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CARSON CITY
EXECUTIVE OFFICES

Carson City, a Consolidated Municipality

Application for

Community Support Services Funding
Fiscal Year 2012-2013

Name of Organization: Carson Area Wellness Association

Amount Requested: \$5,000

Contact Person: Rota Rosaschi

Mailing Address: 3579 Hwy 50 East Suite C

City: Carson City State: NV Zip Code: 89701

Phone Number: 775-884-0392 E-mail: rota@nphf.org

501(c)3 Taxpayer I.D. Number: 88-0359697

Date Submitted: 1/30/12

Please mail completed application and attachments to:
Carson City Executive Offices
201 N. Carson Street, Suite 2
Carson City, NV 89701

Carson City Community Support Services
APPLICATION FOR GRANT FUNDS
Fiscal Year 2012-2013

Organization Information

1. What is the overall purpose or goal of your organization?

The purpose of CAWA is to help create a healthier community through education, collaboration, research and policy development. CAWA was formed using the Nevada Public Health Foundation as its fiduciary agent and supporting organization. Through the Nevada Public Health Foundation, CAWA acts as a non-profit association that supports activities in association to CAWA's mission.

2. How long has your organization been in existence? 7 Years 0 Months

How long has your organization been in Carson City? 7 Years 0 Months

3. Describe in general the activities or services of your organization:

In recognizing the obesity issue, especially in children, CAWA was created to encourage and support better eating, increasing physical activity and to help reduce the potential of chronic diseases associated with obesity or not eating properly. CAWA is made up of a 100% volunteer group of Carson City and Dayton residents. Part of the obesity issue is the lack of proper and affordable foods. CAWA has taken a stand and since 2008 has provided nutritious bags of food for every individual participating in the Health and Human Services Homeless Christmas event. This is an important event which ensures homeless families have at least one-week's worth of healthy foods during one of the most difficult times for families - the Christmas holiday. The bags of groceries distributed by CAWA works in concert with other holiday food giving families seek. The holiday food given by FISH and others often focuses on turkeys, hams and a related meal specifically for the Christmas event. CAWA's food bag ensures there is a nice balance with the required food categories suggested by USDA and can be consumed by the truly homeless as all foods can be eaten cold and/or opened without the use of power. Because of CAWA's commitment to health, it also sponsored the Let's Move Exploratory meeting in September 2011 moving the City closer to the opportunity to be declared a "Let's Move" city by proclamation of the Mayor.

4. How many people do you intend to serve during this Fiscal Year 2012-2013?

of Youth 300 # of Adults 125 # of Seniors 25

5. How many people served this Fiscal Year 2012-2013 will be Carson City residents?

of Youth 300 # of Adults 125 # of Seniors 25

6. How many paid employees/volunteers does your organization employ?

of full-time employees 0% # of part-time employees 0%

7. Percentage of organizational funds to be utilized for administrative costs (i.e., salaries, travel, training, etc): 0%

8. Describe how your organization is managed and governed (i.e., Board of Directors).

Nevada Public Health Foundation (NPHF) is a 501 (c) 3 educational non-profit organization. NPHF created a wellness coalition called Carson Area Wellness Association (CAWA) in January 2005. CAWA is registered with the Secretary of State as it's own association. CAWA's administrative support and fiscal accountability comes through NPHF. CAWA raises its own money and has a separate spending account from NPHF. CAWA carries its own liability insurance, is volunteer member driven, and completes functions independent from NPHF. What funds CAWA raises is given back to the community via wellness activities such as the above mentioned annual Homeless Christmas event.

CAWA board consists of the following officers: Chair - Sharon Vonnegut, Vice Chair - Michelle Cowee, Secretary- Cindy Hannah, Vice Secretary- Beth Handler and Treasurer - Rota Rosaschi.

9. Please provide information on your Executive Board members or contact person:

<u>Name</u>	<u>Title</u>	<u>Phone</u>
Sharon Vonnegut	Chair	775-246-9044 or 315-4817 (cell)
Michele Cowee		

Program/Proposal Information

10. Amount of funds requested? \$ 5,000.
11. Purpose of Program/Proposal: Describe the program/proposal, target population, number to be served, what the grant will specifically fund. Explain your organization's qualifications to deal with the issue.

Since 2008, CAWA has yearly provided over 300 children and adults during the Christmas holiday a bag of healthy foods which consist of non perishable items that can be easily opened. Under the direction of CAWA's Dietician, each food bag includes but are not limited to single servings of fruits, vegetables, soups, crackers, trail mix, peanut butter, tuna, milk, cheese and crackers, nuts, and much more. Raising funds for this event has become a challenge and without funding, CAWA's contribution to this worthy event could be in jeopardy. Any funding received from this grant application will be 100% used to purchase food for this worthy event. The homeless of Carson City has increased over the past several years so funds are being stretched to the maximum. CAWA will continue its effort to fundraise and will put additional funds to the Homeless Christmas event should CAWA be successful in its efforts to raise funds. With the use of CAWA's nutritionist and volunteers, CAWA is in a unique position to offer help to those in need as described above as it has been successful for the past four years of raising needed funds without outside help. This year the request needs to be made as fundraising for all non-profits has slowed down and giving has been reduced.

