		LAPERISES
1 NONE	1 - 1 - 1	
		0
2		
3		
*		
4		
Dart IV D. Common of Dragness Daleted Investments (
Part IX-B Summary of Program-Related Investments (see instructions)		AI
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	12	Amount
1 NONE		
		0
2		
All other program-related investments See instructions		
3 NONE		
		0
Total. Add lines 1 through 3	.	0
		<u> </u>

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Form **990-PF** (2014)

qualifies for the section 4940(e) reduction of tax in those years.

$\overline{}$	n 990-PF (2014)				Page 9
Pa	art XIII Undistributed Income (see instru	ictions)			
1	Distributable amount for 2014 from Part XI,	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
•	line 7	·			6.
2	Undistributed income, if any, as of the end of 2014				
_	Enter amount for 2013 only				
	Total for pnor years 20 12 ,20 11 ,20 10				
3	Excess distributions carryover, if any, to 2014				
а	From 2009				
b	From 2010				
C	From 2011				
d	From 2012				
е	From 2013				
f	Total of lines 3a through e				
	Qualifying distributions for 2014 from Part XII,				
	line 4 ▶ \$				
а	Applied to 2013, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required - see instructions)				
c	Treated as distributions out of corpus (Election required - see instructions)				
đ	Applied to 2014 distributable amount				
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2014				
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
ь	Prior years' undistributed income Subtract				
	line 4b from line 2b				
C	Enter the amount of prior years' undistributed income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				1
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions				
•	4a from line 2a Taxable amount - see instructions				
f	Undistributed income for 2014 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2015				6.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)			<u>-</u>	
8	Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2015.				
-	Subtract lines 7 and 8 from line 6a	0			
10	Analysis of line 9				
	Excess from 2010				
b	Excess from 2011				
С	Excess from 2012				
d	Excess from 2013				1
_е	Excess from 2014				

Pa	rt XIV Private Op	erating Foundations	s (see instructions a	nd Part VII-A, questi	on 9)	NOT APPLICABL
1 a	If the foundation has					
	foundation, and the ruling	g is effective for 2014, e	nter the date of the ruling			
b	Check box to indicate v				section 4942(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		
	justed net income from Part	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
	I or the minimum investment					
	return from Part X for each year listed					
h	85% of line 2a					
		-				
С	Qualifying distributions from Part XII, line 4 for each year listed .					
d	Amounts included in line 2c not		-			
_	used directly for active conduct of exempt activities					
е	Qualifying distributions made					
	directly for active conduct of exempt activities. Subtract line					
	2d from line 2c					
3	Complete 3a, b, or c for the					
а	alternative test relied upon "Assets" alternative test - enter					
_	(1) Value of all assets			•		
	(2) Value of assets qualifying					
	under section					
b	4942(j)(3)(B)(i) "Endowment" alternative test-					
	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
_	line 6 for each year listed					-
C	"Support" alternative test - enter (1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on secunties					
	loans (section 512(a)(5)),					
	or royalties),					
	(2) Support from general public and 5 or more					
	exempt organizations as provided in section 4942					
	()X3XB)(III)					
	(3) Largest amount of sup- port from an exempt organization					
	(4) Gross investment income				-	
Рa		ntary Information (Complete this part	only if the found	ation had \$5,000	or more in assets
1		during the year - s	ee instructions.)			
	List any managers of	-		a than 20% of the tota	al contributions rocal	yed by the foundation
a	before the close of any					
		, , , , , , , , , , , , , , , , , , , ,	.,	, , , , , , , , , , , , , , , , ,		
- h	NONE	the foundation who	200 100/ or more of	the steel of a sern	eretion (or an accordi	
D	List any managers of ownership of a partner					y large portion of the
	ownership of a partite	on other chary or	Willer the loundation	nas a 10 % of greater	interest	
	NONE					
2	NONE Information Regarding	- Combulbustine Count	O'M I are Cabalant			
2		_		• •		
	Check here ► X if the	he foundation only r	nakes contributions	to preselected chari	table organizations	and does not accept
	unsolicited requests for			ints, etc (see instruct	ions) to individuals (or organizations under
	other conditions, comp					
а	The name, address, ar	nd telephone number (or e-mail address of t	he person to whom app	plications should be ad	dressed.
		 		 		
