TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2015

Prepared for	Ms. Joselyn Cousins Nevada Community Foundation, Inc. 410 South Rampart, Suite 390 Las Vegas, NV 89145
Prepared by	RSM US LLP 300 South 4th Street, Suite 1200 Las Vegas, NV 89101
Amount due or refund	Overpayment of \$327,892. The entire overpayment has been applied to the estimated tax payments.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	May 16, 2016
Special Instructions	The return should be signed and dated.

Form 990-1	Exe	mpt Orga	anization bus and proxy tax und	sine	ess income	ax Return	1	OMB No. 1545-0687	
	Ear calondar u		year beginning ${\sf JUL}\ 1$,			กง 3.0 2.0.1	<u>ہ</u> ا	2044	
	ror calendar y	ear 2014 or other tax t	Form 990-T and its instru	otiono i	a qualitable at		ا ∙ ∸	2014	
Department of the Treasury Internal Revenue Service			ers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only	
A X Check box if			Check box if name of			zation is a soricity	DEmpl	oyer identification number	
address changed		,		J	,		instru	loyees' trust, see uctions.)	
B Exempt under section	Print NEV		8-0241420						
501()()			m or suite no. If a P.O. bo					ated business activity codes nstructions.)	
408(e) 220(e)	1220(e) 410 SOUTH RAMPART, NO. 390								
408A X 530(a)				r foreig	n postal code		000	000	
529(a) C Book value of all assets		ption number (See	NV 89145				900	099	
at end of year		·	X 501(c) corporatio	n	501(c) trust	401(a) trust	Т	Other trust	
H Describe the organizatio							<u>ਜੂਜਾ ਜਾ</u>		
During the tax year, was							Ye	T T	
If "Yes," enter the name a				it dubo	idiary doma dilod group:			33 [11] 110	
J The books are in care of					Teleph	one number 🕨 7	02-	892-2326	
Part I Unrelate					(A) Income	(B) Expense		(C) Net	
1a Gross receipts or sale	S								
b Less returns and allo	wances		c Balance	1c					
2 Cost of goods sold (S	chedule A, line	7)	-	2		0/2020/03/2012/2013/03/			
3 Gross profit, Subtract	line 2 from line	e 1c		3					
4a Capital gain net incor				4a	39.			39.	
			m 4797)	4b					
 Capital loss deduction 	ofor trusts			4c	0 010 500			0.010.500	
			ttach statement)	5	2,312,509.			2,312,509.	
6 Rent income (Schedu			•••••	6					
				7					
			organizations (Sch. F) organization (Schedule G)	8					
				10					
				11					
12 Other income (See in	structions, attac	ch schedule)		12					
			••••••		2,312,548.		-100(110-100-100)	2,312,548.	
			ere (See instructions fo			 		L., ., ., ., .,	
			st be directly connecte						
			nedule K)				14		
15 Salaries and wages							15		
							16		
17 Bad debts							17		
							18	329,952.	
19 Taxes and licenses20 Charitable contributi	ona (Caa inatru	ations for limitation	 n ruloo)			•••••	19	349,934.	
21 Depreciation (attach	uns (oee mshu Earm 4569)	CHOIS FOR HITHICAGO	n rules)		21	•••••	20		
22 Less depreciation of	imed on Scher	tula A and alcowho	ere on return		222		22b		
							23		
24 Contributions to def	erred compens	ation plans			***************************************	•••••	24		
							25		
26 Excess exempt expe	nses (Schedule	: 1)			***************************************	•••••	26		
27 Excess readership c	osts (Schedule	J)			••••••		27		
28 Other deductions (at	tach schedule)						28	-	
29 Total deductions	. Add lines 14 t	hrough 28			***************************************	***************************************	29	329,952.	
30 Unrelated business t	axable income	before net operatir	ng loss deduction. Subtrac	t line 2	9 from line 13	• • • • • • • • • • • • • • • • • • • •	30	1,982,596.	
31 Net operating loss d	eduction (limite	d to the amount o	n line 30)			•••••	31		
32 Unrelated business t	axable income	before specific dec	duction. Subtract line 31 fr	om line	30		32	1,982,596.	
			instructions for exceptions				33	1,000.	
			3 from line 32. If line 33 is	-	•			1 001 506	
**************************************		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- Instruction -				34	1,981,596.	
₀₁₋₁₃₋₁₅ LHA rorpar	erwork Readci	tion Act Notice, se	e mstructions,					Form 990-T (2014)	