12. Goals, Objectives & Measurable Outcomes: The events and/or services must assist the City to fulfill its vision statement and accomplish one or more of the City's Goals. Please indicate which goal(s) will be met. Clearly state measurable outcomes of the project. Tell how you propose to achieve the outcomes of the project in terms of specific activities, including a timetable (proposed starting date and duration of the project):

The CAWA food packages are setting families up for success via small changes in five key areas that can make a huge difference and adds up to real results: eat more fruits and vegetables, consume less sugar and fat, eat healthier snacks, watch portion size, and eat together as a family. This falls right in line with the City's Goal of a Healthy Community. Most importantly, Carson City Health and Human Services recently completed a Carson City Community Health Improvement Plan and decalred three priority areas. Chronic disease prevention and its related obesity and type II diabetes fits resolutions fits into CAWA's goals and the Homeless Christmas event.

Please see attached CAWA Work Plan - Attachment A

13. Indicate who will benefit from the use of these funds, and how they will benefit. If this is an ongoing event, please state how you intend to fund the program in future years.

Recognizing families need to eat on a regular basis there is a growing number dependent

on food stamps and volunteer food banks, to survive. Holidays are the most stressful time for families. Stretching food through holiday season is a challenge. CAWA recognizes this surge in requests and need and has helped fill the gap over the past years. CAWA volunteers have been able to raise funds but find the fundraising challenging in these hard economical times.

A small grant would give CAWA the ability to continue fulfilling this holiday gap. CAWA will continue its fundraising and will still supplement any award so even more families can be served or more food given to families who attend Carson City Health & Human Services holiday homeless Christmas event. Ongoing fundraising efforts will continue and with these efforts in the future, there may not be a need to seek City funds. As the economic situation in the community improves, maybe fundraising efforts will be more successful.

14. Are you aware of any other private sector/nonprofit/governmental/agencies in the area providing the same services as your program/proposal? If yes, please explain how your project will compliment other existing programs?

CAWA is the only organization to be the food provider for the Homeless Christmas event.

15. Please include a detailed budget for this program/event, and detailed list of intended expenditures and revenues.

Please see attachment B

16. Has your organization been funded by Carson City previously? Yes No

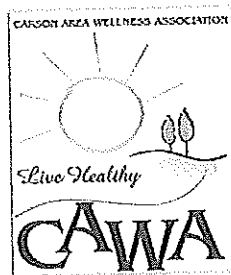
If yes, please list:

<u>Year</u>	<u>Amount</u>	<u>Program/Event</u>
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Required Attachments:

- A copy of your 501(c)3 Designation Letter from the IRS. For branches of a larger organization (i.e., local troop of Boy Scouts of America), please provide the letter for your umbrella organization.
- A copy of your most recent audited financial statement. For smaller organizations, or branches, a more simple budget showing income and expenses is acceptable. Also include an IRS form 990.
- **Previous Grantees: If your organization received grant funding in Fiscal Year 2011-2012 you must complete and submit an Annual Report form detailing how those funds were spent. Applications for former grantees will not be considered if an Annual Report has not been included.**
- Signed Guidelines for Grants (please keep a copy for your files).

Attachment A : CAWA Work Plan



CAWA Goal #1: Obesity – healthy nutrition and physical activity as it relates to prevention of obesity. To offer family-based nutrition and physical activity events

Objective 1) By Dec. 15, 2012 provides nutritious food bags for 450 Carson City residents participating in the CCHHS Homeless Christmas Event.				
Activities	Outcomes	Evaluation	Volunteers	Timeline
1. Purchase nutritious foods at local stores	Each food bag will have healthy food from all food groups.	Reviewed by Registered Dietician	CAWA Registered Dietician, Michelle Cowee, Rota Rosaschi	12/7/12
2. Deliver Food to CCHHS	All food will be stored at distribution site prior to 12/10/12	Food is placed at distribution site	Michelle Cowee, Rota Rosaschi, Cindy Hannah	12/7/12
3. Sign up CAWA Volunteers for Homeless Christmas Event	12 - 15 volunteers are needed to package food	# of volunteers signing up at CAWA Meeting & at November Meeting	Sharon Vonnegut, Barbara Copplin, Donna Curtis	11/10/12
4. Packaging Food	450 food bags will be filled	# of bags ready for distribution	CAWA Members	12/10/12
5. Distribution of Food Bags	450 food bags will be distributed to participants of CCHHS homeless Christmas event.	# of bags actually distributed	CAWA Members And community volunteers	12/15/12

ATTACHMENT B

CAWA Homeless Christmas Project Budget

Line Item	Justification	Funding Request	CAWA In Kind	Total
Personnel (Volunteer and consultants)				
Michelle Cowee, Registered Dietician	Review and shops for healthy food items 8hrs. @ 65.00 hr	\$0.00	\$520.00	\$520.00
CAWA Volunteer	8 hrs. @ \$30.00 hr	\$0.00	\$240.00	\$240.00
Sub-Total		\$0.00	\$760.00	\$760.00
Travel				
Travel to pick up food and deliver to CCHHS	2 people x 25 miles r/t x .555/mile		\$27.75	\$27.75
Sub-Total		\$0.00	\$27.75	\$27.75
Supplies				
Purchase food for food bags	450 food bags that will be filled	\$5,000.00		\$5,000.00
Sub-Total		\$5,000.00	\$0.00	\$5,000.00
Other costs				
Volunteers time for packing food	15 X 4 hrs @ volunteer rate of \$22.81	\$0.00	\$1,369.00	\$1,369.00
Volunteers for Food Distribution Day	20 x 5 hrs @ \$22.81		\$2,281.00	\$2,281.00
Sub-Total		\$0.00	\$3,650.00	\$3,650.00
Total		\$5,000.00	\$4,437.75	\$9,437.75

Guidelines for Grants

Fiscal Year 2012-2013

Vision

A leader among cities as an inviting, prosperous community where people live, work and play!

