

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](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**  
Open to Public Inspection

### A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- 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

**F** Name and address of principal officer  
CHRIS ASKIN  
50 WASHINGTON STREET NO 300  
RENO, NV 89503

**D** Employer identification number  
88-0370179

**E** Telephone number  
(775) 333-5499

**G** Gross receipts \$ 16,690,789

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

**J** Website: NEVADAFUND.ORG

**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 ▶

**K** Form of organization  
 Corporation  Trust  Association  Other ▶

**L** Year of formation 1998

**M** State of legal domicile NV

### Part I Summary

**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  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	20
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	20
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	13
<b>6</b> Total number of volunteers (estimate if necessary)	70
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	19,049,229	12,572,864
<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,597,351	2,251,045
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	316,384	1,818,978
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,962,964	16,642,887
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,024,747	10,761,987
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	723,150	777,045
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶210,590		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	661,814	503,524
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	7,409,711	12,042,556
<b>19</b> Revenue less expenses Subtract line 18 from line 12	13,553,253	4,600,331

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	92,519,406	103,240,108
<b>21</b> Total liabilities (Part X, line 26)	7,639,044	7,072,809
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	84,880,362	96,167,299

### 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: 2018-10-11  
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: 2018-10-11  
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  
Phone no: (775) 828-7300  
RENO, NV 89511

**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 \$ 11,298,183 including grants of \$ 10,761,987 ) (Revenue \$ )  
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 ▶ 11,298,183

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	Yes	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> 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
<b>5</b> 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
<b>6</b> 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	
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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	
<b>11</b> 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		
<b>a</b> 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>b</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> . . . . .	Yes	
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	Yes	
<b>f</b> 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	
<b>12a</b> 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>b</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	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</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
<b>15</b> 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> . . . . .		No
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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	
<b>22</b> 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	
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	Yes	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b> 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
<b>33</b> 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	
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</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> . . . . .		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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, and Yes/No response boxes. 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 Enter the number of voting members of the governing body at the end of the tax year (20); 1b Enter the number of voting members included in line 1a, above, who are independent (20); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Section C. Disclosure

Table with 1 column: Question. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [ ] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: CHRIS ASKIN 50 WASHINGTON ST STE 300 RENO, NV 89503 (775) 333-5499

**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) JAMES PFROMMER BOARD CHAIR	2 00	X		X				0	0	0
(2) TERESA MENTZER BOARD VICE CHAIR	2 00	X		X				0	0	0
(3) GAIL HUMPHREYS TREASURER	2 00	X		X				0	0	0
(4) MATTHEW GRAY SECRETARY	2 00	X		X				0	0	0
(5) STEVE CARRICK TRUSTEE	2 00	X						0	0	0
(6) TYSON CROSS TRUSTEE	2 00	X						0	0	0
(7) LESLIE DAANE TRUSTEE	2 00	X						0	0	0
(8) REBECCA DICKSON TRUSTEE	2 00	X						0	0	0
(9) BARBARA DRAKE TRUSTEE	2 00	X						0	0	0
(10) THOMAS HALL TRUSTEE	2 00	X		X				0	0	0
(11) NORA JAMES TRUSTEE	2 00	X						0	0	0
(12) CRAIG KING TRUSTEE	2 00	X						0	0	0
(13) CARY LURIE TRUSTEE	2 00	X						0	0	0
(14) SUSANNE PENNINGTON TRUSTEE	2 00	X						0	0	0
(15) ALICIA REBAN TRUSTEE	2 00	X						0	0	0
(16) JAN RUDE-WILLSON TRUSTEE	2 00	X						0	0	0
(17) BETH SCHULER 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) DON SEFTON ..... TRUSTEE	2 00 .....	X						0	0	0
(19) DAVE STOCKMAN ..... TRUSTEE	2 00 .....	X						0	0	0
(20) LILLI TRINCHERO ..... TRUSTEE	2 00 .....	X						0	0	0
(21) CHRIS ASKIN ..... PRESIDENT AND CEO	40 00 .....			X				150,785	0	10,755
<b>1b Sub-Total</b> . . . . . ▶										
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . . ▶										
<b>1d Total (add lines 1b and 1c)</b> . . . . . ▶								150,785	0	10,755

