

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
COMMUNITY FOUNDATION OF WESTERN NEVADA

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
50 WASHINGTON STREET NO 300

City or town, state or province, country, and ZIP or foreign postal code
RENO, NV 89503

D Employer identification number
88-0370179

E Telephone number
(775) 333-5499

G Gross receipts \$ 20,991,824

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

J Website: NEVADAFUND.ORG

K Form of organization: Corporation Trust Association Other

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number

L Year of formation 1998 **M** State of legal domicile NV

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities STRENGTHEN OUR COMMUNITY THROUGH LEADERSHIP ACTIVITIES THAT ENGAGE RESIDENTS AROUND A COMMON ISSUE				
	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)	3	18		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18		
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	12		
	6 Total number of volunteers (estimate if necessary)	6	0		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
b Net unrelated business taxable income from Form 990-T, line 34	7b	0			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	10,083,297	Current Year	19,049,229
	9 Program service revenue (Part VIII, line 2g)		0		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,511,365		1,597,351
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-364,004		316,384
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,230,658		20,962,964
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,808,168		6,024,747
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		656,744		723,150
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶193,703				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		757,506		661,814	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		7,222,418		7,409,711	
19 Revenue less expenses Subtract line 18 from line 12		5,008,240		13,553,253	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	76,698,925	End of Year	92,519,406
	21 Total liabilities (Part X, line 26)		7,563,687		7,639,044
	22 Net assets or fund balances Subtract line 21 from line 20		69,135,238		84,880,362

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: ***** Date: 2017-11-10
CHRIS ASKIN PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: ELISABETH FARLEY Preparer's signature: ELISABETH FARLEY Date: 2017-11-10
Check if self-employed PTIN: P00520516
Firm's name: KOHN & COMPANY LLP Firm's EIN: 46-3281627
Firm's address: 5310 KIETZKE LANE SUITE 101 RENO, NV 89511 Phone no: (775) 828-7300

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

TO STRENGTHEN OUR COMMUNITY THROUGH PHILANTHROPY AND LEADERSHIP BY CONNECTING PEOPLE WHO CARE WITH CAUSES THAT MATTER

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 6,763,726 including grants of \$ 6,024,747) (Revenue \$ 111,852)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 6,763,726

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>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
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>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
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>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
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>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
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>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
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 and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
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</i> (see instructions)		No
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>		No
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>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
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 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question ID, question text, sub-questions (1a-13c), Yes, and No. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (18), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17, 18, 19, 20.

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

Check if Schedule O contains a response or note to any line 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) LINDA SMITH TRUSTEE	2 00	X						0	0	0
(2) BUTCH ANDERSON TRUSTEE/AUDIT COMMITTEE - CHAIR	2 00	X						0	0	0
(3) THOMAS HALL TRUSTEE/IMMEDIATE PAST BOA	2 00	X						0	0	0
(4) TERESA MENTZER BOARD VICE CHAIR	2 00	X		X				0	0	0
(5) LILLI TRINCHERO TRUSTEE	2 00	X						0	0	0
(6) MATTHEW GRAY BOARD SECRETARY	2 00	X		X				0	0	0
(7) REBECCA DICKSON TRUSTEE	2 00	X						0	0	0
(8) CRAIG KING TRUSTEE	2 00	X						0	0	0
(9) SUSANNE PENNINGTON TRUSTEE	2 00	X						0	0	0
(10) CARY LURIE TRUSTEE	2 00	X						0	0	0
(11) JAMES FROMMER BOARD CHAIR	2 00	X		X				0	0	0
(12) GAIL HUMPHREYS TREASURER	2 00	X		X				0	0	0
(13) NORA JAMES TRUSTEE	2 00	X						0	0	0
(14) JAN RUDE-WILLSON TRUSTEE	2 00	X						0	0	0
(15) RAY GONZALEZ TRUSTEE	2 00	X						0	0	0
(16) BARBARA DRAKE TRUSTEE	2 00	X						0	0	0
(17) ALICIA REBAN TRUSTEE	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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				
(18) BETH SCHULER TRUSTEE	2 00	X						0	0	0	
(19) CHRIS ASKIN PRESIDENT AND CEO	40 00			X				146,685	0	8,093	
1b Sub-Total ▶											
1c Total from continuation sheets to Part VII, Section A ▶											
1d Total (add lines 1b and 1c) ▶								146,685	0	8,093	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **1**

	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>		No
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>	Yes	
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>		No

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 Report compensation for the calendar year ending with or within the organization's tax year

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	19,049,229				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		19,049,229				
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,722,017			1,722,017	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
			108,726				
		b Less rental expenses		-95,806			
		c Rental income or (loss)		204,532			
	d Net rental income or (loss)		204,532			204,532	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses		124,666			
		c Gain or (loss)		-124,666			
	d Net gain or (loss)		-124,666			-124,666	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS REVENUE	561000	294,320	294,320				
b CHANGE IN VALUE OF CRUT	900099	-182,468	-182,468				
c _____							
d All other revenue							
e Total. Add lines 11a-11d		111,852					
12 Total revenue. See Instructions		20,962,964	111,852	0	1,801,883		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	5,565,288	5,565,288		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	407,859	407,859		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	51,600	51,600		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	154,779	30,956	92,867	30,956
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	484,115	222,983	164,309	96,823
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	33,176	14,889	11,652	6,635
9 Other employee benefits.				
10 Payroll taxes.	51,080	20,432	20,432	10,216
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	34,770		34,770	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	227,959	227,959		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	26,287		26,287	
12 Advertising and promotion.	29,239	14,014		15,225
13 Office expenses.	24,880	9,952	9,952	4,976
14 Information technology.	54,718	21,887	21,887	10,944
15 Royalties.				
16 Occupancy.	52,942	21,177	21,177	10,588
17 Travel.	7,406		7,406	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	2,662		2,662	
20 Interest.	6,510	2,604	2,604	1,302
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	20,708	8,283	8,283	4,142
23 Insurance.	9,480	3,792	3,792	1,896
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a DIRECT FUND EXPENSES FO	84,299	84,299		
b OTHER EXPENSES	50,909	26,707	24,202	
c INITIATIVE EXPENSES	29,045	29,045		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	7,409,711	6,763,726	452,282	193,703
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	10,901,633	2	13,586,587
	3 Pledges and grants receivable, net	130,919	3	879,122
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	13,276	9	2,050
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,998,018		
	b Less accumulated depreciation	841,265		
	11 Investments—publicly traded securities	64,579,724	11	76,894,894
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	76,698,925	16	92,519,406	
Liabilities	17 Accounts payable and accrued expenses	314,261	17	73,907
	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 Loans and other 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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	7,249,426	25	7,565,137
	26 Total liabilities. Add lines 17 through 25	7,563,687	26	7,639,044
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	19,937,040	27	29,414,066
	28 Temporarily restricted net assets	32,243,712	28	37,371,866
	29 Permanently restricted net assets	16,954,486	29	18,094,430
	Organizations that do not follow SFAS 117 (ASC 958), 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	69,135,238	33	84,880,362	
34 Total liabilities and net assets/fund balances	76,698,925	34	92,519,406	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,962,964
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,409,711
3	Revenue less expenses Subtract line 2 from line 1	3	13,553,253
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	69,135,238
5	Net unrealized gains (losses) on investments	5	2,191,871
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	84,880,362

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a		No
<p>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</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 88-0370179

Name: COMMUNITY FOUNDATION OF WESTERN NEVADA

Form 990 (2016)

Form 990, Part III, Line 4a:

THE COMMUNITY FOUNDATION OF WESTERN NEVADA STRENGTHENS THE NORTHERN AND WESTERN NEVADA REGION BY ENCOURAGING PHILANTHROPY IN THE FORM OF DONOR ADVISED FUNDS THAT MAKE GRANTS TO LOCAL CHARITIES, SCHOLARSHIP FUNDS, ENDOWMENTS FOR CHARITABLE ORGANIZATIONS AND CHARITABLE BEQUESTS TO BENEFIT OUR COMMUNITIES

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF WESTERN NEVADA

Employer identification number

88-0370179

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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	20,285,844	8,152,812	10,017,018	10,083,297	19,049,229	67,588,200
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	20,285,844	8,152,812	10,017,018	10,083,297	19,049,229	67,588,200
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)						15,705,611
6 Public support. Subtract line 5 from line 4						51,882,589

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	20,285,844	8,152,812	10,017,018	10,083,297	19,049,229	67,588,200
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,297,759	1,349,598	1,712,051	2,300,909	1,830,743	8,491,060
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	568,794	649,942	484,625	320,769	294,320	2,318,450
11 Total support. Add lines 7 through 10						78,397,710

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	66.180 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	52.360 %

16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2016. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2015. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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 ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITY FOUNDATION OF WESTERN NEVADA