D	The form in which appl	ications snoutd be sub	omited and informatio	in and materials they	snould include	
	Any submission deadling	000				
U	with ampriliagion negatili	1103				
-4	Any restrictions or lin	mitations on awards	such as hy googra	nhical areas short-	hle fields kinds of	inetitutions of ather
J	factors:	mations on awards,	such as by geogra	pilicai aleas, Cliaillai	DIE HEIUS, KINOS OF	manunons, or other

Page 11

Part XV Supplementary Information	(continued)									
3 Grants and Contributions Paid Dur	3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, show any relationship to Name and address (home or business) If recipient is an individual, show any relationship to status of recipient Purpose of grant or contribution Amount Amount Amount Amount Amount Amount Amount Amount Recipient Recip									
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount						
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Purpose of grant or contribution	Amount						
a Paid during the year										
NONE										
			,							
Total		L								
			<u></u> 3a	0						
b Approved for future payment										
NONE		İ								
				-						
				`						
Total			<u> ▶ 3</u> b	0						

JSA 4E1491 1 000

Page **12**

Part XVI-	-A Analysis of Income-Produ	cing Activ	vities			
Enter gross	amounts unless otherwise indicated	Unrela	ated business income	Excluded b	y section 512, 513, or 514	(e)
-,	a service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
-		-		 		(Oce manuchons)
				 -		
		 		 		
		-		 		
_						
f	and contracts from government agencies	}		 		
_	ship dues and assessments					
	on savings and temporary cash investments		<u>-</u>	 		
	in savings and temporary cash investments is and interest from securities					
	al income or (loss) from real estate			 		
	-financed property		_	<u> </u>		
h Note	debt-financed property					
	I income or (loss) from personal property			 		
	vestment income				 	
			<u>-</u>	-		
	loss) from sales of assets other than inventory					
	ome or (loss) from special events			 		<u></u>
	rofit or (loss) from sales of inventory	}			<u> </u>	<u> </u>
	venue a					
				 		
					-	
		<u> </u>				
e	Add aslumes (b) (d) and (s)			 		
	Add columns (b), (d), and (e)		<u> </u>	<u> </u>	40	<u> </u>
(See worksh	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci	ulations \		• • • • • •	13	
Part XVI-			complishment of Ev	omnt Durn		
	<u> </u>					 _
Line No	Explain below how each activit					•
▼	accomplishment of the foundation	on's exemp	t purposes (other than t	by providing	funds for such purpose	s) (See instructions.)
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01111 33	<i>7</i> 0-1 1 ((2014)	MESTERM	ADDIANCE COMMON	ATII EO	ONDA1.	LOIA		4/-2301	-247	Pag	ge i
Part	XVII	Information F Exempt Orga		ransfers To and Tr	ansacti	ons an	d Relation	ships \	With None	chari	table)
1 [old th	e organization direc	tly or indirectly	engage in any of the	following	with ar	nv other orga	nization	described		Yes	No
				section 501(c)(3) org						}		
		izations?				.,	,					
	-		na foundation t	o a noncharitable exem	not organi	zation of						
										1a(1)		х
										1a(2)		х
		transactions								10(2)	_	
			oncharitable ex	empt organization						16/1)		х
ì	2) Pu	rchases of assets fr	om a nonchari	table exempt organization	 .n					15(1)		X
ì	-, 3) Re	ental of facilities, equ	unment or othe	er assets	"'					16(2)		X
ì	4) Re	embursement arrand	sements							15(3)		X
ì	5) I o	ans or loan guarante	e.							15(4)		Х
ì	6) Pe	erformance of service	es or members	ship or fundraising solicit	tatione					15(5)		X
ر د م	harin	on of facilities, equip	ment mailing li	sts, other assets, or par	id employ			• • • • •	• • • • • •	10(0)		X
d 1	the	answer to any of the	nent, mailing ii	es," complete the folk	owing col	bodulo /	Column (h)	hould o	 Iwaya abay	1c	four m	
U I	alue	of the goods other	assets or seri	vices given by the repo	orting fou	ndation	If the found	lation re	rewed less	than	fair m	arke
				ngement, show in colu								
(a) Line	$\overline{}$	(b) Amount involved		noncharitable exempt organiz					_			
(a) Line	, 110	N/A	(c) Name or	monchantable exempt organiz	zation	N/A	cription of trans	ers, transac	ctions, and shar	ing arra	ngemer	าเธ
		N/A		 "		N/A						
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2a ls	the	foundation directly	or indirectly a	ffiliated with, or relate	d to, one	or mor	e tax-exemp	t organiz	ations			
				other than section 501(Ye	s X] No
		," complete the follo										
		(a) Name of organization		(b) Type of orga	nization		-	(c) Descrip	tion of relations	hip		
	Unde	r penalties of penury, I decl	are that I have exam	nined this return, including accor	mpanying sch	edules and	statements, and t	o the best	of my knowledge	and b	elief, it	ıs true
·	corre	ct, and complete to laration of	f preparer (other than	taxpayer) is based on all information	on of which pi	eparer has a	iny knowledge					
Sign	l D'	13/6/	24	108/19/20	315	Paril	t South		May the IRS			
lere	s/6	nature of officer or trustee	3	Date	""	Title	Aur	}	with the pre (see instructions		Yes	below No
				- 			<u>\</u>	,	(See manucuons	/: LA	1 69	
		Print/Type preparer's na	ıme	Preparer's signature <		·	Date	T ₆ .	م ا ا ا	TIN		
Paid		SUE ROBISON	-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Zu W K	to soc	8/14/20	Ch	~~~ "		C O O T	2
repa	rer		DMC IID		<u> </u>		0/17/20			_	5007	
Jse C			MG LLP	AVENUE CUTES O	000			Firm's EIN	▶13-55	6520) 7	
J36 (, iiiy	l .		AVENUE, SUITE 2	900	~				_		
		SE	ATTLE, WA	<u> </u>		98:	L01	Phone no	206-91	3-40	000	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No 1545-0047