Part III	Tax Computation		
35 Org	anizations Taxable as Corporations. See instructions for tax computation.		· · · · · · · · · · · · · · · · · · ·
	trolled group members (sections 1561 and 1563) check here See instructions and:		
	er your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
(1)			
	er organization's share of: (1) Additional 5% tax (not more than \$11,750)		
	Additional 3% tax (not more than \$100,000)		
e Inco	ome tax on the amount on line 34	- 35c	673,743.
	sts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:	000	0,0,7,10.
1	Tax rate schedule or Schedule D (Form 1041)	- 36	
37 Pro	xy tax. See instructions	37	
	rnative minimum tax		
39 Tota	al. Add lines 37 and 38 to line 35c or 36, whichever applies	39	673,743.
	Tax and Payments	_ 38	0/3,/43.
	eign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a		
40a 1016		-	
o Con	er credits (see instructions) SEE STATEMENT 3 40b 421		
G Gen	eral business credit. Attach Form 3800 40c 2,049	-	
	dit for prior year minimum tax (attach Form 8801 or 8827)	4	0 470
6 1018	al credits. Add lines 40a through 40d	40e	2,470.
41 Sub	tract line 40e from line 39	41	671,273.
	er taxes. Check if from: 🔲 Form 4255 🔲 Form 8611 🔲 Form 8697 🦳 Form 8866 🦳 Other _(attach schedule)	-	<u> </u>
	al tax. Add lines 41 and 42	43	671,273.
	ments: A 2013 overpayment credited to 2014 44a 350, 165		
b 201	4 estimated tax payments 44b 649,000	<u>.</u>	
c Tax	deposited with Form 8868 44c		
	ign organizations: Tax paid or withheld at source (see instructions)44d		
e Bacl	kup withholding (see instructions) 44e		
f Cred	dit for small employer health insurance premiums (Attach Form 8941)		
g Othe	er credits and payments: Form 2439		
	Form 4136 Other Total ▶ 44g		
45 Tota	al payments. Add lines 44a through 44g	45	999,165.
46 Estir	mated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🛣	46	
47 Tax	due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	
48 Ove	rpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	327,892.
	r the amount of line 48 you want: Credited to 2015 estimated tax 327,892. Refunded	49	0.
Part V	Statements Regarding Certain Activities and Other Information (see instructions)		
1 At any tir	ne during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial a	.ccount (bar	nk, Yes No
	s, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank a	•	· ——
Accounts	s. If YES, enter the name of the foreign country here		X
2 During the	tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? instructions for other forms the organization may have to file.		X
	amount of tax-exempt interest received or accrued during the tax year ►\$		
	A - Cost of Goods Sold. Enter method of inventory valuation N/A		
	y at beginning of year 1 6 Inventory at end of year	6	
2 Purchase		100	
	abor 3 from line 5. Enter here and in Part I, line 2	7	
	section 263A costs (att. schedule) 4a 8 Do the rules of section 263A (with respect to	L'_L	Yes No
- / / / / / / / / / / / / / / / / / / /	section 2004 costs (att. schedule) 4b property produced or acquired for resale) apply to		169 110
	dd lines 1 through 4b		
Sign	orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	owiedge and	bellel, it is true,
Here		-	iscuss this return with
	Planelure of alliant		hown below (see
L′		instructions)?	X Yes No
	Print/Type preparer's name CARY D. J. AMPRITY CARY D. J. AMPRITY	if PTIN	
Paid	CPA LAMBRIX, General 2/20/16 self-employed		1240556
Preparer	Fight DOM TIGHT D		1349556
Use Only	Firm's name ►RSM US LLP Firm's EIN ►	<u>► 42</u>	-0714325
	300 SOUTH 4TH STREET, SUITE 1200	maa =	FA 4000
	Firm's address ► LAS VEGAS, NV 89101 Phone no.	702 7	59 4000

Add columns 6 and 11,

Enter here and on page 1, Part I,

line 8, column (B).

Add columns 5 and 10.

Enter here and on page 1, Part I,

line 8, column (A).

0.

Totals

Schedule G - Investme (see instr							
1. Descr	iption of income		2. Amount of i	ncome	Deductions directly connected (attach schedule)	 Set-asides (attach schedule) 	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)							
(2)							
(3)							
(4)							
			Enter here and o				Enter here and on page 1, Part I, line 9, column (B).
			Part I, line 9, coli	лин (A).			Tarti, into 0, column (b).
Totals			>	0.			0.
Schedule I - Exploited			her Than Ad	vertisir	ng Income		
(see instru		,			J		
		2 -	4. Net income	(loss)			7. Excess exempt
1. Description of	2. Gross unrelated business	 Expenses directly connecte 	d from unrelated business (col		5. Gross income from activity that	6. Expenses	expenses (column
exploited activity	income from	with production of unrelated	minus column	3). if a	is not unrelated	attributable to column 5	6 minus column 5, but not more than
	trade or business	business income	gain, compute through		business income		column 4).
(1)							
(2)							
(3)							
(4)	Enter here and on	Enter here and or	1				Enter here and
	page 1, Part I,	page 1, Part I,					on page 1, Part II, line 26.
	line 10, col. (A).	line 10, col. (B).	_				0.
Totals	0.		0.				<u> </u>
Schedule J - Advertisi	ng income (see i Periodicals Rep		Sangalidated	Doois			
Part I Income From I	Periodicais Rep	orted on a C	onsondated	Dasis			
	0 -		4. Adverti	sing gain	_	_	7. Excess readership
1. Name of periodical	2. Gross advertising	3. Direct advertising of	t or (loss) (co	l. 2 minus	5. Circulation income	6. Readership costs	costs (column 6 minus column 5, but not more
Trivalle of periodical	income	advertising c	cols, 5 th		licome	000.0	than column 4).
(1)							
(2)							
(3)							
(4)							
		۸	_				0.
Totals (carry to Part II, line (5))		0.	0.	6 /F	I waste die al lieke	Lie Deut II dillie	
Part II Income From I			eparate bas	S (For ea	ach periodical liste	d in Part II, Till In	
columns 2 through	7 on a line-by-line ba	isis.)			1	1	T -
	2. Gross	3. Direc	4. Adverti t or (loss) (co	sing gain I 2 minus	5. Circulation	6. Readership	7. Excess readership costs (column 6 minus
 Name of periodical 	advertising income	advertising	costs col. 3). If a ga	in, compute		costs	column 5, but not more
			cols, 5 th	rougn 7.			than column 4).
(1)							
(2)							
(3)							
(4)							
Totals from Part I	▶	0.	0.				0.
	Enter here and						Enter here and on page 1,
	page 1, Part I, line 11, col. (A)						Part II, line 27.
Totals, Part II (lines 1-5)	•	o.	0.				0.
Schedule K - Compens			min denti de la della de	es (see i	nstructions)		ottor)
- Constant Company			,		3. Perce		empensation attributable
1. N	lame		2. Titi	е	time devol	ted to to	unrelated business
						%	
(1)							
(2)						%	
(3)						%	
(4)						%	
Total. Enter here and on page 1, F	Part II, line 14					P	0.
							Form 990-T (2014)