Employer identification number 88-0370179

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of 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" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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 (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register), 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, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 XIII, 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" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 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 XIII, the text of the footnote to its financial statements that describes these items, 1b 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) Revenue included on 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) Revenue included on 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 XIII
- 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" on 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 XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	10,274,611	8,242,813	8,545,261	7,520,543	6,927,695
b Contributions	50,707	2,716,657	41,551	287,623	704,431
c Net investment earnings, gains, and losses	655,464	-199,854	138,245	1,094,256	673,893
d Grants or scholarships	48,596	383,381	419,189	298,591	738,261
e Other expenditures for facilities and programs	203,927	101,624	63,055	58,570	47,215
f Administrative expenses					
g End of year balance	10,728,259	10,274,611	8,242,813	8,545,261	7,520,543

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 31 000 %
 - b** Permanent endowment ▶ 68 000 %
 - c** Temporarily restricted endowment ▶ 1 000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|--------------------------|--------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input type="checkbox"/> |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,829,296	770,777	1,058,519
d Equipment		168,722	70,488	98,234
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,156,753

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. 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		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
GRANTS PAYABLE AND FUNDS HELD FOR OTHERS	3,650,136
SPLIT INTEREST AGREEMENTS	3,915,001
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	7,565,137

2. Liability for uncertain tax positions In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	22,495,716
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	2,191,871	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	-95,806	
e	Add lines 2a through 2d			2e 2,096,065
3	Subtract line 2e from line 1			3 20,399,651
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 XIII)	4b	563,313	
c	Add lines 4a and 4b			4c 563,313
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 20,962,964

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	8,695,606
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 XIII)	2d	-95,806	
e	Add lines 2a through 2d			2e -95,806
3	Subtract line 2e from line 1			3 8,791,412
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 XIII)	4b	-1,381,701	
c	Add lines 4a and 4b			4c -1,381,701
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 7,409,711

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:
Software Version:
EIN: 88-0370179
Name: COMMUNITY FOUNDATION OF WESTERN NEVADA

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION IS A NON-PROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3), THEREFORE, NO PROVISION FOR INCOME TAX IS PROVIDED THE FOUNDATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION AND HAS BEEN DESIGNATED AS A PUBLICLY-SUPPORTED ORGANIZATION CFX, LLC, CFCP, LLC AND CFRSO, LLC ARE ALL CONSIDERED SINGLE MEMBER LLC'S AND ARE DISREGARDED ENTITIES FOR TAX PURPOSES THEY ARE INCLUDED IN THE RETURN OF THE FOUNDATION TAX POSITIONS TO CONSIDER INCLUDE, BUT ARE NOT LIMITED TO - IT HAS NOT ENGAGED IN ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX EXEMPT STATUS - IT HAS NOT ENGAGED IN ANY ACTIVITIES THAT WOULD RESULT IN UNRELATED BUSINESS INCOME TAX - IT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN ADDITION, THE FOUNDATION DOES NOT EXPECT ANY MATERIAL CHANGE IN UNCERTAIN TAX POSITIONS WITHIN THE NEXT TWELVE MONTHS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	DEPRECIATION REFLECTED AGAINST RENTAL INCOME

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT MANAGEMENT FEES NETTED IN REVENUE FOR FINANCIAL STATEMENTS FUNDS HELD FOR OTHER AGENCIES

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	DEPRECIATION REFLECTED AGAINST RENTAL INCOME

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT MANAGEMENT FEES NETTED IN REVENUE FOR FINANCIAL STATEMENTS FUNDS HELD FOR OTHER AGENCIES

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D AND PART XII, LINE 2D	FOR FINANCIAL STATEMENT PURPOSES, RENTAL INCOME AND EXPENSES WERE REPORTED BY GROSS AMOUNT FOR FORM 990, THE RENTAL EXPENSES ARE OFFSET AGAINST RENTAL INCOME THEREFORE, PART XI, LINE 2D AND PART XII, LINE D2 HAVE BEEN ADJUSTED FOR OFFSETTING RENTAL EXPENSES OF \$47,902

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2016
Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF WESTERN NEVADA

Employer identification number
88-0370179

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			0
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			0

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		EUROPE	HARDWARE PLATFORMS FOR COURSEWORK AND PROJECTS	50,000	CHECK			
(2)								
(3)								
(4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

Return Reference	Explanation
PART I, LINE 2	GRANTS PAID TO INTERNATIONAL ORGANIZATIONS ARE EITHER GIVEN FOR GENERAL SUPPORT-AT THE REQUEST OF DONOR ADVISORS-OR DESIGNATED FOR SPECIFIC USES GRANTS GENERALLY REQUIRE REPORTS UNLESS THE DONOR SPECIFICALLY SAYS NO REPORT IS DESIRED ORGANIZATIONS ARE REQUESTED TO SEND A THANK-YOU LETTER TO THE DONOR ADVISORS, AND THESE THANK-YOU LETTERS GENERALLY INCLUDE INFORMATION FROM THE ORGANIZATION ABOUT HOW THE GRANT WAS USED

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
COMMUNITY FOUNDATION OF WESTERN NEVADA

Employer identification number
88-0370179

Part I

General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
--	---------	-------------------------------	--------------------------	-----------------------------------	---	--	------------------------------------

See Additional Data Table

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	56	68,109			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	GRANTS OVER \$5,000 THAT ARE DESIGNATED FOR A SPECIFIC USE REQUIRE GRANTEEES TO REPORT ON THE USE OF THE FUNDS ORGANIZATIONS ARE REQUESTED TO SEND A THANK-YOU LETTER TO THE DONOR ADVISORS, AND THESE THANK-YOU LETTERS GENERALLY INCLUDE INFORMATION FROM THE ORGANIZATION THAT THE GRANT WAS USED AS SPECIFIED IN THE ACCOMPANYING GRANT CORRESPONDENCE

Additional Data

Software ID:
Software Version:
EIN: 88-0370179
Name: COMMUNITY FOUNDATION OF WESTERN NEVADA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIR FORCE ASSOCIATION 1501 LEE HIGHWAY SUITE 400 ARLINGTON, VA 22209	52-6043929	501(C)(3)	15,000				ROOM, BOARD, TRANSPORTATION OF STUDENTS
AIR FORCE MUSEUM FOUNDATION INC PO BOX 33624 WRIGHT PATTERSON AFB, OH 45433	31-0668800	501(C)(3)	50,000				EXPANSION, EDUCATION, VOLUNTEER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALHAMBRA HIGH SCHOOL 150 E STREET MARTINEZ, CA 94553	20-5743877	501(A) GOV	10,000				LAWRENCE MILLER SCHOLARSHIP
ALLIANCE FOR CHILDREN INC 908 SOUTHLAND AVENUE FORT WORTH, TX 76104	75-2363035	501(C)(3)	5,000				FORENSIC INTERVIEWS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CIVIL LIBERTIES UNION - ACLU 125 BROAD STREET 18TH FLOOR NEW YORK, NY 10004	13-6213516	501(C)(3)	100,000				GENERAL SUPPORT
ANGEL FUND INC 649 MAIN STREET WAKEFIELD, MA 01880	04-3478977	501(C)(3)	8,000				SHARON TIMLIN 5K RACE TO CURE ALS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL ARK PO BOX 60057 RENO, NV 89506	94-2991026	501(C)(3)	5,000				ANIMAL CARE
ARTOWN 528 WEST 1ST STREET RENO, NV 89503	88-0412311	501(C)(3)	10,000				ARTOWN EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTOWN 528 WEST 1ST STREET RENO, NV 89503	88-0412311	501(C)(3)	1,000				GENERAL SUPPORT
AWAKEN INC PO BOX 40635 RENO, NV 89504	38-3843380	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AWAKEN INC PO BOX 40635 RENO, NV 89504	38-3843380	501(C)(3)	1,000				WHERE MOST NEEDED
AWAKEN INC PO BOX 40635 RENO, NV 89504	38-3843380	501(C)(3)	10,000				CHILDREN'S INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AWAKEN INC PO BOX 40635 RENO, NV 89504	38-3843380	501(C)(3)	1,000				NOVEMBER BANQUET
BMLC INC 1670 POOLE BLVD YUBA CITY, CA 95993	32-0443955	501(C)(3)	5,000				BEALE GOLF TOURNAMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA NEVADA AREA COUNCIL 500 DOUBLE EAGLE COURT RENO, NV 89511	88-0059912	501(C)(3)	75,000				ANNUAL GIFT
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS 2680 E NINTH STREET RENO, NV 89512	88-0142068	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS 2680 E NINTH STREET RENO, NV 89512	88-0142068	501(C)(3)	1,000				GENERAL SUPPORT
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS 2680 E NINTH STREET RENO, NV 89512	88-0142068	501(C)(3)	10,000				BLUECHIP BASKETBALL CAMP/RENO BALLERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS 2680 E NINTH STREET RENO, NV 89512	88-0142068	501(C)(3)	2,500				YOUTH ROBOTICS TEAM
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS 2680 E NINTH STREET RENO, NV 89512	88-0142068	501(C)(3)	1,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS 2680 E NINTH STREET RENO, NV 89512	88-0142068	501(C)(3)	75,000				GENERAL USE
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS 2680 E NINTH STREET RENO, NV 89512	88-0142068	501(C)(3)	-5,000				CPG 2015-07