Mission

Preserve and enhance the quality of life and heritage of Carson City for present and future generations of residents, workers and visitors.

City's Goals

A Safe and Secure Community

A Healthy Community

An Active and Engaged Community

A Clean and Healthy Environment

A Vibrant, Diverse and Sustainable Economy

A Community Rich in History, Culture and the Arts

A Community Dedicated to Excellence in Education

A Physically and Socially Connected Community

A Community Where Information is Available to All

1. The competitive grant review process seeks to identify and fund those projects and programs with the greatest potential for furthering the City's goals while benefitting the community.
2. Funding is provided on a year to year basis only. Funding is strictly limited by the availability of funds.
3. Upon approval by the Board of Supervisors of the request, the grant money will be included in the next succeeding year's budget and will be dispensed by the City Manager's Office without further hearing. However, the Board shall continue to retain the prerogative and authority to deny any payment, if in the opinion of the Board, the applicant is not making a "good faith" effort in meeting the obligations and commitments outlined by said applicant within the application process. All grants approved shall be subject to funding availability.
4. The Board of Supervisors may in any event decide by majority vote to conduct a subsequent hearing concerning the application and, if so, the applicant will be notified as to the date of the subsequent hearing.
5. The applicant will utilize the grant monies solely for the general benefit of Carson City and the purpose set forth in the grant application.
6. These guidelines shall not prevent the City from entering into a contract to provide grant money for a term of years.
7. These guidelines shall not control any grants of money provided by any other public or private entity.

8. Approval of each request for funds and/or other forms of consideration shall have a condition that the applicant must complete an Annual Report form detailing all funds utilized, measurable outcomes and benefit to the citizens of Carson City. The completed Annual Report must be submitted to the City Manager's Office no later than March 2, 2012.
- 9 Any and all individuals and/or entities desiring a grant from the City must complete and execute an "Application for Grant Funds" form and include the required attachments as listed in the application.
10. The **original and nine (9) copies** of the application packet must be submitted to the City Manager's Office no later than **5:00 p.m. on January 31, 2012**. An electronic pdf version may also be e-mailed to cceo@carson.org.

I have read and understand the Guidelines for Grants. The information that is included within this application and its attachments are true to my knowledge.

CAWA Volunteers Homeless Christmas Food Bags

Name of Program

Michelle Alonzo RDCE

Project Director Signature

1/30/12

Date

Carson City Executive Offices
201 N. Carson Street, Suite 2
Carson City, NV 89701
775-887-2100
775-887-2286 (fax)
cceo@carson.org
www.carson.org



JIM GIBBONS
Governor

THOMAS R. SHEETS
Chair, Nevada Tax Commission

DINO DICIANNO
Executive Director

STATE OF NEVADA
DEPARTMENT OF TAXATION

Web Site: <http://tax.state.nv.us>
1550 College Parkway, Suite 115
Carson City, Nevada 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

LAS VEGAS OFFICE
Grant Sawyer Office Building, Suite 1300
555 E. Washington Avenue
Las Vegas, Nevada, 89101
Phone: (702) 486-2300 Fax: (702) 486-2373

RENO OFFICE
4600 Kietzke Lane
Building L, Suite 235
Reno, Nevada 89502
Phone: (775) 688-1295
Fax: (775) 688-1303

HENDERSON OFFICE
2650 Paseo Verde Parkway Suite 180
Henderson, Nevada 89074
Phone: (702) 486-2300
Fax: (702) 486-3377

June 30, 2007

Account Number: RCE-003-996

Exp date: June 30, 2012

NEVADA PUBLIC HEALTH FOUNDATION, INC
3579 HWY 50 E STE C
CARSON CITY NV 89701

Pursuant to NRS 372.326 and related statutes, NEVADA PUBLIC HEALTH FOUNDATION, INC has been granted sales/use tax exempt status as an educational organization. Direct purchases of tangible personal property made by NEVADA PUBLIC HEALTH FOUNDATION, INC are exempt from sales/use tax. Fraudulent use of this exemption letter is a violation of Nevada law.

Vendors selling tangible personal property to NEVADA PUBLIC HEALTH FOUNDATION, INC are authorized to sell to them tax exempt. The vendor shall account for the exempt sale on its sales/use tax return under exemptions. For audit purposes, a vendor must have a copy of this letter in order to document the transaction was tax exempt.

This letter only applies to Nevada sales/use tax and does not provide exemption from any other tax.

This exemption applies only to the above named organization and is not extended to individuals, or contractors or lessors to or for such organizations.

Any vendor having questions concerning the use of this sales/use tax exemption letter may contact the Department at one of the district offices listed above.