**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
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b> 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	
<b>5</b> 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>					
	<b>b</b> Membership dues . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . .	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	12,572,864				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . .		12,572,864				
<b>Program Service Revenue</b>	<b>2a</b> _____	Business Code					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f . . . . .						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		2,251,045			2,251,045	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		97,726					
		<b>b</b> Less rental expenses	47,902				
		<b>c</b> Rental income or (loss)	49,824				
	<b>d</b> Net rental income or (loss) . . . . .			49,824		49,824	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss) . . . . .						
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
		<b>b</b> Less direct expenses . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue		Business Code					
<b>11a</b> CHANGE IN VALUE OF CRUT		900099	1,373,110	1,373,110			
<b>b</b> MISCELLANEOUS REVENUE		561000	396,044	396,044			
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			1,769,154				
<b>12 Total revenue.</b> See Instructions . . . . .			16,642,887	1,769,154	0	2,300,869	

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	10,356,107	10,356,107		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	405,880	405,880		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	161,540	32,308	96,924	32,308
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	519,595	237,995	177,681	103,919
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	38,450	17,531	13,229	7,690
<b>9</b> Other employee benefits.				
<b>10</b> Payroll taxes.	57,460	22,984	22,984	11,492
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.				
<b>b</b> Legal.				
<b>c</b> Accounting.	36,133		36,133	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	70,342		70,342	
<b>12</b> Advertising and promotion.	36,835	18,760		18,075
<b>13</b> Office expenses.	29,390	11,756	11,756	5,878
<b>14</b> Information technology.	66,565	26,626	26,626	13,313
<b>15</b> Royalties.				
<b>16</b> Occupancy.	54,265	21,706	21,706	10,853
<b>17</b> Travel.	12,754		12,754	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	5,049		5,049	
<b>20</b> Interest.	3,582	1,433	1,433	716
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	26,117	10,447	10,447	5,223
<b>23</b> Insurance.	5,613	2,245	2,245	1,123
<b>24</b> 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.)				
<b>a</b> DIRECT FUND EXPENSES FO	74,976	74,976		
<b>b</b> OTHER EXPENSES	44,905	20,431	24,474	
<b>c</b> INITIATIVE EXPENSES	36,998	36,998		
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	12,042,556	11,298,183	533,783	210,590
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	13,586,587	<b>2</b>	8,530,871
	<b>3</b> Pledges and grants receivable, net . . . . .	879,122	<b>3</b>	4,151,002
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,050	<b>9</b>	26,729
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,995,916		
	<b>b</b> Less accumulated depreciation	910,937		
	<b>11</b> Investments—publicly traded securities . . . . .	62,870,271	<b>11</b>	74,543,441
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	10,295,000	<b>12</b>	10,295,000
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	3,729,623	<b>13</b>	4,608,086
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	92,519,406	<b>16</b>	103,240,108	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	73,907	<b>17</b>	64,122
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	7,565,137	<b>25</b>	7,008,687
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	7,639,044	<b>26</b>	7,072,809
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	29,414,066	<b>27</b>	49,976,925
	<b>28</b> Temporarily restricted net assets . . . . .	37,371,866	<b>28</b>	30,486,770
	<b>29</b> Permanently restricted net assets	18,094,430	<b>29</b>	15,703,604
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	84,880,362	<b>33</b>	96,167,299
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	92,519,406	<b>34</b>	103,240,108

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	16,642,887
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	12,042,556
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	4,600,331
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	84,880,362
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	6,686,606
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	96,167,299

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	<b>2c</b>	Yes	
<b>3a</b> 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?	<b>3a</b>		No
<b>b</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	<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 88-0370179

**Name:** COMMUNITY FOUNDATION OF WESTERN NEVADA

Form 990 (2017)

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### 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

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**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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.

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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		
<b>Total</b>						

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

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	8,152,812	10,017,018	10,083,297	19,049,229	12,572,864	59,875,220
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3	8,152,812	10,017,018	10,083,297	19,049,229	12,572,864	59,875,220
<b>5</b>	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)						16,383,550
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						43,491,670

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total	
<b>7</b>	Amounts from line 4	8,152,812	10,017,018	10,083,297	19,049,229	12,572,864	59,875,220	
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,349,598	1,712,051	2,300,909	1,830,743	2,694,319	9,887,620	
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on							
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	649,942	484,625	320,769	294,320	396,044	2,145,700	
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						71,908,540	
<b>12</b>	Gross receipts from related activities, etc (see instructions)						<b>12</b>	

**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**

<b>14</b>	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	60.480 %
<b>15</b>	Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	66.180 %

**16a 33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (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** ►

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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



**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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	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.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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 <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	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 <b>Part VI</b> , 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).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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 <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	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).		
	<b>7</b>		
<b>8</b>	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).		
	<b>8</b>		
<b>9a</b>	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 <b>Part VI</b> .		
	<b>9a</b>		
<b>b</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 <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	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 <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	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.		
	<b>10a</b>		
<b>b</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.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7			
<b>\$</b>			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 88-0370179

**Name:** COMMUNITY FOUNDATION OF WESTERN NEVADA

**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)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
▶ 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](http://www.irs.gov/form990).**

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**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.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year	108	154
<b>2</b> Aggregate value of contributions to (during year)	7,077,500	7,929,027
<b>3</b> Aggregate value of grants from (during year)	6,496,107	6,666,194
<b>4</b> 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.