▶ Attach to Form 990. Form 990-EZ, or Form 990-PF.

Department of the Treasury
Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs gov/form990

Name of the organization WESTERN ALLIANCE COMMUNITY FOUNDATION Employer identification number

47-2561249 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization WESTERN ALLIANCE COMMUNITY FOUNDATION

Employer identification number 47-2561249

	Contributors (see instructions). Use duplicate copies of		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1-	WESTERN ALLIANCE BANK ONE EAST WASHINGTON STREET, STE 1400 PHOENIX, AZ 85004	\$ 1,000,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization WESTERN ALLIANCE COMMUNITY FOUNDATION

Employer identification number

47-2561249

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is nee	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer identification number

Name of organization WESTERN ALLIANCE COMMUNITY FOUNDATION

				47-2561249			
Part III	Exclusively religious, charitable, etc., o						
	that total more than \$1,000 for the year						
	following line entry. For organizations of						
	contributions of \$1,000 or less for the y Use duplicate copies of Part III if addition		ition once. See i	nstructions.) ► \$			
(a) No.	Use duplicate copies of Part III II addition	iai space is fleeded.	1				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
<u> </u>	4,,						
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relation			p of transferor to transferee			
	Transferee 3 name, address, and a	<u> </u>	Relationshi	of transferor to transfere			
(a) Na		<u> </u>					
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I				· · · · · · · · · · · · · · · · · · ·			
		(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	Transferee 3 manie, address, and a		Kelationam	of transferor to transferee			
(a) No							
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I							
	(e) Transfer of gift						
	Transferee's name, address, and a	ZIP + 4	Relationshi	o of transferor to transferee			
(a) No							
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(a) Transfer of all						
		(e) Transfer of git	π				
	Transferee's name, address, and ZIP + 4 Re		Relationship	Relationship of transferor to transferee			
			·				
			- 				

ATTACHMENT 1

FORM 990PE, PART VIII - LIST OF OFFICERS, DIRECTORS, AND IRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ROBERT SARVER ONE EAST WASHINGTON ST., STE 1400 PHOENIX, AZ 85004	PRESIDENT 1.00	0	0	0
DALE GIBBONS ONE EAST WASHINGTON ST., STE 1400 PHOENIX, AZ 85004	TREASURER 1.00	0	0	0
KAYLEIGH WALL ONE EAST WASHINGTON ST., STE 1400 PHOENIX, AZ 85004	SECRETARY 1.00	0	0	0
BRUCE LOWRY ONE EAST WASHINGTON ST., STE 1400 PHOENIX, AZ 85004	ASSISTANT SECRETARY 1.00	0	0	0
	GRAND TOTALS	0	0	0