If, upon further or future review by the Department, it is determined the above named organization does not meet or no longer meets the criteria outlined in NRS 372.348, this letter of exemption will be revoked.

Sincerely,

Dino DiCianno
Executive Director

**NEVADA PUBLIC
HEALTH FOUNDATION, INC.**

**Financial Statements
December 31, 2010 and 2009**

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Mary C. Sanada, CPA

2832 Table Rock Dr.

Carson City, NV 89706

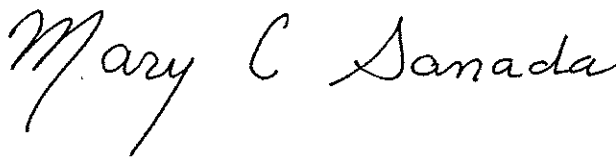
To the Board of Directors
Nevada Public Health Foundation, Inc.

Independent Auditor's Report

I have audited the accompanying statements of financial position of the Nevada Public Health Foundation, Inc., as of December 31, 2010 and 2009, and the related statements of activities, cash flows, for the years then ended and functional expenses for the year ended December 31, 2010. These financial statements are the responsibility of the Foundation's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. I believe that my audit provides a reasonable basis for my opinion.

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Nevada Public Health Foundation, Inc., as of December 31, 2010 and 2009, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.



Mary C. Sanada, CPA

July 22, 2011

NEVADA PUBLIC HEALTH FOUNDATION, INC.
 STATEMENTS OF FINANCIAL POSITION
 December 31, 2010 and 2009

ASSETS	<u>2010</u>	<u>2009</u>
Current assets:		
Cash	\$ 289,565	\$ 253,587
Grants receivable	145,665	150,069
Prepaid expenses	15,502	3,852
Total current assets	<u>450,732</u>	<u>407,508</u>
Fixed assets:		
Equipment	33,727	33,727
Accumulated depreciation	<u>(27,312)</u>	<u>(24,261)</u>
Total fixed assets	<u>6,415</u>	<u>9,466</u>
Other assets:		
Deposits	1,900	1,900
Software	26,663	1,900
Website	9,275	9,275
Total other assets	<u>37,838</u>	<u>11,175</u>
Total assets	<u><u>\$ 494,985</u></u>	<u><u>\$ 428,149</u></u>
 LIABILITIES AND NET ASSETS		
<u>Liabilities</u>		
Accounts payable	\$ 11,169	\$ 10,989
Accrued payroll	3,090	4,161
Accrued compensated absences	8,632	8,170
Total liabilities	<u>22,891</u>	<u>23,320</u>
 <u>Net assets:</u>		
Unrestricted	<u>472,094</u>	<u>404,829</u>
Total net assets	<u>472,094</u>	<u>404,829</u>
Total liabilities and net assets	<u><u>\$ 494,985</u></u>	<u><u>\$ 428,149</u></u>

See accompanying notes to financial statements

NEVADA PUBLIC HEALTH FOUNDATION, INC.
 STATEMENTS OF ACTIVITIES
 Year Ended December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Changes in unrestricted net assets:		
Revenues:		
Contributions		
Cash	\$ 470	\$ 4,230
In-Kind	-	4,275
Service revenue	103,879	226,644
Government grants	504,209	424,295
Fundraising	2,730	2,364
Interest income	1,481	3,331
Total unrestricted revenues	<u>612,769</u>	<u>665,139</u>
Expenses:		
Programs:		
Welfare	86,718	87,870
Health resources and services	75,916	117,701
Tobacco	73,384	131,784
Other programs	231,755	203,009
Management and general	73,746	48,424
Fundraising	3,985	7,794
Loss on disposal	-	1,243
Total expenses	<u>545,504</u>	<u>597,825</u>
Increase in unrestricted net assets	67,265	67,314
Net assets at beginning of year	<u>404,829</u>	<u>337,515</u>
Net assets at end of year	<u>\$ 472,094</u>	<u>\$ 404,829</u>

See accompanying notes to financial statements

NEVADA PUBLIC HEALTH FOUNDATION, INC
STATEMENTS OF CASH FLOWS
Year Ended December 31, 2009 and 2008

	<u>2010</u>	<u>2009</u>
Cash flow from operating activities:		
Cash received from donors and others	\$ 3,200	\$ 17,818
Cash received from grants	508,613	328,560
Cash received from service revenue	103,879	226,644
Interest received	1,481	3,331
Cash paid to suppliers	(331,617)	(372,695)
Cash paid to employees	(206,415)	(215,703)
Cash paid for payroll taxes	(14,932)	(16,530)
Net cash flow from operating activities	<u>64,209</u>	<u>(28,575)</u>
Cash flow from investing activities:		
Invested in software and website	(28,231)	(5,000)
Purchase of equipment	-	(640)
Net cash flow from investing activities	<u>(28,231)</u>	<u>(5,640)</u>
Net increase (decrease) in cash	35,978	(34,215)
Cash and cash equivalents at the beginning of the year	<u>253,587</u>	<u>287,802</u>
Cash and cash equivalents at the end of the year	<u>\$ 289,565</u>	<u>\$ 253,587</u>
Reconciliation of change in net assets to net cash flow from operating activities:		
Change in net assets	<u>\$ 67,265</u>	<u>\$ 67,314</u>
Adjustment to reconcile net income to net cash:		
Depreciation	4,619	3,607
Loss on sale of assets	-	1,243
In-kind contributions capitalized	-	(4,275)
Increase in grants receivable	4,404	(95,735)
Decrease (increase) in prepaid expenses	(11,650)	25
Increase in accounts payable	180	8,405
Decrease in accrued payroll	(1,071)	(219)
Increase (decrease) in deferred revenue	-	(10,000)
Increase in accrued compensated absences	462	1,060
Total adjustments	<u>(3,056)</u>	<u>(95,889)</u>
Net cash flow from operating activities	<u>\$ 64,209</u>	<u>\$ (28,575)</u>