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS 2680 E NINTH STREET RENO, NV 89512	88-0142068	501(C)(3)	1,000				GENERAL SUPPORT
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS 2680 E NINTH STREET RENO, NV 89512	88-0142068	501(C)(3)	100				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS 2680 E NINTH STREET RENO, NV 89512	88-0142068	501(C)(3)	20,000				GENERAL SUPPORT
BUILD A RESCUE KENNEL INC 28 HIGHWAY 95A NORTH YERINGTON, NV 89447	26-1759463	501(C)(3)	10,000				RESCUE KENNEL CONCEPT-TO-REALITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CANINE REHABILITATION CENTER AND SANCTUARY 555 US HIGHWAY 395 NORTH CARSON CITY, NV 89704	90-0687180	501(C)(3)	5,000				VET BILLS/FENCE/KENNEL MAINTENANCE
CANINE REHABILITATION CENTER AND SANCTUARY 555 US HIGHWAY 395 NORTH CARSON CITY, NV 89704	90-0687180	501(C)(3)	750				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATAMOUNT FUND 475 HILL STREET SUITE 2 RENO, NV 89501	88-0370686	501(C)(3)	50,000				GENERAL SUPPORT
CATHOLIC CHARITIES OF NORTHERN NEVADA PO BOX 5099 RENO, NV 89513	88-0339754	501(C)(3)	5,000				CROSSROADS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF NORTHERN NEVADA PO BOX 5099 RENO, NV 89513	88-0339754	501(C)(3)	2,500				GENERAL SUPPORT
CATHOLIC CHARITIES OF NORTHERN NEVADA PO BOX 5099 RENO, NV 89513	88-0339754	501(C)(3)	1,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF NORTHERN NEVADA PO BOX 5099 RENO, NV 89513	88-0339754	501(C)(3)	1,500				GENERAL SUPPORT
CAZENOVIA COLLEGE JOY HALL 22 SULLIVAN STREET CAZENOVIA, NY 13035	15-0543658	501(C)(3)	10,000				TIERNO FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHABAD OF NORTHERN NEVADA 1175 W MOANA LANE RENO, NV 89509	20-4943093	501(C)(3)	25,000				GENERAL SUPPORT
CITY OF RENO PO BOX 1900 RENO, NV 89505	88-6000201	501(A) GOV	-69,413				TRF #157

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CITY OF RENO PO BOX 1900 RENO, NV 89505	88-6000201	501(A) GOV	800				TURN THE ARCH BLUE PROJECT
CITY OF RENO PO BOX 1900 RENO, NV 89505	88-6000201	501(A) GOV	47,787				TRUCKEE RIVER FUND GRANT #169

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CITY OF RENO PO BOX 1900 RENO, NV 89505	88-6000201	501(A) GOV	42,547				PURCHASE AND REFURBISH DISABILITY EQUIPMENT
CITY OF RENO PO BOX 1900 RENO, NV 89505	88-6000201	501(A) GOV	10,000				CONTRACT SERVICES - COUNSELING & RELATED COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF RENO POLICE DEPARTMENT 455 EAST SECOND STREET RENO, NV 89505		501(A) GOV	10,000				2016 HASHIMOTO WIDOWS & ORPHANS SCHOLARSHIPS
CLAVADISTAS DEL SOL PO BOX 15374 SCOTTSDALE, AZ 85260	86-0759671	501(C)(3)	17,975				DRYLAND IMPROVEMENT PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COACH ART 3303 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90010	94-3389547	501(C)(3)	5,000				GENERAL SUPPORT
COMMUNITY HEALTH ALLIANCE 680 SOUTH ROCK BLVD RENO, NV 89502	88-0293149	501(C)(3)	2,000				WHERE MOST NEEDED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITY HEALTH ALLIANCE 680 SOUTH ROCK BLVD RENO, NV 89502	88-0293149	501(C)(3)	5,000				GENERAL SUPPORT
CORNELL UNIVERSITY PO BOX 25842 LEHIGH VALLEY, PA 18003		501(C)(3)	6,000				COLLEGE OF ENGINEERING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DESERT COMMUNITY FOUNDATION 75-105 MERLE DRIVE SUITE 300 PALM DESERT, CA 92211	95-4725924	501(C)(3)	10,000				TRADITION'S ARNOLD PALMER EDU FUND
DOUGLAS COUNTY SHERIFFS ADVISORY COUNCIL P O BOX 1002 MINDEN, NV 89423	20-1308918	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOUGLAS COUNTY SHERIFFS ADVISORY COUNCIL P O BOX 1002 MINDEN, NV 89423	20-1308918	501(C)(3)	10,000				GENERAL SUPPORT
EAST BAY ZOOLOGICAL SOCIETY PO BOX 5238 OAKLAND, CA 94605	94-1687847	501(C)(3)	24,339				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EDAWN 5190 NEIL ROAD SUITE 110 RENO, NV 89502		501(C)(3)	2,500				FEASIBILITY STUDY FOR PERFORMING ARTS CENTER
EDAWN 5190 NEIL ROAD SUITE 110 RENO, NV 89502		501(C)(3)	1,330				EXPENSES RE MARCH 2016 RETRAC LIDS CHARRETTE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EDAWN 5190 NEIL ROAD SUITE 110 RENO, NV 89502		501(C)(3)	8,328				RETRAC LIDS EVENT AT NMA
EDAWN 5190 NEIL ROAD SUITE 110 RENO, NV 89502		501(C)(3)	5,325				REIMBURSEMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ELECTRONIC FRONTIER FOUNDATION INC 815 EDDY STREET SAN FRANCISCO, CA 94109	04-3091431	501(C)(3)	10,000				GENERAL SUPPORT
EOD WARRIOR FOUNDATION INC 33735 SNICKERSVILLE TURNPIKE NO 201 201 BLUEMONT, VA 20135	20-8618412	501(C)(3)	7,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EPILEPSY FOUNDATION OF NORTHERN CALIFORNIA 1736 FRANKLIN STREET SUITE 450 OAKLAND, CA 94612	94-6128891	501(C)(3)	20,000				GENERAL SUPPORT
EXCEL CHRISTIAN SCHOOL 850 BARING BLVD SPARKS, NV 89434	47-0926478	501(C)(3)	5,000				ON BEHALF OF HOWARD AND NETTE YAMADA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FEDERATION OF GALAXY EXPLORERS INC 6404 IVY LANE GREENBELT, MD 20770	52-2347666	501(C)(3)	6,000				GENERAL DONATION FOR PROGRAM MATERIALS AND OUTREACH
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	2,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	1,200				SUMMER MEAL PROGRAM FOR CHILDREN
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	3,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	1,000				BACKPACK PROGRAM
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	640				INVESTIGATOR STIPENDS BRIDGES PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	5,000				HOLIDAY FOOD DRIVE
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	2,000				\$1,000 - BACKPACK PROGRAM/\$1000 - THANKSGIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	2,500				GENERAL SUPPORT
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	1,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	100				GENERAL SUPPORT
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	200				FEEDING AMERICA PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	1,800				GENERAL SUPPORT
FRIENDS OF ARIZONA FISHER HOUSE 6854 N PLACITA CHULA VISTA TUCSON, AZ 85704	46-4584753	501(C)(3)	7,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FRIENDS OF KEXP RADIO 903 FM 472 1ST AVE N SEATTLE, WA 98109	91-2061474	501(C)(3)	5,000				GENERAL SUPPORT
FRIENDS OF NEVADA WILDERNESS PO BOX 9754 RENO, NV 89507	88-0211763	501(C)(3)	58,801				DT #38

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FRIENDS OF NEVADA WILDERNESS PO BOX 9754 RENO, NV 89507	88-0211763	501(C)(3)	21,002				TRF#168
FRIENDS OF NEVADA WILDERNESS PO BOX 9754 RENO, NV 89507	88-0211763	501(C)(3)	10,000				WILD WASHOE WILDERNESS CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FRIENDS OF PALO ALTO JUNIOR MUSEUM & ZOO 1451 MIDDLEFIELD ROAD PALO ALTO, CA 94301	77-0296155	501(C)(3)	5,000				GENERAL SUPPORT
FUN CAMP INC PO BOX 40505 RENO, NV 89504	94-3152378	501(C)(3)	50,000				SCHOLARSHIPS FOR KIDS TO ATTEND CAMP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF THE SIERRA NEVADA 605 WASHINGTON STREET RENO, NV 89503	88-0060580	501(C)(3)	50,000				OPERATING COSTS FOR CAMP WASUII
GIRL SCOUTS OF THE SIERRA NEVADA 605 WASHINGTON STREET RENO, NV 89503	88-0060580	501(C)(3)	10,000				CAMP WASIU II