- 1** Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e g , recreation or education)  Preservation of an historically important land area
- Protection of natural habitat  Preservation of a certified historic structure
- Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>	

- 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.

- 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
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) 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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> 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
<b>1a</b> Beginning of year balance . . . . .	10,728,259	10,274,611	8,242,813	8,545,261	7,520,543
<b>b</b> Contributions . . . . .	1,157,864	50,707	2,716,657	41,551	287,623
<b>c</b> Net investment earnings, gains, and losses	972,322	655,464	-199,854	138,245	1,094,256
<b>d</b> Grants or scholarships . . . . .	356,720	48,596	383,381	419,189	298,591
<b>e</b> Other expenditures for facilities and programs . . . . .	99,468	203,927	101,624	63,055	58,570
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	12,402,257	10,728,259	10,274,611	8,242,813	8,545,261

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 40 000 %
  - b** Permanent endowment ▶ 59 000 %
  - 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 |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		1,829,296	818,679	1,010,617
<b>d</b> Equipment . . . . .		166,620	92,258	74,362
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . .				1,084,979

**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) NON PUBLICALLY TRADED STOCK	10,295,000	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)	10,295,000	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
GRANTS PAYABLE AND FUNDS HELD FOR OTHERS	3,955,920
SPLIT INTEREST AGREEMENTS	3,052,767
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	7,008,687

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	22,296,489
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	6,686,606
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	47,902
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	6,734,508
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	15,561,981
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	1,080,906
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,080,906
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	16,642,887

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	10,020,257
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	47,902
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	47,902
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	9,972,355
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	2,070,201
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	2,070,201
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	12,042,556

**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	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

# 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	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	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 I (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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...
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

Table with 8 columns: (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. Rows 1-12.

- 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	176	373,062			
(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 GRANTEES 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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
350ORG 20 JAY ST SUITE 732 BROOKLYN, NY 11201	26-1150699	501(C)(3)	20,000				GENERAL SUPPORT
ACCEPT 2400 WEST 7TH STREET RENO, NV 89503	88-0409948	501(C)(3)	5,000				POSITIVE ACTION PROGRAM IN 2 SCHOOLS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AIR FORCE MUSEUM FOUNDATION INC PO BOX 33624 WRIGHT PATTERSON AFB, OH 45433	31-0668800	501(C)(3)	50,000				USAF'S 4TH BUILDING
AMERICAN CIVIL LIBERTIES UNION - ACLU 125 BROAD STREET 18TH FLOOR NEW YORK, NY 10004	13-6213516	501(C)(3)	20,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN MEDIA COUNCIL INC 1621 CENTRAL AVENUE CHEYENNE, WY 82001	82-3235497	501(C)(3)	30,000				GENERAL SUPPORT
AMERICAN REFUGEE COMMITTEE 615 FIRST AVENUE NE SUITE 500 MINNEAPOLIS, MN 55413	36-3241033	501(C)(3)	10,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMNESTY INTERNATIONAL USA INC 5 PENN PLAZA 16TH FLOOR NEW YORK, NY 10001	52-0851555	501(C)(3)	10,000				GENERAL SUPPORT
ANIMAL ARK PO BOX 60057 RENO, NV 89506	94-2991026	501(C)(3)	20,000				ANIMAL CARE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARTOWN 528 WEST 1ST STREET RENO, NV 89503	88-0412311	501(C)(3)	13,300				GENERAL SUPPORT
AWAKEN INC PO BOX 40635 RENO, NV 89504	38-3843380	501(C)(3)	42,050				SMALL COMFORTS, BIG IMPACT FUND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BENT ON LEARNING 26 BROADWAY 8TH FLOOR NEW YORK, NY 10004	54-2154416	501(C)(3)	12,500				GENERAL SUPPORT
BERTSCHI SCHOOL 26 BROADWAY 8TH FLOOR SEATTLE, WA 98102	91-0975541	501(C)(3)	10,000				GENERAL SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BISHOP MANOGUE HIGH SCHOOL 110 BISHOP MANOGUE DRIVE RENO, NV 89511	90-0111463	501(C)(3)	11,240				GENERAL SUPPORT
BMLC INC 1670 POOLE BLVD YUBA CITY, CA 95993	32-0443955	501(C)(3)	5,000				2017 BEALE GOLF TOURNAMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOSTON CHILDREN'S HOSPITAL 401 PARK DRIVE SUITE 602 BOSTON, MA 02215	04-2774441	501(C)(3)	5,000				IN HONOR OF GARY LOVEMAN
BOY SCOUTS OF AMERICA NEVADA AREA COUNCIL 500 DOUBLE EAGLE COURT RENO, NV 89511	88-0059912	501(C)(3)	75,000				ANNUAL GIFT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS 2680 E NINTH STREET RENO, NV 89512	88-0142068	501(C)(3)	84,267				REGISTRATION, MATERIALS FOR FIRST TECH CHALLENGE
BUILD A RESCUE KENNEL INC 28 HIGHWAY 95A NORTH YERINGTON, NV 89447	26-1759463	501(C)(3)	10,225				CONCEPT-TO-REALITY INITIATIVE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAL DIVING CLUB 2121 N CALIFORNIA BLVD SUITE 290 WALNUT CREEK, CA 94596	90-0982627	501(C)(3)	26,250				EQUIPMENT AND UPGRADES TO FACILITY
CARITAS DE PUERTO RICO  PO BOX 8812 SAN JUAN, PUERTO RICO RQ	53-0196617	501(C)(3)	10,000				HURRICANE MARIA DISASTER RELIEF