See accompanying notes to financial statements

NEVADA PUBLIC HEALTH FOUNDATION, INC.
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2010

	Welfare	Health Care Quality and Compliance	Tobacco	Other Programs
Salary & related:				
Salaries	\$ 53,935	\$ -	\$ 20,625	\$ 76,360
Payroll taxes	4,236	-	1,620	5,998
Employee benefits	3,604	-	-	3,570
Total salary & related	<u>61,775</u>	<u>-</u>	<u>22,245</u>	<u>85,928</u>
Advertising	-	-	48,050	400
Conferences and meetings	6,655	18,620	-	26,325
Contract services	504	42,250	83	20,304
Education	-	-	-	-
Equipment rental & maintenance	-	-	-	-
Insurance	479	-	-	999
Miscellaneous	45	-	-	75
Occupancy	5,948	-	2,275	8,422
Outreach	-	-	-	1,025
Postage	1,021	-	-	462
Printing & copying	1,140	-	82	4,233
Stipends	600	-	111	11,393
Supplies	4,237	10,737	337	8,522
Telephone	480	-	184	680
Travel	3,350	4,309	17	62,987
Depreciation	484	-	-	-
Total expenses	<u>\$ 86,718</u>	<u>\$ 75,916</u>	<u>\$ 73,384</u>	<u>\$ 231,755</u>

See accompanying notes to financial statements

Supporting Services

<u>Total Program Services</u>	<u>Management and General</u>	<u>Fund Raising</u>	<u>Total Supporting Services</u>	<u>2010 Total</u>	<u>2009 Total</u>
\$ 150,920	\$ 35,991	\$ 3,201	\$ 39,192	\$ 190,112	\$ 217,354
11,854	2,826	252	3,078	14,932	16,530
7,174	1,620	180	1,800	8,974	2,150
<u>169,948</u>	<u>40,437</u>	<u>3,633</u>	<u>44,070</u>	<u>214,018</u>	<u>236,034</u>
48,450	-	-	-	48,450	81,154
51,600	350	-	350	51,950	61,929
63,141	13,848	-	13,848	76,989	54,475
-	-	-	-	-	16,510
-	1,189	-	1,189	1,189	-
1,478	2,374	-	2,374	3,852	3,363
120	1,370	-	1,370	1,490	21,857
16,645	3,968	352	4,320	20,965	870
1,025	-	-	-	1,025	2,346
1,483	24	-	24	1,507	18,365
5,455	-	-	-	5,455	8,709
12,104	-	-	-	12,104	38,368
23,833	2,465	-	2,465	26,298	1,583
1,344	348	-	348	1,692	47,233
70,663	3,238	-	3,238	73,901	179
484	4,135	-	4,135	4,619	3,607
<u>\$467,773</u>	<u>\$ 73,746</u>	<u>\$ 3,985</u>	<u>\$ 77,731</u>	<u>\$ 545,504</u>	<u>\$ 596,582</u>

See accompanying notes to financial statements

NEVADA PUBLIC HEALTH FOUNDATION, INC.
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended December 31, 2010 and 2009

NOTE 1 - NATURE OF ACTIVITIES

The Nevada Public Health Foundation, Inc. (Foundation) is a nonprofit organization organized under the laws of the State of Nevada. Its mission is to serve as an essential public health partner in indentifying opportunities, mobilizing resources and delivering programs to build a healthy future for Nevada. The organization qualifies as a not for profit organization under Section 501(c)(3) of the Internal Revenue Code.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Financial statement presentation

The Foundation has adopted Statement of Financial Accounting Standards (SFAS) No. 117, "Financial Statements of Not-for-Profit Organizations." Under SFAS No. 117, the Foundation is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. As permitted by the statement, the Foundation does not use fund accounting.

Contributions

The Foundation has adopted the provisions of the Statement of Financial Accounting Standards (SFAS) No. 116, *Accounting for Contributions Received and Contributions Made*, which establishes standards for recognizing contributions. Restricted grants received are recognized as temporarily restricted net assets. As conditions of the grants are met, these assets are considered released from restrictions, and become part of unrestricted revenues.

Property and equipment

The Foundation capitalizes assets over \$500. Purchased assets are recorded at cost and property and equipment donated to the organization are recorded at their estimated values at the date of receipt. Depreciation is calculated using straight line over the estimated useful life of the assets, which range from five (5) to seven (7) years.

Compensated Absences

Full time employees accrue vacation time throughout the year. They are allowed to carryover a maximum of 240 hours at the end of the year.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Cash and Cash Equivalents

For purposes of the statements of cash flows, the Foundation considers all highly liquid investments available for current use with an initial maturity of three months or less to be cash equivalents.