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

OMB No. 1545-0123

88-0241420 NEVADA COMMUNITY FOUNDATION, INC. Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e). Taxable income or (loss) before net operating loss deduction 1,981,596. 1 Adjustments and preferences: a Depreciation of post-1986 property **b** Amortization of certified pollution control facilities 2b c Amortization of mining exploration and development costs 20 d Amortization of circulation expenditures (personal holding companies only) 2d 2e e Adjusted gain or loss 2f f Long-term contracts g Merchant marine capital construction funds 2g h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) 2h 2i Tax shelter farm activities (personal service corporations only) Passive activities (closely held corporations and personal service corporations only) 2j k Loss limitations 2k 21 Depletion m Tax-exempt interest income from specified private activity bonds 2m 2n n Intangible drilling costs o Other adjustments and preferences 20 Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20 1,981,596. Adjusted current earnings (ACE) adjustment: a ACE from line 10 of the ACE worksheet in the instructions 1,981,596. b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a 0 negative amount (see instructions) 4b c Multiply line 4b by 75% (.75). Enter the result as a positive amount 4c d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). Note: You must enter an amount on line 4d 4d (even if line 4b is positive) e ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the **smaller** of line 4c or line 4d as a negative amount 4e Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT 1,981,596. 5 6 Alternative tax net operating loss deduction (see instructions) Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual 1,981,596. interest in a REMIC, see instructions Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c): a Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-8a 8b b Multiply line 8a by 25% (.25) c Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled 8¢ group, see instructions). If zero or less, enter -0-981,596. Subtract line 8c from line 7. If zero or less, enter -0-9 9 10 396,319. 10 Multiply line 9 by 20% (.20) 11 11 Alternative minimum tax foreign tax credit (AMTFTC) (see instructions) Tentative minimum tax. Subtract line 11 from line 10 396,319. 12 12 673,743. 13 Regular tax liability before applying all credits except the foreign tax credit 13 14 Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return Form 4626 (2014) For Paperwork Reduction Act Notice, see separate instructions.

5f

7

8

9

1,981,596.

Disallowance of loss on exchange of debt pools

Adjusted Current Earnings (ACE) Worksheet See ACE Worksheet Instructions. 1,981,596. Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626 ACE depreciation adjustment: a AMT depreciation **b** ACE depreciation: 2b(1) (1) Post-1993 property 2b(2) (2) Post-1989, pre-1994 property (3) Pre-1990 MACRS property 2b(3) 2b(4) (4) Pre-1990 original ACRS property (5) Property described in sections 2b(5) 168(f)(1) through (4) (6) Other property ________2b(6) 2b(7) (7) Total ACE depreciation. Add lines 2b(1) through 2b(6) 20 c ACE depreciation adjustment. Subtract line 2b(7) from line 2a Inclusion in ACE of items included in earnings and profits (E&P): 3a a Tax-exempt interest income **b** Death benefits from life insurance contracts 3c c All other distributions from life insurance contracts (including surrenders) d Inside buildup of undistributed income in life insurance contracts 3d e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) 3e 3f f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e Disallowance of items not deductible from E&P: 4a a Certain dividends received _____ b Dividends paid on certain preferred stock of public utilities that are deductible 4h 4c c Dividends paid to an ESOP that are deductible under section 404(k) d Nonpatronage dividends that are paid and deductible under section 4d 1382(c) e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list) f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e 4f Other adjustments based on rules for figuring E&P: a Intangible drilling costs 5b **b** Circulation expenditures 5c c Organizational expenditures d LIFO inventory adjustments 5e e Installment sales

.....

f Total other E&P adjustments. Combine lines 5a through 5e

Depletion

Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property

.....

Acquisition expenses of life insurance companies for qualified foreign contracts

Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of

Form 4626

FORM 990-T	INCOME (LOSS)	FROM PARTNERS	HIPS	STATEMENT	1
PARTNERSHIP NAME		GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)	
COMMONFUND CAPITAL INTER PARTNERS VI - 20-8306365 COMMONFUND CAPITAL INTER	; ;	64.	13.	51.	
PARTNERS VII - 20-830630	06	-577.	40.	-61	.7•
TOTAL TO FORM 990-T, PAG	SE 1, LINE 5	-513.	53.	-56	6.
FORM 990-T IN	COME (LOSS) FI	ROM S CORPORAT	TIONS	STATEMENT	2
S CORPORATION NAME	GROSS INCOME	LOSSES	DEDUCTIONS	NET INCOME OR (LOSS)	
WESTLAKE SERVICES HOLDING COMPANY - 61-1636987	2,313,461.	0.	386.	2,313,0	75.
TO FORM 990-T, LINE 5	2,313,461.	0.	386.	2,313,0	75.
FORM 990-T	ОТНЕ	R CREDITS		STATEMENT	3
FORM 990-T DESCRIPTION	OTHE	R CREDITS		STATEMENT	3
	OTHE	R CREDITS		AMOUNT	3

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No. 1545-0123

Name

Employer identification number

NEVADA COMMUNITY FOUNDATION, INC.