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREAT BASIN NATIONAL PARK FOUNDATION PO BOX 181 BAKER, NV 89311	88-0407290	501(C)(3)	491,070				GENERAL SUPPORT
GREAT GRACE MINISTRIES 14913 CHAMPION ESTATES DRIVE SE YELM, WA 98597	20-3748435	501(C)(3)	7,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELA BIMA WORLD PO BOX 3390 STATELINE, NV 89449	46-3987940	501(C)(3)	150,000				GENERAL SUPPORT
HELA BIMA WORLD PO BOX 3390 STATELINE, NV 89449	46-3987940	501(C)(3)	30,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIF CORP 324 S BEVERLY DRIVE 545 BEVERLY HILLS, CA 90212	45-4156355	501(C)(3)	5,000				LOS ANGELES TURKISH FIL FESTIVAL
HIGH SIERRA INDUSTRIES 555 REACTOR WAY RENO, NV 89502	88-0139145	501(C)(3)	15,000				CPG 2016-06

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOAG HOSPITAL FOUNDATION 500 SUPERIOR AVENUE SUITE 350 NEWPORT BEACH, CA 92663	95-3222343	501(C)(3)	5,000				CANCER RESEARCH
HOLLAND PROJECT RENO 122 RIDGE STREET SUITE B RENO, NV 89501	71-1017805	501(C)(3)	1,000				GALLERY EXHIBITIONS - WORKSHOP SERIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLLAND PROJECT RENO 122 RIDGE STREET SUITE B RENO, NV 89501	71-1017805	501(C)(3)	2,000				BOARD GIFT FOR 2016
HOLLAND PROJECT RENO 122 RIDGE STREET SUITE B RENO, NV 89501	71-1017805	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY CROSS CATHOLIC CHURCH 5950 VISTA BLVD SPARKS, NV 89436	27-4337740	501(C)(3)	1,500				"CSA"
HOLY CROSS CATHOLIC CHURCH 5950 VISTA BLVD SPARKS, NV 89436	27-4337740	501(C)(3)	3,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY CROSS CATHOLIC CHURCH 5950 VISTA BLVD SPARKS, NV 89436	27-4337740	501(C)(3)	2,000				GENERAL SUPPORT
HORIZON CHRISTIAN CHURCH 1995 EAST PRATER WAY SPARKS, NV 89434	30-0313994	501(C)(3)	5,000				ON BEHALF OF HOWARD AND NETTE YAMADA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HORIZON CHRISTIAN CHURCH 1995 EAST PRATER WAY SPARKS, NV 89434	30-0313994	501(C)(3)	10,000				GENERAL SUPPORT
HUMAN RIGHTS DEFENSE CENTER PO BOX 1151 LAKE WORTH, FL 33460	94-3143411	501(C)(3)	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMMUNIZE NEVADA 427 RIDGE STREET SUITE C RENO, NV 89501	46-2266350	501(C)(3)	20,000				GENERAL SUPPORT
IMPERIAL COLLEGE THE FACULTY BLDNG EXHIBITION ROAD SOUTH KENSINGTON LONDON, SW7 2AZ UK		501(C)(3)	50,000				HARDWARE PLATFORMS FOR COURSEWORK AND PROJECTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDEPENDENT INSTITUTE INC 100 SWAN WAY OAKLAND, CA 94621	94-3008370	501(C)(3)	5,000				LUV GOV
INDIANA SPORTS CORP 201 SOUTH CAPITOL AVENUE SUITE 1200 1200 INDIANAPOLIS, IN 46225	31-0975117	501(C)(3)	21,230				IU NATATORIUM SPRINBOARD ADJUSTMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL SWIMMING HALL OF FAME ONE HALL OF FAME DRIVE FORT LAUDERDALE, FL 33316	59-1087179	501(C)(3)	30,000				OPERATIONAL SUPPORT - MUSEUM
KEEP TRUCKEE MEADOWS BEAUTIFUL PO BOX 7412 RENO, NV 89510	88-0254957	501(C)(3)	60,625				GRANT #176 TRUCKEE RIVER FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KEEP TRUCKEE MEADOWS BEAUTIFUL PO BOX 7412 RENO, NV 89510	88-0254957	501(C)(3)	500				YOUTH EDUCATION PROGRAMS
KENNY GUINN CENTER FOR POLICY PRIORITIES 6795 EDMOND STREET SUITE 300 LAS VEGAS, NV 89118	46-4075622	501(C)(3)	9,990				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENNY GUINN CENTER FOR POLICY PRIORITIES 6795 EDMOND STREET SUITE 300 LAS VEGAS, NV 89118	46-4075622	501(C)(3)	25,000				GENERAL SUPPORT
KIDDIE HAWK AIR ACADEMY 4 WEST DRY CREEK CIRCLE SUITE 100 LITTLETON, CO 80120	84-1482078	501(C)(3)	24,000				LIVING LEGENDS OF AVIATION 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KNPB - CHANNEL 5 1670 N VIRGINIA STREET RENO, NV 89503	88-0172215	501(C)(3)	1,000				SILVER CIRCLE
KNPB - CHANNEL 5 1670 N VIRGINIA STREET RENO, NV 89503	88-0172215	501(C)(3)	100				MEMBERSHIP RENEWAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KNPB - CHANNEL 5 1670 N VIRGINIA STREET RENO, NV 89503	88-0172215	501(C)(3)	100				PASSPORT MEMBERSHIP
KNPB - CHANNEL 5 1670 N VIRGINIA STREET RENO, NV 89503	88-0172215	501(C)(3)	3,000				SILVER CIRCLE MEMBERSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KNPB - CHANNEL 5 1670 N VIRGINIA STREET RENO, NV 89503	88-0172215	501(C)(3)	2,500				AGED TO PERFECTION
KNPB - CHANNEL 5 1670 N VIRGINIA STREET RENO, NV 89503	88-0172215	501(C)(3)	10,000				2017 SILVER CIRCLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KNPB - CHANNEL 5 1670 N VIRGINIA STREET RENO, NV 89503	88-0172215	501(C)(3)	200				GENERAL SUPPORT
KNPB - CHANNEL 5 1670 N VIRGINIA STREET RENO, NV 89503	88-0172215	501(C)(3)	13,750				CPG 2016-01

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KNPB - CHANNEL 5 1670 N VIRGINIA STREET RENO, NV 89503	88-0172215	501(C)(3)	3,000				WILD NEVADA
KNPB - CHANNEL 5 1670 N VIRGINIA STREET RENO, NV 89503	88-0172215	501(C)(3)	5,000				ANNUAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LAKE TAHOE CONSERVATION FUND AKA TAHOE FUND PO BOX 7124 TAHOE CITY, CA 96145	01-0974628	501(C)(3)	8,964				TRUCKEE RIVER FUND GRANT #173
LASSEN LAND & TRAILS TRUST P O BOX 1461 SUSANVILLE, CA 96130	68-0153733	501(C)(3)	22,384				CLOSING FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LITTLE KIDS ROCK INC 271 GROVE AVENUE BLGD E2 VERONA, NJ 07044	94-3396568	501(C)(3)	5,000				GENERAL SUPPORT
LIVING WATER INTERNATIONAL 4001 GREENBRIAR DR STAFFORD, TX 77477	76-0324875	501(C)(3)	5,000				ON BEHALF OF HOWARD AND NETTE YAMADA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LOCAL ANIMAL SHELTER SUPPORT ORGANIZATION 171 W SILVER STREET SUITE 400 PMB 539 ELKO, NV 89801	20-2720999	501(C)(3)	10,000				PERMANENT PART-TIME VET FOR ELKO
LOS GATOS EDUCATION FOUNDATION 17010 ROBERTS ROAD LOS GATOS, CA 95032	94-2874929	501(C)(3)	20,000				GENERAL SUPPORT