Advertising Costs

The Foundation charges advertising costs to expense as they are incurred.

NOTE 3 - INCOME TAXES

As a nonprofit organization, the Foundation is exempt from income taxes under Internal Revenue Code Section 501(c)(3) for all program related activities. The organization is not engaged in unrelated business activities which could potentially be subject to tax.

NEVADA PUBLIC HEALTH FOUNDATION, INC.
 NOTES TO THE FINANCIAL STATEMENTS
 For the Years Ended December 31, 2010 and 2009

NOTE 4 – CREDIT RISK

At times, cash balances held at financial institutions were in excess of FDIC insurance limits. The Foundation believes no significant concentration of credit risk exists with respect to these deposits.

NOTE 5 – FUNDRAISING

Support for the organization comes primarily from governmental grants. During the year ended December 31, 2010, two fundraising activities were conducted. Revenue from fundraising activities is shown net of direct expenses in the statement of activities. An analysis of the activities follows:

<u>Event</u>	<u>Revenue</u>	<u>Direct Expenses</u>	<u>Fundraising Proceeds</u>	<u>Other Expenses</u>	<u>Net Proceeds</u>
Vendor					
Registration	\$ 1,000	\$ - 0 -	\$ 1,000	\$ - 0 -	\$ 1,000
Carsonopoly	1,370	- 0 -	1,370	- 0 -	1,370
Totals	\$ 2,370	\$ - 0 -	\$ 2,370	\$ - 0 -	\$ 2,370

NOTE 6 - CHANGES IN PROPERTY AND EQUIPMENT

A summary of changes in Property and Equipment for the year ended December 31, 2010 is as follows:

	<u>Balance 12-31-09</u>	<u>Additions</u>	<u>Deletions</u>	<u>Balance 12-31-10</u>
Equipment	\$ 33,727	\$ - 0 -	\$ - 0 -	\$ 33,727

NOTE 7 – LEASE OBLIGATION

The Foundation is obligated under an operating lease for office space. Future minimum lease payments are:

2011	\$ 18,000
2012	13,500
Total	\$ 31,500

NOTE 8 – PENSION PLAN

The Foundation sponsors a 403(b) defined contribution plan for all employees. Contributions are voluntary, and there is no employer participation.

Form **990**

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)

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization Nevada Public Health Foundation
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3579 Hwy 50E C
 City or town, state or country, and ZIP + 4
Carson City NV 89701

D Employer identification number
88-0359697

E Telephone number
(775) 884-0392

G Gross receipts \$ 612,769

F Name and address of principal officer:
Rota Rosaschi 3579 Hwy 50E, Suite C, Carosn City, NV 89701

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: www.nphf.org

K Form of organization: Corporation Trust Association Other

L Year of formation: 1996

M State of legal domicile: NV

H(c) Group exemption number

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Serve as an essential public health partner in identifying opportunities, mobilizing resources and delivering programs to build a health future for Nevada</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>9</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>9</u>
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<u>5</u>	<u>12</u>
	6	Total number of volunteers (estimate if necessary)	<u>6</u>	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0</u>
b	Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<u>428,525</u>	<u>504,679</u>
	9	Program service revenue (Part VIII, line 2g)	<u>226,644</u>	<u>103,879</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>2,088</u>	<u>1,481</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>2,364</u>	<u>2,730</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>659,621</u>	<u>612,769</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		<u>0</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		<u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>236,034</u>	<u>214,018</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>3,985</u>		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<u>360,548</u>	<u>331,486</u>	
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>596,582</u>	<u>545,504</u>	
19	Revenue less expenses. Subtract line 18 from line 12	<u>63,039</u>	<u>67,265</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<u>428,149</u>	<u>494,985</u>
	21	Total liabilities (Part X, line 26)	<u>23,320</u>	<u>22,891</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>404,829</u>	<u>472,094</u>

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Rota Rosaschi Date: 7/28/11

Type or print name and title: _____

Paid Preparer's Use Only

Print/Type preparer's name: Mary Sanada Preparer's signature: _____ Date: 7/28/2011 Check if self-employed PTIN: _____

Firm's name: Mary C. Sanada, CPA Firm's EIN: _____

Firm's address: 2832 Table Rock Dr., Carson City, NV 89706 Phone no.: (775) 885-7962

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Serve as an essential public health partner in identifying opportunities, mobilizing resources and delivering programs to build a health future for Nevada

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 129,737 including grants of \$ 0) (Revenue \$ 6,339.)

Conducted six (6) conferences/summits/workshops for 649 attendees. Topics ranged from leadership, homelessness, cultural and linguistic competence, to infectious diseases such as tuberculosis and methicillin-resistant /staphylococcus aureus (MRSA).

4b (Code:) (Expenses \$ 86,718 including grants of \$ 0) (Revenue \$ 97,540.)

Conducted six (6) Enforcing Statutory Rape classes to 164 people, three (3) Assisting the Statutory Rape Victim class to 24 people, 29 Statutory Rape Awareness for Teens classes to 713 teens and three (3) Supporting Teens Achieving Real-life Success (STARS) classes to 37 pregnant or parenting teens.

4c (Code:) (Expenses \$ 75,916 including grants of \$ 0) (Revenue \$ 0.)