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> 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)	8,250				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTER FOR DISASTER PHILANTHROPY 1201 CONNECTICUT AVE NW SUITE 300 WASHINGTON, DC 20036	45-5257937	501(C)(3)	7,000				HURRICANE HARVEY & IRMA DISASTER RELIEF
CITY OF MIDLAND AQUATICS 3003 NORTH A STREET MIDLAND, TX 79705	75-1254435	501(C)(3)	16,000				DIVING EQUIPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CITY OF RENO PO BOX 1900 RENO, NV 89505	88-6000201	501(A) GOV	142,034				CITY ENERGY PROJECT
COACH ART 3303 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90010	94-3389547	501(C)(3)	5,000				COACHART CHAMPION JIM LANZONE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY FOUNDATION OF GREATER MEMPHIS 1900 UNION AVENUE MEMPHIS, TN 38104	58-1723645	501(C)(3)	5,000				THE MICHAEL D ROSE MEMORIAL FUND
COMMUNITY FOUNDATION OF SONOMA COUNTY 120 STONY POINT RD SUITE 220 SANTA ROSA, CA 95401	68-0003212	501(C)(3)	6,400				SONOMA COUNTY RESILIENCE FUND



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY FOUNDATION OF WESTERN NEVADA 50 WASHINGTON STREET SUITE 300 RENO, NV 89503	88-0370179	501(C)(3)	67,998				VISTA EXPENSE FOR 2018, 2019, 2020
COMMUNITY HEALTH ALLIANCE 680 SOUTH ROCK BLVD RENO, NV 89502	88-0293149	501(C)(3)	5,200				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY INITIATIVES 354 PINE STREET SUITE 700 SAN FRANCISCO, CA 94104	94-3255070	501(C)(3)	500,000				CARPENTER VALLEY CHALLENGE
CONCORD ACADEMY 166 MAIN STREET CONCORD, MA 01742	04-1200600	501(C)(3)	100,000				UPDATE AND IMPROVE THE LIBRARY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONSERVATION LAW FOUNDATION 62 SUMMER STREET BOSTON, MA 02110	04-6149986	501(C)(3)	20,000				CLEAN ENERGY & CLIMATE CHANGE PROGRAM
DESERT COMMUNITY FOUNDATION 75-105 MERLE DRIVE SUITE300 PALM DESERT, CA 92211	95-4725924	501(C)(3)	5,000				TRADITION'S ARNOLD PALMER EDUCATION FUND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DIOCESE OF RENO 290 S ARLINGTON AVENUE SUITE 200 RENO, NV 89501	88-0338219	501(C)(3)	28,000				TODAY TOMORROW TOGETHER CAMPAIGN
DOUGLAS COUNTY COMMUNITY SERVICES FOUNDATION PO BOX 838 MINDEN, NV 89423	45-3992227	501(C)(3)	10,000				TRANSPORTATION - INCREDIBLE KIDS FUND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DOUGLAS COUNTY SHERIFFS ADVISORY COUNCIL PO BOX 1002 MINDEN, NV 89423	20-1308918	501(C)(3)	10,000				GENERAL SUPPORT
EARTHJUSTICE 50 CALIFORNIA STREET SUITE500 SAN FRANCISCO, CA 94111	94-1730465	501(C)(3)	520,000				CLIMATE CHANGE PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EDDY HOUSE PO BOX 6207 RENO, NV 89513	45-3023511	501(C)(3)	18,000				GENERAL SUPPORT
ELLIE'S HATS 25050 RIDING PLAZA SUITE 130-648 SOUTH RIDING, VA 20152	46-4739126	501(C)(3)	5,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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)	30,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FEDERATION OF GALAXY EXPLORERS INC 6404 IVY LANE GREENBELT, MD 20770	52-2347666	501(C)(3)	6,000				OUTREACH PROGRAMS AND MATERIALS
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	17,850				GENERAL SUPPORT