88-0241420

	DONDATION, IN		· · · · · · · · · · · · · · · · · · ·	00-	
Part I Short-Term Capital Gai	ns and Losses - As	sets Held One Yea	r or Less		
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments to gai	n	(h) Gain or (loss). Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	(e) Cost (or other basis)	(ឰ) Adjustments to gai or loss from Form(s) 894 Part I, line 2, column (g	9,)	(II) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked	10.				10.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kind	exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa				6	(
7 Net short-term capital gain or (loss). Combine				7	10
Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Th	an One Year		
See instructions for how to figure the amounts	(d)		(g) Adjustments to ga	in	(h) Gain or (loss) Subtract
o enter on the lines below. This form may be easier to complete if you ound off cents to whole dollars.	Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (19, g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (s
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on				parental de la companya de la compan	
ob rotato for all a directione reperiod on					
Form(s) 8949 with Box D checked					
Form(s) 8949 with Box D checked					
Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked					
Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked	29.				29
Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked	29.			11	29
Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9				11 12	29
Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7			29
Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-king	from Form 6252, line 26 or 3 1 exchanges from Form 8824	7		12	
Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kind 14 Capital gain distributions	from Form 6252, line 26 or 3 d exchanges from Form 8824	7		12 13	
Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kind 14 Capital gain distributions	from Form 6252, line 26 or 3 d exchanges from Form 8824 lines 8a through 14 in colum	7		12 13 14	29
Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kine 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine	from Form 6252, line 26 or 3 d exchanges from Form 8824 lines 8a through 14 in colum	7 nh		12 13 14 15	29
Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kind 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine Part III Summary of Parts I and	from Form 6252, line 26 or 3 d exchanges from Form 8824 lines 8a through 14 in colum d II ne 7) over net long-term capit	n h		12 13 14 15	29. 29. 10. 29.

Note. If losses exceed gains, see Capital losses in the instructions.

JWA

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Information about Form 8949 and its separate instructions is at www.lrs.gov/form8949. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

Attachment Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification no.

88-0241420

NEVADA COMMUNITY FOUNDATION, INC. Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt

instruments you bought in 2014 or later). Part I Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2. Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. ansactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) \square (B) Short-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (h) (d) loss. If you enter an amount Gain or (loss). Proceeds Cost or other Date sold or in column (g), enter a code in column (f). See instructions. Description of property Date acquired Subtract column (e) (sales price) hasis See the (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed from column (d) & Note below and (Mo., day, yr.) (f) (g) Amount of combine the result see Column (e) ir with column (g) Code(s) the instructions adjustment FROM COMMONFUND CAPITAL PRIVATE **EQUITY VII** 10. 0 VARIOUS VARIOUS 10. 20-8306306 Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

10.

10.

above is checked), or line 3 (if Box C above is checked)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification no.

NEVADA COMMUNI	TY FOUND	ATION, I	NC.			88-0	241420
Before you check Box D, E, or F below, see whe Either may show your basis (usually your cost) e instruments you bought in 2014 or later).	ther you received any	Form(s) 1099-B or su	hatitute statement(s) from	n your broker. A substitu asis to the IRS for most	ite statement wi stock you bough	III have the same inform nt in 2011 or later (and	nation as Form 1099-B. for certain debt
Part II Long-Term. Transact Note. You may aggregate al codes are required. Enter the	I long-term transac	tions reported on I	Form(s) 1099-B show	ing basis was report	ed to the IRS	and for which no a	djustments or
You must check Box D, E, or F below. If you have more long-term transactions than will (D) Long-term transactions rep (E) Long-term transactions rep X (F) Long-term transactions no	I fit on this page for or corted on Form(s corted on Form(s	ne or more of the boxes) 1099-B showirs) 1099-B showir	es, complete as many fol ng basis was repol ng basis was not re	rms with the same box o rted to the IRS (sec	e Note abov	red. /e)	
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	loss. If you in column (g column (f).	, if any, to gain or it enter an amount g), enter a code in See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
FROM COMMONFUND							
CAPITAL PRIVATE							
EQUITY VII -							
20-8306306	VARIOUS	VARIOUS	29.	0.			29.
					-		
					 -		
					-		

Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

29. 29. Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form **2220**

Department of the Treasury

Underpayment of Estimated Tax by Corporations ► Attach to the corporation's tax return. FORM 990-T

Attach to the corporation's tax return.

OMB No. 1545-0123 2014

Name

▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220 NEVADA COMMUNITY FOUNDATION, INC.