Helped redesign a State of Nevada Division of Health website for their licensing unit by holding ten focus groups statewide and having 131 people statewide attending provide input on what the site should contain.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 175,402 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 467,773

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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 "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 12		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	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. 4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	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? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? 9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ▶
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ Accounting Solutions, LLC (775) 841-7878
 204 N Minnesota, Carson City, NV 89703

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Lawrence Sands President	1	X					0	0	0	
(2) Marena Works Vice-President	1	X					0	0	0	
(3) Niki Neilon Treasurer	1	X		X			0	0	0	
(4) Romaine Gilliland Director	1	X					0	0	0	
(5) Trudy Larson Director	1	X					0	0	0	
(6) Larry Matheis Director	1	X					0	0	0	
(7) Robert Brunner Secretary	1	X					0	0	0	
(8) Louise Helton Director	1	X					0	0	0	
(9) John Packham Director	1	X					0	0	0	
(10) Rota Rosaschi Executive Director	40			X			69,836	0	0	
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total							69,836	0	0	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							69,836	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 0				
	b Membership dues	1b 160				
	c Fundraising events	1c 0				
	d Related organizations	1d 0				
	e Government grants (contributions)	1e 504,209				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 310				
	g Noncash contributions included in lines 1a-1f: \$	0				
	h Total. Add lines 1a-1f	504,679				
Program Service Revenue	2a Training	Business Code 611600	97,541			
	b Conferences	900099	6,338			
	c		0			
	d		0			
	e		0			
	f All other program service revenue		0			
	g Total. Add lines 2a-2f		103,879			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,481			
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross Rents	(i) Real				
		(ii) Personal				
			0	0		
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		0			
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
			0	0		
b Less: cost or other basis and sales expenses						
c Gain or (loss)		0				
d Net gain or (loss)		0				
8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a	2,730				
	b Less: direct expenses	b	0			
	c Net income or (loss) from fundraising events		2,730			
9a Gross income from gaming activities. See Part IV, line 19	a	0				
	b Less: direct expenses	b	0			
	c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances	a	0				
	b Less: cost of goods sold	b	0			
	c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue		Business Code				
11a			0			
	b		0			
	c		0			
	d All other revenue		0			
e Total. Add lines 11a-11d		0				
12 Total revenue. See instructions		612,769	0	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	67,628	33,814	30,433	3,381
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	126,084	118,906	7,178	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	5,374	5,374		
10 Payroll taxes	14,932	11,854	2,826	252
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	10,686		10,686	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other	66,303	63,141	3,162	
12 Advertising and promotion	48,450	48,450		
13 Office expenses	13,745	10,488	3,257	
14 Information technology	1,890	907	983	
15 Royalties	0			
16 Occupancy	20,965	16,645	3,968	352
17 Travel	73,901	70,663	3,238	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	51,950	51,600	350	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	4,619	484	4,135	0
23 Insurance	3,852	1,478	2,374	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Printing & copying	5,455	5,455		
b Stipends	12,104	12,104		
c Supplies	16,173	16,173		
d	0			
e	0			
f All other expenses	1,393	237	1,156	
25 Total functional expenses. Add lines 1 through 24f .	545,504	467,773	73,746	3,985
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)		
		Beginning of year		End of year		
Assets	1	Cash—non-interest-bearing	28,418	1	117,915	
	2	Savings and temporary cash investments	225,169	2	171,650	
	3	Pledges and grants receivable, net	150,069	3	145,665	
	4	Accounts receivable, net	0	4	0	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7	Notes and loans receivable, net	0	7	0	
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	3,852	9	15,502	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	33,727		
	b	Less: accumulated depreciation	10b	27,312	10c	6,415
	11	Investments—publicly traded securities	0	11	0	
	12	Investments—other securities. See Part IV, line 11	0	12	0	
	13	Investments—program-related. See Part IV, line 11	0	13	0	
	14	Intangible assets	0	14	26,663	
	15	Other assets. See Part IV, line 11	11,175	15	11,175	
16	Total assets. Add lines 1 through 15 (must equal line 34)	428,149	16	494,985		
Liabilities	17	Accounts payable and accrued expenses	23,320	17	22,891	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0	
	25	Other liabilities. Complete Part X of Schedule D	0	25	0	
	26	Total liabilities. Add lines 17 through 25	23,320	26	22,891	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		27		
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
	33	Total net assets or fund balances	404,829	33	472,094	
	34	Total liabilities and net assets/fund balances	428,149	34	494,985	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	612,769
2	Total expenses (must equal Part IX, column (A), line 25)	2	545,504
3	Revenue less expenses. Subtract line 2 from line 1	3	67,265
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	404,829
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	472,094

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization
Nevada Public Health Foundation

Employer identification number
88-0359697.