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

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FORT LAUDERDALE DIVING TEAM 624 ISLE OF PALMS DRIVE FORT LAUDERDALE, FL 33301	65-0416266	501(C)(3)	13,447				SIDELINE SCOUT
FOUNDATION FOR EXCELLENCE AT WOODLAND CHRISTIAN SCHOOL 1787 MATMOR ROAD WOODLAND, CA 95776	31-1715318	501(C)(3)	220,000				NEW CLASSROOMS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FOUNDATION FOR PUERTO RICO  PO BOX 364029 SAN JUAN, SAN JUAN RQ	66-0776227	501(C)(3)	5,500				HURRICANE MARIA DISASTER RELIEF
FREEDOM OF THE PRESS FOUNDATION 601 VAN NESS AVE SUITE E731 SAN FRANCISCO, CA 94102	46-0967274	501(C)(3)	10,000				GENERAL SUPPORT

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

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FRIENDS OF HAWAII ROBOTICS PO BOX 3019 HONOLULU, HI 96802	26-3139930	501(C)(3)	5,000				SUPPLIES/MATERIALS FOR EDUCATION PROGRAM
FRIENDS OF KEXP RADIO 903 FM 472 1ST AVE N SEATTLE, WA 98109	91-2061474	501(C)(3)	5,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRIENDS OF NEVADA WILDERNESS PO BOX 9754 RENO, NV 89507	88-0211763	501(C)(3)	20,415				#185 NOXIOUS WEED MONITORING & TREATMENT #5
FUN CAMP INC PO BOX 40505 RENO, NV 89504	94-3152378	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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GIRL SCOUTS OF THE SIERRA NEVADA 605 WASHINGTON STREET RENO, NV 89503	88-0060580	501(C)(3)	51,125				LOW-INCOME OUTREACH PROGRAM
GREAT GRACE MINISTRIES 14913 CHAMPION ESTATES DRIVE SE YELM, WA 98597	20-3748435	501(C)(3)	12,000				GENERAL SUPPORT

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

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GUTHRIE THEATER FOUNDATION 818 SOUTH 2ND STREET MINNEAPOLIS, MN 55415	41-0854160	501(C)(3)	10,000				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.**

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HISTORIC FOURTH WARD SCHOOL FOUNDATION PO BOX 4 VIRGINIA CITY, NV 89440	88-0463462	501(C)(3)	52,144				HISTORIC BUILDING REPAIRS
HOLY CROSS CATHOLIC CHURCH 5950 VISTA BLVD SPARKS, NV 89436	27-4337740	501(C)(3)	10,500				CSA

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

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HORIZON CHRISTIAN CHURCH 1995 EAST PRATER WAY SPARKS, NV 89434	30-0313994	501(C)(3)	15,000				GENERAL SUPPORT
IMMACULATE CONCEPTION AND ST JOSEPH PARISH 1107 N ORLEANS STREET CHICAGO, IL 60610	36-2171711	501(C)(3)	10,000				GENERAL SUPPORT



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

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INDEPENDENT INSTITUTE INC 100 SWAN WAY OAKLAND, CA 94621	94-3008370	501(C)(3)	5,000				OPERATIONS
INDIANAPOLIS STARS DIVING CLUB INC 12728 PORTAGE WAY FISHERS, IN 46037	35-2050978	501(C)(3)	40,432				NOBLESVILLE HS IMPROVEMENTS

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

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INTERNATIONAL SOCIETY FOR INDIVIDUAL LIBERTY 237 KEARNY STREET ROOM NO 120 SAN FRANCISCO, CA 94108	54-1512492	501(C)(3)	6,000				GENERAL SUPPORT
INTERNATIONAL SWIMMING HALL OF FAME ONE HALL OF FAME DRIVE FORT LAUDERDALE, FL 33316	59-1087179	501(C)(3)	30,000				OPERATIONAL SUPPORT