Employer identification number

88-0241420

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

	Part I Required Annual Payment							
1	Total tax (see instructions)						1	671,273.
						1553/the		
	a Personal holding company tax (Schedule PH (Form 1120), line			2a				
ŧ	b Look-back interest included on line 1 under section 460(b)(2)							
	contracts or section 167(g) for depreciation under the income	fore	cast method	2b				
0	c Credit for federal tax paid on fuels (see instructions)			2c				
(d Total. Add lines 2a through 2c						2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do	not	complete or file this form.	The corporation				4=4 0=0
	does not owe the penalty						3	671,273.
4	Enter the tax shown on the corporation's 2013 income tax retu	urn (see instructions). Caution	; If the tax is zero				
	or the tax year was for less than 12 months, skip this line at	nd ei	nter the amount from line	3 on line 5			4	831.
5	Required annual payment. Enter the smaller of line 3 or line	4. If	the corporation is required	d to skip line 4,				224
	enter the amount from line 3						5	831.
F	Part II Reasons for Filing - Check the boxes belo even if it does not owe a penalty (see instructions).	w th	at apply. If any boxes are o	checked, the corpora	tion	must file Form 222	0	
6	The corporation is using the adjusted seasonal installr	ment	method.					
7	The corporation is using the annualized income install							
8	The corporation is a "large corporation" figuring its firs			n the prior year's tax				
F	Part III Figuring the Underpayment							
			(a)	(b)		(c)		(d)
9	Installment due dates. Enter in columns (a) through							
	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers; Use 5th month), 6th, 9th, and 12th months of the							
	corporation's tax year	9	10/15/14	12/15/1	4	03/15/1	L5	06/15/15
10	Required installments. If the box on line 6 and/or line 7							
	above is checked, enter the amounts from Sch A, line 38. If							
	the box on line 8 (but not 6 or 7) is checked, see instructions							
	for the amounts to enter. If none of these boxes are checked,							
	enter 25% of line 5 above in each column.	10	208.	20	8.	20)7.	208.
11	Estimated tax paid or credited for each period (see							
	instructions). For column (a) only, enter the amount							
	from line 11 on line 15	11	350,165.	34,00	۱، ٥	139,00	0.0	476,000.
	Complete lines 12 through 18 of one column						,	
	before going to the next column.		1000000					
12	Enter amount, if any, from line 18 of the preceding column	12	egasi	349,95				522,542.
	Add lines 11 and 12	13		383,95	7.	522,74	19.	998,542.
14	Add amounts on lines 16 and 17 of the preceding column	14						
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	350,165.	383,95	7.	522,74	19.	998,542.
	If the amount on line 15 is zero, subtract line 13 from line		240 (200)					
	14. Otherwise, enter -0-	16			0.		0.	
17	Underpayment. If line 15 is less than or equal to line 10,							
	subtract line 15 from line 10. Then go to line 12 of the next							
	column. Otherwise, go to line 18	17						
18	Overpayment. If line 10 is less than line 15, subtract line 10							
	from line 15. Then go to line 12 of the next column	18	349,957.	383,74	9.	522,54	42.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2014)

Part IV Figuring the Penalty

		(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5					
month instead of 3rd month.)					
20 Number of days from due date of installment on line 9 to the date shown on line 19	20				
21 Number of days on line 20 after 4/15/2014 and before 7/1/2014	21				
22 Underpayment on line 17 x Number of days on line 21 x 3%	22	\$	\$	\$	\$
23 Number of days on line 20 after 06/30/2014 and before 10/1/2014	23				
24 Underpayment on line 17 x Number of days on line 23 x 3% 365	24	\$	\$	\$	\$
25 Number of days on line 20 after 9/30/2014 and before 1/1/2015	25				
26 Underpayment on line 17 x Number of days on line 25 x 3%	26	\$	\$	\$	\$
27 Number of days on line 20 after 12/31/2014 and before 4/1/2015	27				
28 Underpayment on line 17 x Number of days on line 27 x 3%	28	\$	\$	\$	\$
29 Number of days on line 20 after 3/31/2015 and before 7/1/2015	29				
30 Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$
31 Number of days on line 20 after 6/30/2015 and before 10/01/2015	31				
32 Underpayment on line 17 x Number of days on line 31 x *%	32	2 \$	\$	\$ 	\$
33 Number of days on line 20 after 9/30/2015 and before 1/1/2016	33	3			Φ.
34 Underpayment on line 17 x Number of days on line 33 x *%	34	\$ \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2015 and before 2/16/2016					φ.
36 Underpayment on line 17 x Number of days on line 35 x *%		3 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	···· <u></u>	7 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the or the comparable line for other income tax returns	ne total l	here and on Form 1120;			38 \$

^{*} Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2014)

Schedule K-1		Final K-1	Amended K-1		OMB No. 1545-0123
Schedule K-1 (Form 1120S) 2014	Pa	irt III	Shareholder's Share		
Department of the Treasury			Deductions, Credits		
Internal Revenue Service For calendar year 2014, or tax	1		usiness income (loss)	13 Ј	Gredits 421.
year beginning	<u> </u>		.,,	۲	
ending	2	Net rental i	real estate inc (loss)	М	2,049.
Shareholder's Share of Income, Deductions, Credits, etc. See separate instructions.	3		ental income (loss) 7 0 0 •		
Part I Information About the Corporation	4	Interest in			
A Corporation's employer identification number 61–1636987	5a	Ordinary d			
B Corporation's name, address, city, state, and ZIP code	5b	Qualified d	lividends	14	Foreign transactions
WESTLAKE SERVICES HOLDING COMPANY 4751 WILSHIRE BLVD., SUITE 100	6	Royalties			
LOS ANGELES, CA 90010	7	Net short-	term capital gain (loss)		
C IRS Center where corporation filed return E-FILE	8a		erm capital gain (loss)		
Part II Information About the Shareholder	8b	Collectible	es (28%) gain (loss)		
D Shareholder's identifying number 88-0241420	8c	Unrecaptu	ired sec 1250 gain		
E Shareholder's name, address, city, state and ZIP code	9	Net sectio	n 1231 gain (loss)		
NEVADA COMMUNITY FOUNDATION 1635 VILLAGE CENTER CIRCLE STE #160 LAS VEGAS, NV 89134) 10	Other inco	ome (loss)	15 A	Alternative min tax (AMT) items -119.
F Shareholder's percentage of stock ownership for tax year					
	11	Section 1	79 deduction		Items affecting shareholder basis $3\ , 347\ .$
	12 A	Other dec	ductions 386.	Þ	4,139,360.
	P *		STM	T	
lse Only					
For IRS Use Only				17	Other information
			*See attached stateme	nt for	additional information.