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LUTHERAN CHURCH OF THE GOOD SHEPHERD 357 CLAY STREET RENO, NV 89501	88-0069965	501(C)(3)	5,000				DONATION TO GENERAL OPERATING
LUTHERAN CHURCH OF THE GOOD SHEPHERD 357 CLAY STREET RENO, NV 89501	88-0069965	501(C)(3)	20,000				DONATION TO CAPITAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MAPLIGHTORG 2223 SHATTUCK AVENUE BERKELEY, CA 94704	33-1094233	501(C)(3)	50,000				GENERAL SUPPORT
MARINE TOYS FOR TOTS FOUNDATION THE COOPER CENTER 18251 QUANTICO GATEWAY DRIVE TRIANGLE, VA 22172	20-3021444	501(C)(3)	5,000				CHRISTMAS GIFTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139		501(C)(3)	100,000				MIT BEAVER WORKS FUND #3902501
MONTEREY BAY AQUARIUM 886 CANNERY ROW MONTEREY, CA 93940	94-2487469	501(C)(3)	10,000				CENTER FOR OCEAN EDUCATION AND LEADERSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MOUNTAIN AREA PRESERVATION FOUNDATION PO BOX 25 TRUCKEE, CA 96160	68-0148964	501(C)(3)	25,000				TRUCKEE RIVER FUND GRANT #170
MOUNTAINSIDE COMMUNITY CHURCH 59 DAMONTE RANCH PARKWAY B-312 RENO, NV 89521	20-5051011	501(C)(3)	3,215				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MOUNTAINSIDE COMMUNITY CHURCH 59 DAMONTE RANCH PARKWAY B-312 RENO, NV 89521	20-5051011	501(C)(3)	3,073				GENERAL SUPPORT
MOUNTAINSIDE COMMUNITY CHURCH 59 DAMONTE RANCH PARKWAY B-312 RENO, NV 89521	20-5051011	501(C)(3)	11,043				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MOUNTAINSIDE COMMUNITY CHURCH 59 DAMONTE RANCH PARKWAY RENO, NV 89521	20-5051011	501(C)(3)	3,073				GENERAL SUPPORT
MOUNTRAIL COUNTY AQUATICS FOUNDATION PO BOX 173 603 8TH AVE SE STANLEY, ND 58784	80-0005591	501(C)(3)	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NATHAN ADELSON HOSPICE FOUNDATION INC 3391 NORTH BUFFALO ROAD LAS VEGAS, NV 89129	88-0197147	501(C)(3)	5,000				A FLAIR FOR CARE
NATIONAL AUTOMOBILE MUSEUM 10 LAKE STREET SOUTH RENO, NV 89501	94-2777978	501(C)(3)	22,000				GRAPHIC DESIGN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NATIONAL AUTOMOBILE MUSEUM 10 LAKE STREET SOUTH RENO, NV 89501	94-2777978	501(C)(3)	1,000				RENEW RANSON'S DRIVING FORCE MEMBERSHIP
NATIONAL AUTOMOBILE MUSEUM 10 LAKE STREET SOUTH RENO, NV 89501	94-2777978	501(C)(3)	200				EMPLOYEE HOLIDAY PARTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NATIONAL AUTOMOBILE MUSEUM 10 LAKE STREET SOUTH RENO, NV 89501	94-2777978	501(C)(3)	100				GENERAL SUPPORT
NATIONAL JUDICIAL COLLEGE MS 358 JUDICIAL COLLEGE BLDG 1664 N VIRGINIA STREET RENO, NV 89557	94-2427596	501(C)(3)	5,000				WILLIAM J RAGGIO ENDOWMENT FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NATIONAL JUDICIAL COLLEGE MS 358 JUDICIAL COLLEGE BLDG 1664 N VIRGINIA STREET RENO, NV 89557	94-2427596	501(C)(3)	1,000				GENERAL SUPPORT
NATIONAL WORLD WAR II MUSEUM 945 MAGAZINE STREET NEW ORLEANS, LA 70130	72-1200790	501(C)(3)	10,000				PATRIOT'S CIRCLE MEMBERSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA BIGHORNS UNLIMITED - RENO CHAPTER PO BOX 21393 RENO, NV 89515	88-0180276	501(C)(3)	5,000				2016 MAISON T ORTIZ YOUTH OUTDOOR SKILLS CAMP
NEVADA DISCOVERY MUSEUM 490 S CENTER STREET RENO, NV 89501	61-1474845	501(C)(3)	13,750				CPG 2016-05

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA DISCOVERY MUSEUM 490 S CENTER STREET RENO, NV 89501	61-1474845	501(C)(3)	1,000				GENERAL OPERATIONS
NEVADA DISCOVERY MUSEUM 490 S CENTER STREET RENO, NV 89501	61-1474845	501(C)(3)	2,500				MATCHING FUNDS FROM TERRY LEE WELLS FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEVADA DIVING CENTER 11260 MESSINA WAY RENO, NV 89521	45-3941312	501(C)(3)	12,000				NEVADA DIVING CENTER
NEVADA HUMANE SOCIETY INC 2825 LONGLEY LANE SUITE B RENO, NV 89502	88-0072720	501(C)(3)	41,216				MANSFIELD ENDOWMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA HUMANE SOCIETY INC 2825 LONGLEY LANE SUITE B RENO, NV 89502	88-0072720	501(C)(3)	10,000				PITY PARTY (\$8K) & ANGEL PETS (\$2K)
NEVADA HUMANE SOCIETY INC 2825 LONGLEY LANE SUITE B RENO, NV 89502	88-0072720	501(C)(3)	18,787				MEDICAL DEVICES AND CLINIC SUPPLIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA HUMANITIES PO BOX 8029 RENO, NV 89507	23-7358959	501(C)(3)	10,000				GENERAL SUPPORT
NEVADA HUMANITIES PO BOX 8029 RENO, NV 89507	23-7358959	501(C)(3)	5,300				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA LAND TRUST PO BOX 20288 RENO, NV 89515	88-0287591	501(C)(3)	-2,466				TO FULFILL TRF GRANT #129 WEED TREATMENTS AND REVEGETATION
NEVADA LAND TRUST PO BOX 20288 RENO, NV 89515	88-0287591	501(C)(3)	1,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEVADA LAND TRUST PO BOX 20288 RENO, NV 89515	88-0287591	501(C)(3)	98,534				TRF #180
NEVADA LAND TRUST PO BOX 20288 RENO, NV 89515	88-0287591	501(C)(3)	25,000				LITTLE VALLEY FIRE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEVADA MILITARY SUPPORT ALLIANCE 985 DAMONTE RANCH PKWY SUITE 310 RENO, NV 89521	27-1095956	501(C)(3)	25,000				GENERAL SUPPORT OF 5TH ANNUAL RENO GALA
NEVADA MILITARY SUPPORT ALLIANCE 985 DAMONTE RANCH PKWY SUITE 310 RENO, NV 89521	27-1095956	501(C)(3)	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA MILITARY SUPPORT ALLIANCE 985 DAMONTE RANCH PKWY SUITE 310 RENO, NV 89521	27-1095956	501(C)(3)	5,000				GENERAL SUPPORT
NEVADA MUSEUM OF ART 160 W LIBERTY STREET RENO, NV 89501	88-6003042	501(C)(3)	500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA MUSEUM OF ART 160 W LIBERTY STREET RENO, NV 89501	88-6003042	501(C)(3)	10,000				SIERRA CIRCLE MEMBERSHIP
NEVADA MUSEUM OF ART 160 W LIBERTY STREET RENO, NV 89501	88-6003042	501(C)(3)	25,000				ART & ENVIRONMENT CONFERENCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA MUSEUM OF ART 160 W LIBERTY STREET RENO, NV 89501	88-6003042	501(C)(3)	50,000				DIRECTOR'S CIRCLE
NEVADA MUSEUM OF ART 160 W LIBERTY STREET RENO, NV 89501	88-6003042	501(C)(3)	500				MEMBERSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA MUSEUM OF ART 160 W LIBERTY STREET RENO, NV 89501	88-6003042	501(C)(3)	25,000				MAYNARD DIXON EXHIBITION
NEVADA MUSEUM OF ART 160 W LIBERTY STREET RENO, NV 89501	88-6003042	501(C)(3)	10,000				DIRECTOR'S CIRCLE MEMBERSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA MUSEUM OF ART 160 W LIBERTY STREET RENO, NV 89501	88-6003042	501(C)(3)	1,000				MEMBERSHIP
NEVADA POLICY RESEARCH INSTITUTE 7130 PLACID STREET LAS VEGAS, NV 89119	88-0276314	501(C)(3)	25,000				ANNUAL GIFT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA WOMEN'S FUND 770 SMITHRIDGE DRIVE SUITE 300 RENO, NV 89502	94-2860375	501(C)(3)	2,500				SALUTE TO WOMEN OF ACHIEVEMENT
NEVADA WOMEN'S FUND 770 SMITHRIDGE DRIVE SUITE 300 RENO, NV 89502	94-2860375	501(C)(3)	30,000				NEVADA WOMEN'S FUND GIVING CIRCLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA WOMEN'S FUND 770 SMITHRIDGE DRIVE SUITE 300 RENO, NV 89502	94-2860375	501(C)(3)	10,000				2017 GIVING CIRCLE
NORTHERN NEVADA LITERACY COUNCIL 1400 WEDEKIND ROAD RENO, NV 89512	88-0208520	501(C)(3)	12,850				CPG 2016-03