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

	0 001 1100			3			
	filing for an Automatic 3-Month Extension,						▶ X
	filing for an Additional (Not Automatic) 3-M						_
Do not comp	liete Part II unless you have already been gra	nted an au	tomatic 3-month extens	sion on a previously filed	d Fo	rm 886	8.
Electronic fi	ling (e-file). You can electronically file Form	8868 if yo	u need a 3-month auto	matic extension of time	e to	file (6	months for
a corporation	n required to file Form 990-T), or an addition	nal (not au	tomatic) 3-month exten	sion of time. You can e	elec	tronical	ly file Form
Between for	uest an extension of time to file any of the	forms liste	ed in Part I or Part II w	th the exception of Fo	rm,	8870,	Information
instructions)	Transfers Associated With Certain Persona For more details on the electronic filing of the	al Benefit	Contracts, which must	t be sent to the IRS	ın p	paper t	ormat (see
	tomatic 3-Month Extension of Time. Or				11165	& NOII	proms
	n required to file Form 990-T and requesting				nnle	ıto.	
					•		ightharpoonup
All other cor	porations (including 1120-C filers), partnersh	nos. REMIC	Cs. and trusts must use F	orm 7004 to request an	ext	ension (of time
to file incom		.,,		Enter filer's identifyin			
-	Name of exempt organization or other filer, see in	structions		Employer identification nu			
Type or							
print	WESTERN ALLIANCE COMMUNITY FOUNDATION 47-2561249			9			
File by the due date for	Number, street, and room or suite no. If a PO bo	x, see instru	ctions	Social security number (S	SN)		
filing your		ONE EAST WASHINGTON STREET, SUITE 1400					
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions						
	PHOENIX, AZ 85004		· · · · · · · · · · · · · · · · · · ·	<u></u>			
Enter the Re	turn code for the return that this application	is for (file a	a separate application fo	r each return)			04
Ammliantian	-	Data	I A P		—		
Application		Return	Application				Return
Is For	Form 000 F7	Code	Is For				Code
Form 990-BL	Form 990-EZ	01	Form 990-T (corporate	ition)			07
Form 4720 (02	Form 1041-A	Abor Abor and and and			08
Form 990-PF		03	Form 4720 (other that Form 5227	er than individual)		-	09
	(sec 401(a) or 408(a) trust)	05	Form 6069				10
	(trust other than above)	06	Form 8870			11	
	(tradition than above)	00	1 01111 0070				
The books	s are in the care of ▶DALE GIBBONS						
Telephone	e No. ▶ 602 389-3500	ı	FAX No ▶				
• If the orga	inization does not have an office or place of			k this box			ightharpoons
• If this is fo	or a Group Return, enter the organization's for	ur digit Gro	oup Exemption Number (GEN)	• •	 . If th	
	e group, check this box ▶ 🔲 🏻 II				Т	– and atta	ach
	names and EINs of all members the extens						
1 I reque:	st an automatic 3-month (6 months for a cor	poration re	quired to file Form 990	-T) extension of time			
until	08/15_, 20_15_, to file the	exempt org	janization return for the	organization named at	οονε	The e	xtension is
	organization's return for:						
▶	calendar year 20 or						
\triangleright X	tax year beginning12/1	9_, 20 14	L_, and ending	<u>12/31</u> _,	20_	14_	
			_				
	x year entered in line 1 is for less than 12 m	onths, chec	ck reason X Initial re	eturn Final return	1		
	hange in accounting period application is for Form 990-BL, 990-PF, 99	O T 4720	or 6060, onter the t	antatus tay lass say			
	indable credits. See instructions	10-1, 4720	, or ocos, enter the t	entative tax, less any	1 1	_	_
	application is for Form 990-PF, 990-T,	4720 or	6060 enter any re	fundable gradute and	3a	\$	0
	ed tax payments made Include any prior yea			iunuable credits and	26	•	_
				uired, by using FFTPS	3ь	•	0
	c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions					e	0
	are going to make an electronic funds withdrawal		t) with this Form 8868. sei	e Form 8453-EO and Form	3c 887		
instructions			,	== =		J _ U .U	. , , , , , , , , , , , , , , , , , , ,
For Privacy A	ct and Paperwork Reduction Act Notice, see instr	uctions.	·		Form	8868	(Rev 1-2014)