SCHEDULE K-1

FOOTNOTES

2014 DISTRIBUTIONS MADE TO YOU WERE IN EXCESS OF AAA. DISTRIBUTIONS ARE TAXABLE AS CAPITAL GAIN IF IN EXCESS OF EACH SHAREHOLDER'S OUTSIDE BASIS IN STOCK. CONSULT YOUR TAX ADVISOR.

2014 DISTRIBUTIONS FROM AAA (NON-TAXABLE): REMAINING 2014 DISTRIBUTION IN EXCESS OF AAA: 3,615,317. 524,043.

SCHEDULE K-1 DOMESTIC PRODUC	CTION ACTIVITE BOX 12, CODE E	
DESCRIPTION	AMOUNT	SHAREHOLDER FILING INSTRUCTIONS
DOMESTIC PRODUCTION GROSS RECEIPTS (DPGR)	148,883.	SEE FORM 8903 INSTRUCTIONS
NON-DOMESTIC PRODUCTION GROSS RECEIPTS	5,993,159.	SEE FORM 8903 INSTRUCTIONS
DPGR EXPENSES ALLOCABLE TO NON-DPGR OTHER APPORTIONABLE EXPENSES FORM W-2 WAGES ASSETS ALLOCABLE TO QPA ASSETS ALLOCABLE TO NON-QPA	3,736,965. 0. 9,856. 751. 23,870,402.	SEE FORM 8903 INSTRUCTIONS OX 16, CODE C
SCHEDULE K-1 NONDEDUCTIBLE	E EXPENSES, B	OX 10, CODE C
DESCRIPTION	AMOUNT	SHAREHOLDER FILING INSTRUCTIONS
NONDEDUCTIBLE EXPENSES FROM PASS THROUGH ENTITIES	3,347.	SEE SHAREHOLDERS INSTRUCTIONS
TOTAL	3,347.	-

	*				Final K-1	K-1	SIND NO. 10 to 5000
	dule K-1 1 1065)		2013		Partner's Share o		nd Other Items
	nent of the Treasury	For calendar	year 2013, or tax	1	Ordinary business income (loss)	15	Credits
nternal	Revenue Service	•	ng <u>07/01</u> , 2013		-811	J	
		ending	<u>06/30</u> ,20 <u>14</u>	2	Net rental real estate income (loss)		dmm
Parti	ner's Share of li	ncome, Deduc	tions,	3	Other net rental income (loss)	16	STMT STMT
	its, etc.		and separate instructions.	اد	Office Her telifer income floor)	A	OC
	rt I Information	About the Parts	oarchin	4	Guaranteed payments	 _	
200	The state of the s		icionip -			D	992
	Partnership's employer ide 306306	Hillication number		5	Interest Income		
	Partnership's name, addre	ss. citv. state, and ZIP c	ode	*	750	E	257
COMM	ONFUND CAPITAL 1	PRIVATE EQUITY		6a	Ordinary dividends		
	NERS VII L.P.			*	1,774	I_	193
	LD DANBURY ROAD . BOX 812			6b	Qualified dividends		0.1.1
WILT	ON, CT 06897-08			*	Royaltles 1,721	J	211
C	RS Center where partners	hip filed return		7	•	_T	1
F	N, UT			8	Net short-term capital gain (loss)	<u> </u>	
D L	Check If this is a public	cly traded partnership (F	'IP)		46	:	
∭ Da	rt II Information	About the Partr	ier	9a	Net long-term capital gain (loss)	17	Alternative minimum tax (AMT) items
28	Partner's Identifylng numb				6,053	A	22
ŀ) 84 9 5 9 0	OI	#323	9b	Collectibles (28%) gain (loss)		
	Partner's name, address, o	oity, state, and ZIP code				В	-9
	TER HORIZONS	••		9c	Unrecaptured section 1250 gain		
1	BROADWAY					18	Tax-exempt income and
	AS CITY, MO 641	05		10	Net section 1231 gain (loss)		nondeductible expenses
ļ		(32)		11	Other Income (loss)	4 c	21
G	General partner or LL0 member-manager	C X Limited member	d partner or other LLC er	*A	44		
]			n partner	A_	71.		
H	X Domestic partner	∟ i otetgi	· partitoi	*c		L	
11	What type of entity is this p	partner? EXEMPT	ORG.				
	If this partner is a retireme		/etc.), check here		STM	r 19	Distributions
	(see instructions)		Ц	12	Section 179 deduction	A	22,541
J	Partner's share of profit, lo			10	Other deductions	<u>B</u>	
	Beginnin	- 1	Ending	13		20	Other Information
		.021476%	0.021504 %	_ <u>A</u> _	1		
1		0.021476%	0.021504 %	C		1 A	2,974
ŀ	Capital C	0.021921%	0.021041 70	-		-	
к	Partner's share of liabilitle	s at year end:	V*		STM	г в	4,582
	Nonrecourse		15,440	14	Self-employment earnings (loss)		
1	Qualified nonrecourse fina		15				
	Recourse	\$		1			
ļ				<u> </u>		1-1141	alinformation
L	Partner's capital account			^86	ee attached statement for a	lattioi	al illionnation.
	Beginning capital account		152,347				
	Capital contributed during Current year increase (de-		20,246 33,542				
	Withdrawals & distribution		22,541)	<u>></u>			
	Ending capital account .		183,594	Ö			
	- Sania - abital december	· •		For IRS Use Only			
	Tax basis] GAAP 🔲 Sec	etion 704(b) book	SS			
	Other (explain)			\h'			
		•		元			
М	Did the partner contribute		gain or loss?				
		No ment (see instructions)					
1	ម មេទ, ដងេហា ខាងមេ	uriour foco mannonous)					

Fund Name: COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII L.P.