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

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KARAM FOUNDATION 230 NORTHGATE 742 LAKE FOREST, IL 60045	37-1548241	501(C)(3)	5,000				WHITE HELMETS IN SYRIA
KEEP TRUCKEE MEADOWS BEAUTIFUL PO BOX 7412 RENO, NV 89510	88-0254957	501(C)(3)	69,760				GRANT #193

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

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KENNY GUINN CENTER FOR POLICY PRIORITIES 3281 S HIGHLAND DRIVE SUITE 810 LAS VEGAS, NV 89109	46-4075622	501(C)(3)	50,000				GENERAL SUPPORT
KIDDIE HAWK AIR ACADEMY 4 WEST DRY CREEK CIRCLE SUITE 100 LITTLETON, CO 80120	84-1482078	501(C)(3)	25,000				LIVING LEGENDS OF AVIATION 2017

**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)	17,345				MEMBERSHIP
LEXINGTON INSTITUTE 1600 WILSON BLVD SUITE 203 ARLINGTON, VA 22209	54-1880642	501(C)(3)	50,000				MEMBERSHIP FOR 2017

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LIVING WATER INTERNATIONAL 4001 GREENBRIAR DR STAFFORD, TX 77477	76-0324875	501(C)(3)	5,000				GENERAL SUPPORT
LOS RIOS FOUNDATION 1919 SPANOS COURT SACRAMENTO, CA 95825	94-2506591	501(C)(3)	5,000				FOLSOM LAKE COLLEGE FOUNDATION

**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)	20,000				GENERAL SUPPORT
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DRIVE TRIANGLE, VA 22172	20-3021444	501(C)(3)	7,000				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	04-2103594	501(C)(3)	50,000				MIT BEAVER WORKS PROGRAM
MICHAEL J FOX FOUNDATION FOR PARKINSON'S RESEARCH GRAND CENTRAL STATION PO BOX 4777 NEW YORK, NY 10163	13-4141945	501(C)(3)	5,000				TOUR DE FOX IN SONOMA WINE COUNTRY



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

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MILITARY CHILD EDUCATION COALITION 909 MOUNTAIN LION CIRCLE HARKER HEIGHTS, TX 76548	74-2889416	501(C)(3)	6,800				NATIONAL TRAINING SEMINAR SPONSOR
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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MOUNTRAIL COUNTY AQUATICS FOUNDATION PO BOX 173 STANLEY, ND 58784	80-0005591	501(C)(3)	5,000				INA MAE RUDE AQUATIC CENTER
NATIONAL AUTOMOBILE MUSEUM 10 LAKE STREET SOUTH RENO, NV 89501	94-2777978	501(C)(3)	59,100				GRAPHIC DESIGN SERVICES

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

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NATIONAL MULTIPLE SCLEROSIS SOCIETY-NORTHERN 1700 OWENS STREET SUITE 190 SAN FRANCISCO, CA 94158	13-5661935	501(C)(3)	5,000				2017 MUCKFEST MS BAY AREA ON BEHALF OF CURTIS FONG
NATIONAL WORLD WAR II MUSEUM 945 MAGAZINE STREET NEW ORLEANS, LA 70130	72-1200790	501(C)(3)	110,000				PATRIOT'S CIRCLE MEMBERSHIP

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NEVADA DISCOVERY MUSEUM 490 S CENTER STREET RENO, NV 89501	61-1474845	501(C)(3)	269,707				A T REX NAMED SUE EXHIBIT
NEVADA DIVING CENTER 11260 MESSINA WAY RENO, NV 89521	45-3941312	501(C)(3)	18,000				2017 PROPOSAL

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

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NEVADA HUMANE SOCIETY INC 2825 LONGLEY LANE SUITE B RENO, NV 89502	88-0072720	501(C)(3)	335,725				GENERAL SUPPORT
NEVADA HUMANITIES PO BOX 8029 RENO, NV 89507	23-7358959	501(C)(3)	26,198				GENERAL SUPPORT

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NEVADA LAND TRUST PO BOX 20288 RENO, NV 89515	88-0287591	501(C)(3)	307,890				GENERAL SUPPORT
NEVADA MUSEUM OF ART 160 W LIBERTY STREET RENO, NV 89501	88-6003042	501(C)(3)	23,000				SIERRA CIRCLE MEMBERSHIP

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

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NEVADA BIGHORNS UNLIMITED - RENO CHAPTER PO BOX 21393 RENO, NV 89515	88-0180276	501(C)(3)	2,000				GENERAL SUPPORT
NEVADA NEWS BUREAU INC 7455 ARROYO CROSSING PARKWAY SUITE220 LAS VEGAS, NV 89113	27-3192716	501(C)(3)	5,000				GENERAL SUPPORT - THE NEVADA INDEPENDENT