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NORTHERN NEVADA LITERACY COUNCIL 1400 WEDEKIND ROAD RENO, NV 89512	88-0208520	501(C)(3)	500				GENERAL SUPPORT
NORTHERN NEVADA LITERACY COUNCIL 1400 WEDEKIND ROAD RENO, NV 89512	88-0208520	501(C)(3)	1,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN NEVADA MUSLIM COMMUNITY CENTER PO BOX 1238 SPARKS, NV 89432	88-0184441	501(C)(3)	20,000				GENERAL SUPPORT
OUR LADY OF THE SNOWS 1125 LANDER STREET RENO, NV 89509	90-0111465	501(C)(3)	2,315				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR LADY OF THE SNOWS 1125 LANDER STREET RENO, NV 89509	90-0111465	501(C)(3)	5,000				GENERAL SUPPORT
PACER CENTER 8161 NORMANDALE BLVD MINNEAPOLIS, MN 55437	41-1306304	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLE FOR THE AMERICAN WAY FOUNDATION 1101 15TH STREET NW SUITE 600 WASHINGTON, DC 20005	13-3065716	501(C)(3)	20,000				GENERAL SUPPORT
PERSHING COUNTY SCHOOL DISTRICT PO BOX 389 LOVELOCK, NV 89419	88-0263854	501(A) GOV	5,000				BOYS/GIRLS SPORTS, MUSIC PROGRAM, ELEM SCHOOL AND SCHOLARSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD NORTHERN CALIFORNIA (DBA) 2185 PACHECO STREET CONCORD, CA 94520	94-1575233	501(C)(3)	20,000				GENERAL SUPPORT
PLANNED PARENTHOOD COLUMBIA WILLAMETTE 3727 NE MARTIN LUTHER KING JR BLVD PORTLAND, OR 97212	93-6031270	501(C)(3)	20,000				EDUCATION AND OUTREACH IN BEND, OR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PLANNED PARENTHOOD MAR MONTE 455 W FIFTH STREET RENO, NV 89503	94-1583439	501(C)(3)	20,000				EDUCATION AND OUTREACH PROGRAM IN NORTHERN NEVADA
PLANNED PARENTHOOD MAR MONTE 455 W FIFTH STREET RENO, NV 89503	94-1583439	501(C)(3)	20,000				EDUCATION AND OUTREACH IN PLACER COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD MAR MONTE 455 W FIFTH STREET RENO, NV 89503	94-1583439	501(C)(3)	300				DONATION
PLANNED PARENTHOOD MAR MONTE 455 W FIFTH STREET RENO, NV 89503	94-1583439	501(C)(3)	500				NORTHERN NEVADA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PLANNED PARENTHOOD MAR MONTE 455 W FIFTH STREET RENO, NV 89503	94-1583439	501(C)(3)	250				GENERAL SUPPORT IN THE RENO AREA
PLANNED PARENTHOOD MAR MONTE 455 W FIFTH STREET RENO, NV 89503	94-1583439	501(C)(3)	2,000				ANNUAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PLANNED PARENTHOOD MAR MONTE 455 W FIFTH STREET RENO, NV 89503	94-1583439	501(C)(3)	1,276				STREET SMARTS 4 YOUTH GRANT
PLANNED PARENTHOOD MAR MONTE 455 W FIFTH STREET RENO, NV 89503	94-1583439	501(C)(3)	1,000				RENO LOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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POLICE UNITY TOUR PO BOX 528 FLORHAM PARK, NJ 07932	22-3530541	501(C)(3)	5,000				ON BEHALF OF THE WASHOE COUNTY SHERIFFS DEPARTMENT
PRIMAVERA FOUNDATION INC 151 W 40TH STREET TUCSON, AZ 85713	86-0733182	501(C)(3)	7,500				JO BOWKER'S VOLUNTEER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PROJECT GREAT OUTDOORS INC P O BOX 50524 SUITE C SPARKS, NV 89435	94-3368163	501(C)(3)	5,000				PROGRAM SUPPORT
PROTECT RURAL NAPA EDUCATION FUND PO BOX 2385 YOUNTVILLE, CA 94599	47-4102715	501(C)(3)	5,000				PRESERVE SODA CANYON ROAD THRU EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RENO CHAMBER ORCHESTRA 925 RIVERSIDE DRIVE SUITE 5 RENO, NV 89503	88-0134278	501(C)(3)	3,500				SPONSOR NOAH BENDIX-BAGLEY
RENO CHAMBER ORCHESTRA 925 RIVERSIDE DRIVE SUITE 5 RENO, NV 89503	88-0134278	501(C)(3)	1,000				CHRISTMAS FESTIVAL IN MEMORY OF JACK ROSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RENO CHAMBER ORCHESTRA 925 RIVERSIDE DRIVE SUITE 5 RENO, NV 89503	88-0134278	501(C)(3)	10,967				GENERAL SUPPPORT
RENO SPARKS GOSPEL MISSION 2115 TIMBER WAY RENO, NV 89512	88-6005643	501(C)(3)	1,150				FEMININE HYGIENE PRODUCTS FOR CLIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RENO SPARKS GOSPEL MISSION 2115 TIMBER WAY RENO, NV 89512	88-6005643	501(C)(3)	1,000				GENERAL SUPPORT
RENO SPARKS GOSPEL MISSION 2115 TIMBER WAY RENO, NV 89512	88-6005643	501(C)(3)	1,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RENO SPARKS GOSPEL MISSION 2115 TIMBER WAY RENO, NV 89512	88-6005643	501(C)(3)	2,500				HOLIDAY FOOD PURCHASES
RENOWN HEALTH FOUNDATION 1155 MILL STREET RENO, NV 89502	94-2972749	501(C)(3)	5,000				PATIENT'S ASSISTANCE FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RENOWN HEALTH FOUNDATION 1155 MILL STREET RENO, NV 89502	94-2972749	501(C)(3)	300				CHILDREN'S HOSPITAL
RENOWN HEALTH FOUNDATION 1155 MILL STREET RENO, NV 89502	94-2972749	501(C)(3)	2,000				GENERAL SUPPORT

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RENOWN HEALTH FOUNDATION 1155 MILL STREET RENO, NV 89502	94-2972749	501(C)(3)	5,000				CHILDREN'S HOSPITAL
SAGE RIDGE SCHOOL 2515 CROSSBOW COURT RENO, NV 89511	86-0852480	501(C)(3)	10,000				ANNUAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SAGE RIDGE SCHOOL 2515 CROSSBOW COURT RENO, NV 89511	86-0852480	501(C)(3)	5,000				GENERAL SUPPORT
SAGE RIDGE SCHOOL 2515 CROSSBOW COURT RENO, NV 89511	86-0852480	501(C)(3)	1,000				ATHLETIC DEPARTMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SAGE RIDGE SCHOOL 2515 CROSSBOW COURT RENO, NV 89511	86-0852480	501(C)(3)	10,000				BOARD COMMITMENT/ANNUAL CAMPAIGN
SAGE RIDGE SCHOOL 2515 CROSSBOW COURT RENO, NV 89511	86-0852480	501(C)(3)	891				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SAGE RIDGE SCHOOL 2515 CROSSBOW COURT RENO, NV 89511	86-0852480	501(C)(3)	16,000				\$10,000 OPPORTUNITY FUND/\$6,000 ANNUAL FUND
SAINT JUDE CHILDREN'S RESEARCH HOSPITAL 501 SAINT JUDE PLACE MEMPHIS, TN 38105	35-1044585	501(C)(3)	10,000				ON BEHALF OF HOWARD AND NETTE YAMADA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA CLARA UNIVERSITY 500 EL CAMINO REAL SANTA CLARA, CA 95053	94-1156617	501(C)(3)	200,000				GSBI ENDOWMENT FUND
SANTA CLARA UNIVERSITY 500 EL CAMINO REAL SANTA CLARA, CA 95053	94-1156617	501(C)(3)	50,000				MILLER CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SECOND HARVEST FOOD BANK 750 CURTNER AVENUE SAN JOSE, CA 95125	94-2614101	501(C)(3)	10,000				GENERAL SUPPORT
SERTOMA INTERNATIONAL SPONSORSHIP FUND PO BOX 1546 MINDEN, NV 89423	20-1318250	501(C)(3)	2,000				VOCATIONAL SCHOLARSHIP PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SERTOMA INTERNATIONAL SPONSORSHIP FUND PO BOX 1546 MINDEN, NV 89423	20-1318250	501(C)(3)	5,000				CARSON VALLEY SERTOMA 2016 SCHOLARSHIPS
SIERRA ARTS FOUNDATION 17 S VIRGINIA STREET SUITE 120 RENO, NV 89501	88-0113398	501(C)(3)	580				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SIERRA ARTS FOUNDATION 17 S VIRGINIA STREET SUITE 120 RENO, NV 89501	88-0113398	501(C)(3)	500				GENERAL SUPPORT
SIERRA ARTS FOUNDATION 17 S VIRGINIA STREET SUITE 120 RENO, NV 89501	88-0113398	501(C)(3)	13,750				CPG 2016-02

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SIERRA BIBLE CHURCH 3195 EVERETT DRIVE RENO, NV 89503	88-0191493	501(C)(3)	2,000				SCHOOL SUPPLIES FOR KINGS ACADEMY
SIERRA BIBLE CHURCH 3195 EVERETT DRIVE RENO, NV 89503	88-0191493	501(C)(3)	5,000				KING'S ACADEMY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SIERRA BIBLE CHURCH 3195 EVERETT DRIVE RENO, NV 89503	88-0191493	501(C)(3)	1,607				GENERAL SUPPORT
SIERRA NEVADA JOURNEYS 190 EAST LIBERTY STREET RENO, NV 89501	01-0881587	501(C)(3)	33,041				TRF #167

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SIERRA NEVADA JOURNEYS 190 EAST LIBERTY STREET RENO, NV 89501	01-0881587	501(C)(3)	28,446				GRANT #179 TRUCKEE RIVER FUND
SIERRA NEVADA JOURNEYS 190 EAST LIBERTY STREET RENO, NV 89501	01-0881587	501(C)(3)	12,900				CPG 2016-04