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11; check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	312,293	268,933	267,876	421,510	504,679	1,775,291
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	126,672	141,587	119,578	223,659	103,879	715,375
3 Gross receipts from activities that are not an unrelated trade or business under section 513				13,588	2,730	16,318
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	438,965	410,520	387,454	658,757	611,288	2,506,984
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						2,506,984

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	438,965	410,520	387,454	658,757	611,288	2,506,984
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,106	7,220	5,592	3,331	1,481	19,730
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	2,106	7,220	5,592	3,331	1,481	19,730
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	441,071	417,740	393,046	662,088	612,769	2,526,714

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	99.22%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	98.95%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0.78%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.79%

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization

Employer identification number

Nevada Public Health Foundation

88-0359697

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 of \$5,000 or more during the year ▶ \$

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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Nevada Public Health Foundation	Employer identification number 88-0359697
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	State of Nevada 101 N Carson St. Carson City NV 89701 Foreign State or Province: _____ Foreign Country: _____	\$ 535,378	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Department of Health & Human Services 200 Independence Ave SW Washington DC 20201 Foreign State or Province: _____ Foreign Country: _____	\$ 70,329	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
Nevada Public Health Foundation

Employer identification number
88-0359697

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----
-----	----- ----- ----- -----	\$ ----- 0	-----
-----	----- ----- ----- -----	\$ ----- 0	-----
-----	----- ----- ----- -----	\$ ----- 0	-----
-----	----- ----- ----- -----	\$ ----- 0	-----
-----	----- ----- ----- -----	\$ ----- 0	-----
-----	----- ----- ----- -----	\$ ----- 0	-----
-----	----- ----- ----- -----	\$ ----- 0	-----
-----	----- ----- ----- -----	\$ ----- 0	-----
-----	----- ----- ----- -----	\$ ----- 0	-----

Name of organization Nevada Public Health Foundation	Employer identification number 88-0359697
---	--

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- ----- For. Prov. Country		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- ----- For. Prov. Country		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- ----- For. Prov. Country		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- ----- For. Prov. Country		----- ----- -----	

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

Nevada Public Health Foundation

88-0359697

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

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

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- 4 Number of states where property subject to conservation easement is located ▶
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$
 (ii) Assets included in Form 990, Part X ▶ \$
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
 a Revenues included in Form 990, Part VIII, line 1 ▶ \$
 b Assets included in Form 990, Part X ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	0

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0		

2 Provide the estimated percentage of the year end balance held as:

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

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

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	33,727	27,312	6,415
e Other	0	0	0	0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 6,415

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (Including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other	0	
(A)	0	
(B)	0	
(C)	0	
(D)	0	
(E)	0	
(F)	0	
(G)	0	
(H)	0	
(I)	0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	0	
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
(11)	0
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	612,769
2	Total expenses (Form 990, Part IX, column (A), line 25)	545,504
3	Excess or (deficit) for the year. Subtract line 2 from line 1	67,265
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	67,265

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	612,769
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e 0
3	Subtract line 2e from line 1	3 612,769
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c 0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 612,769

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	545,504
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e 0
3	Subtract line 2e from line 1	3 545,504
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c 0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 545,504

Part XIV 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Department of the Treasury
Internal Revenue Service

Name of the organization

Nevada Public Health Foundation

Employer identification number

88-0359697

Form 990, Part III, Line 4d: Program Service Expenses: 73,384, Grants and allocations: 0

Revenue: 0 Released 6,392 television spots on an anti-tobacco campaign in Reno and rural

Nevada and increased accurate tobacco use perceptions among rural Nevada youth by 4%.

Form 990, Part III, Line 4d: Program Service Expenses: 44,864, Grants and allocations: 0

Revenue: 0 Under a grant from the Nevada State Division of Child and Family Services NPHF

employees reviewed records on domestic violence, child abuse and neglect and foster care.

Form 990, Part III, Line 4d: Program Service Expenses: 22,841, Grants and allocations: 0

Revenue: 0 Conducted a breast feeding awareness campaign

Form 990, Part III, Line 4d: Program Service Expenses: 13,021, Grants and allocations: 0

Revenue: 0 TB control and elimination program

Form 990, Part III, Line 4d: Program Service Expenses: 12,784, Grants and allocations: 0

Revenue: 0 Statewide diabetes network

Form 990, Part III, Line 4d: Program Service Expenses: 7,449, Grants and allocations: 0

Revenue: 0 Sponsored Carson Area Wellness Associates

Form 990, Part III, Line 4d: Program Service Expenses: 1,059, Grants and allocations: 0

Revenue: 0 Conducted various other public health programs, including immunization and public

health preparedness

Form 990 Part VI Section B Line 11 A pdf copy of the 990 is e-mailed to all board members for

review prior to filing.

Form 990 Part VI Section B Line 12b Every board member is required to annually sign a

conflict-of-interest declaration form. Board members agree to disclose any additional

interests that arise during the year.

Form 990 Part VI Section B Line 15a The executive director's compensation is set by a

subcommittee of the board, considering all relevant factors, including available resources.

Form 990 Part VI Section C Line 19 The organization's governing documents, conflict of

interest policy and financial statements are kept in the office. Anyone wishing to see these

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

Schedule O (Form 990 or 990-EZ) (2010)

(HTA)

Name of the organization

Employer identification number

Nevada Public Health Foundation

88-0359697

documents can either visit the office or make a request by phone or mail, and the requested

documents will be provided to them.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2010, or fiscal year beginning _____, 2010, and ending _____, 20_____

2010

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ See instructions on back.

Name of exempt organization

Nevada Public Health Foundation

Employer identification number

88-0359697

Name and title of officer

Rota Rosaschi

Executive Director

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>612,769</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Mary Sanada to enter my PIN 76827 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

88299089706

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

7/28/11

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**