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

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NEVADA POLICY RESEARCH INSTITUTE 7130 PLACID STREET LAS VEGAS, NV 89119	88-0276314	501(C)(3)	25,000				GENERAL SUPPORT
NEVADA SAGE WALDORF SCHOOL 565 REACTOR WAY RENO, NV 89502	88-0451470	501(C)(3)	5,000				GENERAL SUPPORT



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NEVADA WOMEN'S FUND 770 SMITHRIDGE DRIVE SUITE 300 RENO, NV 89502	94-2860375	501(C)(3)	11,750				GIVING CIRCLE
NORTHERN NEVADA HOPES 580 W FIFTH STREET RENO, NV 89503	86-0865357	501(C)(3)	38,000				PEDIATRIC BEHAVIORAL HEALTH PROGRAM

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

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NORTHERN NEVADA INTERNATIONAL CENTER 855 WEST 7TH STREET SUITE 270 RENO, NV 89503	94-2796785	501(C)(3)	6,100				REFUGEE RESETTLEMENT PROGRAM
NORTHERN NEVADA MUSLIM COMMUNITY CENTER PO BOX 1238 SPARKS, NV 89432	88-0184441	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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NOTE-ABLE MUSIC THERAPY SERVICES PO BOX 428 SPARKS, NV 89432	86-1067227	501(C)(3)	15,000				SUPPORT CPG 2017-05
OUR LADY OF THE SNOWS 1138 WRIGHT STREET RENO, NV 89509	90-0111465	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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PACIFIC DIVING ACADEMY USA INC 15064 SHOEMAKER AVENUE SANTA FE SPRINGS, CA 90670	38-3706727	501(C)(3)	13,000				DIVING BOARDS
PARKS AND TRAILS COUNCIL OF MINNESOTA 275 E 4TH STREET SUITE 250 ST PAUL, MN 55101	41-1450303	501(C)(3)	10,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PERSHING COUNTY SCHOOL DISTRICT PO BOX 389 LOVELOCK, NV 89419	88-0263854	501(A) GOV	5,750				SCHOLARSHIP/SPORTS/MUSIC
PLANNED PARENTHOOD COLUMBIA WILLAMETTE 3727 NE MARTIN LUTHER KING JR BLVD PORTLAND, OR 97212	93-6031270	501(C)(3)	40,000				EDUCATION AND OUTREACH IN BEND, OREGON

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PLANNED PARENTHOOD MAR MONTE 455 W FIFTH STREET RENO, NV 89503	94-1583439	501(C)(3)	28,300				GENERAL SUPPORT
PLANNED PARENTHOOD OF THE GREAT NORTHWEST AND THE HAWAIIAN ISLANDS 2001 EAST MADISON STREET SEATTLE, WA 98122	91-0686012	501(C)(3)	20,000				SEATTLE PP/SEATTLE HEALTH CENTER

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RENO CHAMBER ORCHESTRA 925 RIVERSIDE DRIVE SUITE 5 RENO, NV 89503	88-0134278	501(C)(3)	11,081				2017 DISTRIBUTION
RENO LITTLE THEATER 147 E PUEBLO STREET RENO, NV 89502	88-0054639	501(C)(3)	7,423				ANNUAL DISBURSEMENT

**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)	9,500				GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES NORTHERN NEV 323 MAINE STREET RENO, NV 89502	36-2934689	501(C)(3)	22,622				EDWARD ESTIPONA - FRIEND OF THE FOUNDATION