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SIMMARON RESEARCH INC 948 INCLINE WAY INCLINE VILLAGE, NV 89451	45-2191464	501(C)(3)	21,020				GENERAL SUPPORT
SOROPTIMIST INTERNATIONAL OF TRUCKEE MEADOWS PO BOX 20125 RENO, NV 89515	94-2342761	501(C)(3)	8,500				FALL TERM 2015 SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOROPTIMIST INTERNATIONAL OF TRUCKEE MEADOWS PO BOX 20125 RENO, NV 89515	94-2342761	501(C)(3)	10,000				REIMBURSEMENT FOR 2016 GRADUATE SCHOLARSHIPS
SOROPTIMIST INTERNATIONAL OF TRUCKEE MEADOWS PO BOX 20125 RENO, NV 89515	94-2342761	501(C)(3)	16,500				2016 UNDERGRADUATE SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SOROPTIMIST INTERNATIONAL OF TRUCKEE MEADOWS PO BOX 20125 RENO, NV 89515	94-2342761	501(C)(3)	1,500				THANKS TO YOUTH - DIAMOND SPONSOR
SOROPTIMIST INTERNATIONAL OF TRUCKEE MEADOWS PO BOX 20125 RENO, NV 89515	94-2342761	501(C)(3)	1,450				2016 MAKING A DIFFERENCE FOR WOMEN GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	100,000				GENERAL SUPPORT
SPARKS HERITAGE MUSEUM 820 VICTORIAN AVENUE SPARKS, NV 89431	94-3004776	501(C)(3)	5,000				PRESERVATION & RESTORATION OF LAST CHANCE JOE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SPARKS HIGH SCHOOL 820 15TH STREET SPARKS, NV 89431	88-6000919	501(A) GOV	5,000				CHEMISTRY DEPARTMENT
SPARKS HIGH SCHOOL 820 15TH STREET SPARKS, NV 89431	88-6000919	501(A) GOV	5,000				CHEMISTRY DEPARTMENT

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SPECIAL OLYMPICS NEVADA 5670 WYNN ROAD SUITE H LAS VEGAS, NV 89118	88-0421602	501(C)(3)	5,000				NEVADA SCHOOLS PARTNERSHIP PROGRAM, FOR REED AND GALENA HS
STANFORD UNIVERSITY - OFFICE OF DEVELOPMENT 326 GALVEZ STREET STANFORD, CA 94305	94-1156365	501(C)(3)	350,000				CARDINAL SERVICE/STANFORD FUND/HAAAS CENTER

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STATE OF NEVADA DEPARTMENT OF WILDLIFE 6980 SIERRA CENTER PKWY 120 RENO, NV 89511	88-6000022	501(A) GOV	2,500				PURCHASE HELICOPTER
STATE OF NEVADA DEPARTMENT OF WILDLIFE 6980 SIERRA CENTER PKWY 120 RENO, NV 89511	88-6000022	501(A) GOV	4,042				PURCHASE GAME TAGS FOR 2016 RAFFLE WINNERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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STATE OF NEVADA DEPARTMENT OF WILDLIFE 6980 SIERRA CENTER PKWY 120 RENO, NV 89511	88-6000022	501(A) GOV	100,000				#41SEED FOR 2016
STATE OF NEVADA DEPARTMENT OF WILDLIFE 6980 SIERRA CENTER PKWY 120 RENO, NV 89511	88-6000022	501(A) GOV	125,000				WILDFIRE HABITAT RESTORATION

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STEP 2 PO BOX 40674 RENO, NV 89504	94-3025207	501(C)(3)	1,000				BIRTHDAYS MATTER PROGRAM, TRANSPORTAION
STEP 2 PO BOX 40674 RENO, NV 89504	94-3025207	501(C)(3)	1,000				WHERE MOST NEEDED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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STEP 2 PO BOX 40674 RENO, NV 89504	94-3025207	501(C)(3)	5,000				GENERAL SUPPORT
SUNRISE ELEMENTARY SCHOOL 401 MATT WALLER DRIVE RICHMOND, MO 64085	44-6001494	501(C)(3)	10,000				ON BEHALF OF NICOLE VAN BUSKIRK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SUNRISE ELEMENTARY SCHOOL 401 MATT WALLER DRIVE RICHMOND, MO 64085	44-6001494	501(C)(3)	6,000				SCHOOL SUPPLIES
SUSANNE AND GLORIA YOUNG FOUNDATION 4260 MEADOWGATE TRAIL RENO, NV 89519	26-3617880	501(C)(3)	30,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SUSANNE AND GLORIA YOUNG FOUNDATION 4260 MEADOWGATE TRAIL RENO, NV 89519	26-3617880	501(C)(3)	50,000				GENERAL SUPPORT
TAHOE RIM TRAIL ASSOCIATION PO BOX 3267 STATELINE, NV 89449	94-2789846	501(C)(3)	30,000				OPERATING ACCOUNTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TAHOE RIM TRAIL ASSOCIATION PO BOX 3267 STATELINE, NV 89449	94-2789846	501(C)(3)	40,000				GENERAL SUPPORT
TAHOE-PYRAMID BIKEWAY 4790 CAUGHLIN PARKWAY SUITE 138 RENO, NV 89519	55-0895667	501(C)(3)	500				CENTURY CIRCLE MEMBERSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TAHOE-PYRAMID BIKEWAY 4790 CAUGHLIN PARKWAY SUITE 138 RENO, NV 89519	55-0895667	501(C)(3)	500				DONATION
TAHOE-PYRAMID BIKEWAY 4790 CAUGHLIN PARKWAY SUITE 138 RENO, NV 89519	55-0895667	501(C)(3)	10,000				COMPLETE TAHOE TO PYRAMID BIKE PATH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TAHOE-PYRAMID BIKEWAY 4790 CAUGHLIN PARKWAY SUITE 138 RENO, NV 89519	55-0895667	501(C)(3)	1,000				GENERAL SUPPORT
TAHOE-PYRAMID BIKEWAY 4790 CAUGHLIN PARKWAY SUITE 138 RENO, NV 89519	55-0895667	501(C)(3)	1,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TANZANIA WILDLIFE & CONSERVATION FUND INC 1913 RR 620 SOUTH STE 100 LAKEWAY, TX 78734	47-1982274	501(C)(3)	2,000				RUHITA SCHOOL
TANZANIA WILDLIFE & CONSERVATION FUND INC 1913 RR 620 SOUTH STE 100 LAKEWAY, TX 78734	47-1982274	501(C)(3)	5,000				DESKS/TEACHER EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TANZANIA WILDLIFE & CONSERVATION FUND INC 1913 RR 620 SOUTH STE 100 LAKEWAY, TX 78734	47-1982274	501(C)(3)	23,500				RUHITA SCHOOL CLASS CONSTRUCTION
TANZANIA WILDLIFE & CONSERVATION FUND INC 1913 RR 620 SOUTH STE 100 LAKEWAY, TX 78734	47-1982274	501(C)(3)	1,727				SUPPLIES FOR STUDENTS AT OLORASH SCHOOL

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THE BRIDGE CHURCH 1330 FOSTER DRIVE RENO, NV 89509	88-0089157	501(C)(3)	3,214				GENERAL SUPPORT
THE BRIDGE CHURCH 1330 FOSTER DRIVE RENO, NV 89509	88-0089157	501(C)(3)	3,214				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE BRIDGE CHURCH 1330 FOSTER DRIVE RENO, NV 89509	88-0089157	501(C)(3)	3,214				GENERAL SUPPORT
THE HAMLIN SCHOOL 2120 BROADWAY SAN FRANCISCO, CA 94115	94-1393894	501(C)(3)	5,000				CAPITAL CAMPAIGN

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THE HARRAH AUTOMOBILE FOUNDATION 10 LAKE STREET SOUTH RENO, NV 89501	94-2777978	501(C)(3)	1,000				GENERAL SUPPORT
THE HARRAH AUTOMOBILE FOUNDATION 10 LAKE STREET SOUTH RENO, NV 89501	94-2777978	501(C)(3)	15,000				WEBSTER'S MATCH GIFT CHALLENGE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE HARRAH AUTOMOBILE FOUNDATION 10 LAKE STREET SOUTH RENO, NV 89501	94-2777978	501(C)(3)	500				WEBSTER MATCHING FUND
THE HARRAH AUTOMOBILE FOUNDATION 10 LAKE STREET SOUTH RENO, NV 89501	94-2777978	501(C)(3)	50,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE NATURE CONSERVANCY OF NEVADA ONE EAST 1ST STREET 1007 RENO, NV 89501	53-0242652	501(C)(3)	10,000				NV CHAPTER'S WATER PROGRAM INITIATIVE
THE NATURE CONSERVANCY OF NEVADA ONE EAST 1ST STREET 1007 RENO, NV 89501	53-0242652	501(C)(3)	2,000				CARPENTER VALLEY CAMPAIGN

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THE NATURE CONSERVANCY OF NEVADA ONE EAST 1ST STREET 1007 RENO, NV 89501	53-0242652	501(C)(3)	5,000				GENERAL SUPPORT
THE NATURE CONSERVANCY OF NEVADA ONE EAST 1ST STREET 1007 RENO, NV 89501	53-0242652	501(C)(3)	500				WITT HALL CENTER IN GENOA, NV