Fund EIN: 20-8306306

Partner: GREATER HORIZONS

Partner SSN/EIN: 20-0849590

State Tax Information For Tax Year Ended: 06/30/2014

THE FOLLOWING ITEMS FROM EACH STATE REFLECT YOUR DISTRIBUTIVE SHARE OF STATE SOURCE INCOME (LOSS) FROM PASSIVE ACTIVITIES:

	Total State Source			State Composite		
	Income	Total State UBTI	State Taxes Paid	Tax Paid		
Alabama	-45	-45				
Alaska	32	10				
Arizona	6	3				
rkansas	-27	-27				
California	2,	-10				
Colorado	-13	-13				
	1.0	-2				
Connecticut	-1	-1				
Delaware District of Columbia	1					
	42	42				
lorida .	-46	-48				
Georgia	-40	- 10				
[awaii	2	2				
Idaho	-218	-38				
Illinois		-23				
Indiana	-25	-5				
owa	-5	-6				
Kansas	-6	-69				
Kentucky	-70	-2				
Louisiana	-4	-2				
Maine						
Maryland	-5	-5				
lassachusetts	-23	-23				
Michigan	-12	-13				
Minnesota	-1	-1				
Mississippi	-4	-4				
Missouri	-28	-24				
Montana						
Nebraska	-4	-4				
New Hampshire						
New Jersey	-6	-7				
New Mexico	-3	-3				
New York State	4	-2				
New York City	6	1				
North Carolina	-10	-10				
North Dakota						
Ohio	-6	-12				
Oklahoma	-78	-80				
Oregon	119	119				
Pennsylvania	-7	-8				
Rhode Island	-1	-1				
South Carolina	-3	-3				
	-57	-58				
Tennessee	-34	-30				
Texas	6	4				
Utah	1	$\frac{1}{1}$				
Vermont	105	105	+			
Virginia		-2				
Washington	-2	-2				
West Virginia	-3					
Wisconsin	-4	-4				

F2773

*					Amended	K-1	OMB No. 1545-0099
Schedule K-1		2013	Par	t III Partner's	Share of	Curr	ent Year Income, nd Other Items
(Form 1065) Department of the Treasury	Ear adlander	year 2013, or tax	1	Ordinary business inco	The state of the s	15	Credits
Department of the Treasury Internal Revenue Service		ng 07/01 ,2013	1	•			
	ending _	06/30 .2014	2	Net rental real estate i	ncome (loss)		
Partner's Share of I	ncome, Deduct	tions,	3	Other net rental Incom	ne (loss)	16	Foreign transactions
Credits, etc.	► See back of form a	and separate instructions.	-			Α	OC
Part I Information	About the Partn	ership	4	Guaranteed payments	3		10.029
A Partnership's employer ide	entification number		5	Interest Income		D_	10,029
20-8306365			*	Mitorost Moonio	1,399	I	1,759
B Partnership's name, addre	ss, city, state, and ZIP co	ode	ва	Ordinary dividends	1,000		
PARTNERS VI, LP	THERMALLOURIN		*		4,797	L_	18
15 OLD DANBURY ROAD	,		6b	Qualified dividends		}	
P.O. BOX 812 WILTON, CT 06897			*		2,730	M	151
C IRS Center where partners	ship filed return		7	Royaltles			
OGDEN, UT						ļ	
D Check if this is a publ	licly traded partnership (P	TP)	8	Net short-term capita	l gain (loss)		
					360		Alternative minimum tax (AMT) items
Part II Information	n About the Partn	ier	9a	Net long-term capital		17	Alternative minimum tax (Alvi i) items
E Partner's Identifying numb	per	i		- " " (200/)	7,726		
20-0849590		#285	9b	Collectibles (28%) ga	in (loss)	ĺ	
F Partner's name, address,	city, state, and ZIP code	,	00	Unrecaptured section	1250 gain	 	
GREATER HORIZONS			90	Ontecabinted section	i izou gain		
1055 BROADWAY SUITE 130			10	Net section 1231 gal	n (loss)	18	Tax-exempt income and
KANSAS CITY, MO 641	L05		'	Hot Bootion 1201 gain	, , , , , , , , , , , , , , , , , , ,		nondeductible expenses
	O V Imitac	partner or other LLC	11	Other income (loss)		1 c	11
G General partner or LL member-manager	_C <u>ह्य</u> cimited		*A		1,478		
	☐ Foreign	n partner					
H X Domestic partner	Li l'oloigi	r partitor	*F		99	9	
What type of entity is this	partner? EXEMPT	ORG.					
	ent plan (IRA/SEP/Keogh/	'etc.), check here				19	Distributions
(see instructions)		Ц	12	Section 179 deducti	on	A	41,550
J Partner's share of profit,	loss, and capital (see instr	ructions):		1 1 1/2		-	
Beginni		Ending	13	Other deductions		20	Other Information
Profit	0.033270%	0.033270%	<u>H</u>		8.5	2 20	Otto: Illottiduoti
	0.033270%	0.033270%	١		4 000		7,674
Capital	0.033985%	0.033839%	* K		4,829	9 A	1,074
			}			В	4,829
K Partner's share of llabiliti	es at year end:	250	14	Self-employment ea	mings (loss)	1-	
Nonrecourse			''				
Qualified nonrecourse fir				-			
Recourse	· · · •		}				
L Partner's capital accoun	at analysis:		*S	ee attached state	ment for ac	dition	nal information.
Beginning capital account		211,042					
Capital contributed during		21,999					
Current year Increase (de		42,108					
Withdrawals & distribution		41,550)	1 🕏				
Ending capital account		233,599	0				
			- S				
Tax basis	Sec GAAP Sec	etion 704(b) book	For IRS Use Only		•		
Other (explain)			To				
			Ĕ				
	ite property with a built-in	gain or loss?	1				
	No No						
If (Voc.) attach etal	tement (see instructions)		1				

COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP SCH K-1 SUPPORTING SCHEDULES

PARTNER FOOTNOTES:

ITEM J:

PARTNER PERCENTAGES REFLECTED IN ITEM J ARE CALCULATED PURSUANT TO IRS INSTRUCTIONS; TAXABLE INCOME REPORTED ON YOUR SCHEDULE K-1 IS ALLOCATED CONSISTENT WITH THE PARTNERSHIP AGREEMENT. CHANGE IN OWNERSHIP DURING THE YEAR IS REFLECTED IN THE PROFIT, LOSS, AND CAPITAL PERCENTAGES REPORTED ON YOUR SCHEDULE K-1, ITEM J.

STATEMENT TO SCHEDULE K-1, LINES 16B AND 16C:

FOR PURPOSES OF DETERMINING YOUR FOREIGN TAX CREDIT, THE AMOUNTS ON LINES 1-11 MUST BE CONSIDERED WHEN DETERMINING GROSS INCOME FROM ALL SOURCES AND GROSS INCOME SOURCED AT THE PARTNER LEVEL. PLEASE CONSULT YOUR TAX ADVISOR.

STATEMENT TO SCHEDULE K-1, LINES 16G TO 16K:

FOR PURPOSES OF DETERMINING YOUR FOREIGN TAX CREDIT, THE AMOUNTS ON LINE 13 MUST BE CONSIDERED WHEN ALLOCATING AND APPORTIONING EXPENSES TO GROSS INCOME FROM SOURCES OUTSIDE THE UNITED STATES. PLEASE CONSULT YOUR TAX ADVISOR.

FOREIGN TRANSACTIONS - DEDUCTIONS ALLOCATED AND APPORTIONED AT PARTNERSHIP LEVEL TO FOREIGN SOURCE INCOME:

THE AMOUNT OF FOREIGN SOURCE DEDUCTION ALLOCATED TO YOU ON LINES 161, J, K, IF ANY, WAS CALCULATED USING THE GROSS INCOME METHOD. PLEASE CONSULT YOUR TAX ADVISOR ON THE PROPER TREATMENT OF THIS DEDUCTION FOR PURPOSES OF DETERMINING YOUR FOREIGN TAX CREDIT.

STATEMENT TO SCHEDULE K-1, LINE 20A:

THE AMOUNT REPORTED ON LINE 20A INCLUDES INVESTMENT INCOME FROM LINES 5, 6A, 7 AND 11A, OF YOUR SCHEDULE K-1, IF ANY. BASED ON INDIVIDUAL FACTS AND CIRCUMSTANCES, AMOUNTS ON LINES 8, 9A, AND OTHER LINE 11 ITEMS, IF ANY, MAY ALSO BE INCLUDED IN THE INVESTMENT INTEREST EXPENSE LIMITATION CALCULATION. PLEASE CONSULT YOUR TAX ADVISOR.

STATEMENT TO SCHEDULE K-1, LINE 20B:

THE AMOUNT REPORTED ON LINE 20B INCLUDES INVESTMENT EXPENSE FROM LINES 13I, 13K AND 13L OF YOUR SCHEDULE K-1, IF ANY. BASED ON INDIVIDUAL FACTS AND CIRCUMSTANCES, AMOUNTS ON LINE 13W, IF ANY, MAY ALSO BE INCLUDED IN THE INVESTMENT INTEREST EXPENSE LIMITATION CALCULATION. PLEASE CONSULT YOUR TAX ADVISOR.

UNRELATED BUSINESS TAXABLE INCOME:

FOR TAX EXEMPT ORGANIZATIONS ONLY: YOUR SHARE OF UNRELATED BUSINESS TAXABLE INCOME (UBTI) INCLUDED IN YOUR SCHEDULE K-1 IS AS FOLLOWS:

- 4.5962% OF LINE 5 ON YOUR SCHEDULE K-1 IS UBTI.
- 10.6183% OF LINE 13H ON YOUR SCHEDULE K-1 IS UBTI.
- 0.0813% OF LINE 13K* ON YOUR SCHEDULE K-1 IS UBTI.
- * NOT INCLUDING MANAGEMENT FEES.

2014 TAX RETURN FILING INSTRUCTIONS

ALABAMA FORM 20C

FOR THE YEAR ENDING

June 30, 2015

Prepared for	Joselyn Cousins Nevada Community Foundation, Inc. 410 South Rampart, Suite 390 Las Vegas, NV 89145
Prepared by	RSM US LLP 300 South 4th Street, Suite 1200 Las Vegas, NV 89101
To be signed and dated by	The appropriate corporate officer(s).
Amount of tax	Total tax \$ 670.00 Less: payments and credits \$ 1,000.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 58.00 Overpayment \$ 272.00
Overpayment	Credited to your estimated tax \$ 272.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Alabama Department of Revenue Corporate Income Tax P.O. Box 327430 Montgomery, AL 36132-7430
Return must be mailed on or before	March 15, 2016
Special Instructions	