JSA

Form 8868 (Rev 1-2014)				Page 2		
If you a	are filing for an Additional (Not Automatic) 3-M	onth Exten	sion, complete only Part I	I and check this box			
	y complete Part II if you have already been gra						
	are filing for an Automatic 3-Month Extension,			, , , , , , , , , , , , , , , , , , , ,			
Part II	Additional (Not Automatic) 3-Month Ex			unal (no copies needed).			
				nter filer's identifying number, se	e instructions		
	Name of exempt organization or other filer, see in	structions		Employer identification number (EIN) or			
Type or							
print	WESTERN ALLIANCE COMMUNITY FO	UNDATIO	N	47-2561249			
•	Number, street, and room or suite no. If a P.O. bo			Social security number (SSN)			
File by the due date for	ONE EAST WASHINGTON STREET, SUITE 1400						
filing your	City, town or post office, state, and ZIP code For a foreign address, see instructions						
return See instructions	PHOENIX, AZ 85004						
Enter the	Return code for the return that this application	is for (file a	separate application for ea	ach return)	. 04		
Applicati		Return	Application		Return		
Is For		Code	is For		Code		
	0 or Form 990-EZ	01			0000		
Form 990		02	Form 1041-A	-	08		
	20 (individual)	03	Form 4720 (other than in	ndividual)	09		
Form 990		04	Form 5227	idividual)	10		
	O-T (sec. 401(a) or 408(a) trust)	05					
	O-T (trust other than above)	06	Form 6069 Form 8870				
	not complete Part II if you were not already		·	sion on a previously filed For	12 m 8868		
	oks are in the care of DALE GIBBONS	grantou ar	automatic o-month exter	ision on a previously med ton			
	one No. ► 602 389-3500		Fax No ▶				
		- ·			. \Box		
	rganization does not have an office or place of				🏲 🗀		
	s for a Group Return, enter the organization's for				nis Is		
	ole group, check this box		= -	box ▶ [] and att	ach a		
	e names and EINs of all members the extension			1/15 20 1 =			
•	uest an additional 3-month extension of time ui			.1/16 , 20 <u>15</u>	00.1.		
	calendar year, or other tax year beginn				20 14		
6 If the	e tax year entered in line 5 is for less than 12 m	ionins, chec	ck reason X Initial re	turn Final return			
7 5101	Change in accounting period	MATITONI I	VECECONDY MO DDEDN	DE A COMPLETE			
	e in detail why you need the extension <u>INFOR</u> ACCURATE RETURN IS NOT YET AVAI		NECESSARI IO PREPA	RE A COMPLETE			
AND	ACCORATE RETORN 15 NOT TEL AVAIL	LABLE.					
				· · · · · · · · · · · · · · · · · · ·			
9 o If thu	s application is for Forms 990-BL, 990-PF, 9	00 T 4720	or 6060 pater the ten	tatura tau laga anul			
	s application is for Forms 990-BL, 990-PF, 990	90-1, 4720	, or outs, enter the ten	·			
		4720 0	6060 pates any refus	deble and to and	0		
	is application is for Forms 990-PF, 990-T,		•	I I			
	nated tax payments made Include any pri	or year o	verpayment allowed as	· —			
	unt paid previously with Form 8868			8b \$	0		
	nce Due. Subtract line 8b from line 8a Include		ent with this form, if requir	· · · · ·			
(=180	ctronic Federal Tax Payment System). See instru			8c \$	0		
	Signature and Verifica			•			
Under pena knowledge	alties of perjury, I declare that I have examined the	nis form, inc	cluding accompanying sched	lules and statements, and to the	best of my		
kilowieage i	and belief, it is true, correct, and complete, and that I	am authoriz	ed to prepare this form				
C	Eye Rosison			Date ▶ 7/31/20	115		
Signature	<u></u>		Title ► CPA				
				Form 8868	(Rev 1-2014)		