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THE SALVATION ARMY - SILICON VALLEY 359 N 4TH STREET SAN JOSE, CA 95112	94-1156347	501(C)(3)	5,000				GIFT CARDS FOR TEENS
TRUCKEE DONNER LAND TRUST PO BOX 8816 TRUCKEE, CA 96162	68-0245327	501(C)(3)	75,000				TRF #181

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TRUCKEE MEADOWS COMMUNITY COLLEGE FOUNDATION 7000 DANDINI BLVD RENO, NV 89512	88-0185319	501(C)(3)	5,000				APPLIED TECHNOLOGY SCHOLARSHIPS
TRUCKEE RIVER WATERSHED COUNCIL PO BOX 8568 TRUCKEE, CA 96162	91-1818748	501(C)(3)	67,000				TRUCKEE RIVER FUND GRANT #171

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TRUCKEE RIVER WATERSHED COUNCIL PO BOX 8568 TRUCKEE, CA 96162	91-1818748	501(C)(3)	90,000				GRANT #177 TRUCEE RIVER FUND
TRUCKEE RIVER WATERSHED COUNCIL PO BOX 8568 TRUCKEE, CA 96162	91-1818748	501(C)(3)	40,000				GRANT #178 TRUCKEE RIVER FUND

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US DIVING FOUNDATION PO BOX 4352 CARMEL, IN 46082	31-1153995	501(C)(3)	269,508				PER 3/25/16 AGREEMENT LETTER
UNITED WAY OF NORTHERN NEVADA & THE SIERRA 639 ISBELL ROAD SUITE 460 RENO, NV 89509	88-0059327	501(C)(3)	10,000				GENERAL SUPPORT

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UNITED WAY OF NORTHERN NEVADA & THE SIERRA 639 ISBELL ROAD SUITE 460 RENO, NV 89509	88-0059327	501(C)(3)	422				ANNUAL DISTRIBUTION - 2016
UNIVERSITY OF CALIFORNIA DAVIS FOUNDATION - 400 MRAK HALL DRIVE DAVIS, CA 95616	94-6036494	501(C)(3)	5,000				UC DAVIS SCHOOL OF LAW

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UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUND PO BOX 45339 SAN FRANCISCO, CA 94145	94-2829914	501(C)(3)	5,000				UCSF HEART TRANSPLANT PATIENT & FAMILY FUND
UNIVERSITY OF MIAMI 5821 SAN AMARO DRIVE CORAL GABLES, FL 33146	59-0624458	501(C)(3)	82,205				3M DIVE TOWER

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UNIVERSITY OF NEVADA RENO - BOARD OF REGENTS UNR-OFFICE OF STUDENT FINANCIAL AID MAIL STOP 0076 RENO, NV 89557	88-6000024	501(C)(3)	40,181				ROGER BERGMANN ATHLETIC SCHOLARSHIP
UNR FOUNDATION-MORRILL HALL ALUMNI CENTER MAIL STOP 0007 RENO, NV 89557	94-2781749	501(C)(3)	2,500				PACK EDUCATIONAL FUND IN ATHLETIC DEPART

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNR FOUNDATION-MORRILL HALL ALUMNI CENTER MAIL STOP 0007 RENO, NV 89557	94-2781749	501(C)(3)	1,874				COLLEGE OF LIBERAL ARTS/GENERAL SUPPORT
UNR FOUNDATION-MORRILL HALL ALUMNI CENTER MAIL STOP 0007 RENO, NV 89557	94-2781749	501(C)(3)	200				INSKIP FAMILY PRACTICE SCHOLARSHIP

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UNR FOUNDATION-MORRILL HALL ALUMNI CENTER MAIL STOP 0007 RENO, NV 89557	94-2781749	501(C)(3)	8,500				WOMEN'S TENNIS TEAM
UNR FOUNDATION-MORRILL HALL ALUMNI CENTER MAIL STOP 0007 RENO, NV 89557	94-2781749	501(C)(3)	10,000				ACCT #1311-116-0011 72ND ANNUAL CONGRESS - IIPF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNR FOUNDATION-MORRILL HALL ALUMNI CENTER MAIL STOP 0007 RENO, NV 89557	94-2781749	501(C)(3)	15,000				UNR DIVING TEAM
UNR FOUNDATION-MORRILL HALL ALUMNI CENTER MAIL STOP 0007 RENO, NV 89557	94-2781749	501(C)(3)	1,000				FOR UNR SCHOOL OF MEDICINE, IN MEMORY H M PRUPAS, M D

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNR FOUNDATION-MORRILL HALL ALUMNI CENTER MAIL STOP 0007 RENO, NV 89557	94-2781749	501(C)(3)	1,000				RICHARD BRYAN PLAZA
UNR FOUNDATION-MORRILL HALL ALUMNI CENTER MAIL STOP 0007 RENO, NV 89557	94-2781749	501(C)(3)	5,000				SILVER & BLUE SOCIETY

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UNR FOUNDATION-MORRILL HALL ALUMNI CENTER MAIL STOP 0007 RENO, NV 89557	94-2781749	501(C)(3)	50,000				UNR ATHLETIC DEPT "FOOTBALL SPECIAL" ACCOUNT
UNR FOUNDATION-MORRILL HALL ALUMNI CENTER MAIL STOP 0007 RENO, NV 89557	94-2781749	501(C)(3)	5,000				TURKISH CULTURAL ASSOCIATION

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UNR FOUNDATION-MORRILL HALL ALUMNI CENTER MAIL STOP 0007 RENO, NV 89557	94-2781749	501(C)(3)	10,000				SILVER & BLUE SOCIETY
UNR FOUNDATION-MORRILL HALL ALUMNI CENTER MAIL STOP 0007 RENO, NV 89557	94-2781749	501(C)(3)	5,000				NEW COMPUTERS FOR DEAN'S FUTURE SCHOLARS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNR FOUNDATION-MORRILL HALL ALUMNI CENTER MAIL STOP 0007 RENO, NV 89557	94-2781749	501(C)(3)	24,600				VIRGINIA STREET GYM REPLACEMENT
UP AQUATICS INC 4310 17TH AVENUE SOUTH FARGO, ND 58103	27-1181382	501(C)(3)	10,000				TWO DURAFLEX DIVING BOARDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USA SWIMMING FOUNDATION INC 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909	72-1581977	501(C)(3)	5,000				LEARN TO SWIM PROGRAM
VETERANS GUEST HOUSE INC 880 LOCUST STREET RENO, NV 89502	94-3160109	501(C)(3)	1,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VETERANS GUEST HOUSE INC 880 LOCUST STREET RENO, NV 89502	94-3160109	501(C)(3)	25,000				NEW BUILDING CONSTRUCTION FUND
WASHOE COUNTY SEARCH AND RESCUE INC PO BOX 20012 RENO, NV 89515	23-7007538	501(C)(3)	5,000				ANNUAL BANQUET

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHOE COUNTY SEARCH AND RESCUE INC PO BOX 20012 RENO, NV 89515	23-7007538	501(C)(3)	500				GRATITUDE FOR SERVICE
WILLAMETTE UNIVERSITY 900 STATE STREET SALEM, OR 97301			75,000				BERGMANN FOUNDATION SCHOLARSHIP FOR ECONOMICS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD ACROBATICS SOCIETY 2632 FOREST DRIVE MAYPORT, PA 16240	52-2065710	501(C)(3)	7,500				GALLERY OF LEGENDS/GOLDEN ACHIEVEMENT
YERINGTON AREA CAT CONTROL 125 HWY 339 YERINGTON, NV 89447	45-4674798	501(C)(3)	8,960				RESOURCE CENTER FOR SMALL DOMESTIC PETS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**

2015
Open to Public Inspection

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization
COMMUNITY FOUNDATION OF WESTERN NEVADA

Employer identification number
88-0370179

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>		
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes	
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>		No
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		No
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>		No
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>		No
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>		No
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>		No
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>		No
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>		No
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHRIS ASKIN PRESIDENT AND CEO	(i)	146,685	0	0	8,093	0	154,778	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047
2016
Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF WESTERN NEVADA

Employer identification number
88-0370179

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	26	8,465,731	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29	
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30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		No
31		No
32a		No

Part II **Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION OF WESTERN NEVADA

Employer identification number

88-0370179

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS FOR THE REVIEW AND APPROVAL OF THE AUDITED FINANCIAL STATEMENTS HAS NOT CHANGED FROM THE PRIOR FISCAL YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF WESTERN NEVADA

Employer identification number

88-0370179

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CFX LLC 50 WASHINGTON STREET SUITE 300 RENO, NV 89503	HOLD PROPERTY	NV	103,633	1,416,510	
(2) CFCP LLC 50 WASHINGTON STREET SUITE 300 RENO, NV 89503 20-0310840	HOLD PROPERTY	NV	31,388	2,403,598	
(3) CFRSO LLC 50 WASHINGTON STREET SUITE 300 RENO, NV 89503	HOLD PROPERTY	NV	203,848	1,306,307	

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference**Explanation**