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ROSIES PLACE INC 889 HARRISON AVENUE BOSTON, MA 02118	04-2582187	501(C)(3)	20,000				OPERATING MATCH GIFT
SACRAMENTO REGIONAL FAMILY JUSTICE CENTER FOUNDATION PO BOX 276551 SACRAMENTO, CA 95827	46-4522608	501(C)(3)	10,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SAGE RIDGE SCHOOL 2515 CROSSBOW COURT RENO, NV 89511	86-0852480	501(C)(3)	23,500				OPPORATUNITY FUND
SAINT TERESA OF AVILA CATHOLIC SCHOOL 567 SOUTH RICHMOND STREET CARSON CITY, NV 89703	27-4337666	501(C)(3)	20,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SANTA CLARA UNIVERSITY 500 EL CAMINO REAL SANTA CLARA, CA 95053	94-1156617	501(C)(3)	50,000				MILLER CENTER
SEATTLE PUBLIC SCHOOLS MS 33-343 2445 3RD AVE SOUTH SEATTLE, WA 98124	91-6001541	501(C)(3)	10,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SECOND HARVEST FOOD BANK 750 CURTNER AVENUE SAN JOSE, CA 95125	94-2614101	501(C)(3)	10,000				GENERAL SUPPORT
SIERRA ARTS FOUNDATION 17 S VIRGINIA STREET SUITE 120 RENO, NV 89501	88-0113398	501(C)(3)	15,500				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SIERRA NEVADA COLLEGE 999 TAHOE BLVD INCLINE VILLAGE, NV 89451	88-0121831	501(C)(3)	41,000				MFA-IA SPRING RESIDENCY SCHOLARSHIP
SIERRA NEVADA COMMUNITY AQUATICS PO BOX 11301 RENO, NV 89510	26-2259705	501(C)(3)	23,336				EXISTING POOL REPAIR FUND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SIERRA NEVADA JOURNEYS 190 EAST LIBERTY STREET RENO, NV 89501	01-0881587	501(C)(3)	98,063				#184 WATERSHED EDUCATION INITIATIVE
SMITHSONIAN NATIONAL MUSEUM OF NATURAL HISTOR PO BOX 37012 MRC 135 WASHINGTON, DC 20013	53-0206027	501(C)(3)	18,000				GENERAL FUND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOLACE TREE INC PO BOX 2944 RENO, NV 89505	52-2438607	501(C)(3)	5,500				TRAINING, MATERIALS, AND FUEL
SOLID GROUND WASHINGTON 1501 NORTH 45TH STREET SEATTLE, WA 98103	23-7421892	501(C)(3)	10,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOROPTIMIST INTERNATIONAL OF TRUCKEE MEADOWS PO BOX 20125 RENO, NV 89515	94-2342761	501(C)(3)	22,850				FALL 2017 SCHOLARSHIPS
SOUTHERN PACIFIC ASSOCIATION - UNITED STATES DIVING 40901 ARRON COURT MURRIETA, CA 92562	47-3382363	501(C)(3)	6,000				JUDGING PROGRAM



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	20,000				GENERAL SUPPORT
SPARKS HIGH SCHOOL 820 15TH STREET SPARKS, NV 89431	88-6000919	501(A) GOV	10,000				CHEMISTRY DEPARTMENT SCHOLARSHIPS

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

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ST ALBERT THE GREAT CATHOLIC CHURCH 1259 ST ALBERTS DRIVE RENO, NV 89503	27-4337925	501(C)(3)	11,000				GENERAL SUPPORT
ST PETERSBURG CLUB DIVING INC 4699 CENTRAL AVENUE SUITE 120 ST PETERSBURG, FL 33713	82-0630215	501(C)(3)	14,323				ONE METER STAND & BOARD REPLACEMENT

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

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STANFORD UNIVERSITY - OFFICE OF DEVELOPMENT 326 GALVEZ STREET STANFORD, CA 94305	94-1156365	501(C)(3)	6,150				UNDERGRADUATE EDUCATION, 10TH REUNION CAMPAIGN
STATE OF NEVADA COMMISSION FOR WOMEN 515 E MUSSER STREET DEPT OF ADMIN DIRECTORS OFFICE CARSON CITY, NV 89703	88-6000022	501(C)(3)	6,008				TRAVEL EXPENSES FOR COMMISSIONERS

**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	250,000				#45 2017 HABITAT RESTORATION
STEVENS ELEMENTARY SCHOOL 1242 18TH AVE E SEATTLE, WA 98112	91-6001541	501(C)(3)	10,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SUPERIOR HIKING TRAIL ASSOCIATION 731 SEVENTH AVENUE SUITE 2 TWO HARBORS, MI 55616	41-1569104	501(C)(3)	10,000				GENERAL SUPPORT
SUSANNE AND GLORIA YOUNG FOUNDATION 4260 MEADOWGATE TRAIL RENO, NV 89519	26-3617880	501(C)(3)	104,686				OTHER

**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)	1,962,062				CLOSE FUND
TAHOE-PYRAMID BIKEWAY 4790 CAUGHLIN PARKWAY SUITE 138 RENO, NV 89519	55-0895667	501(C)(3)	36,000				GENERAL SUPPORT

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TANZANIA WILDLIFE & CONSERVATION FUND INC 1913 RR 620 SOUTH SUITE 100 LAKEWAY, TX 78734	47-1982274	501(C)(3)	22,400				CLEAN WATER PROJECT
THE BRIDGE CHURCH 1330 FOSTER DRIVE RENO, NV 89509	88-0089157	501(C)(3)	46,888				GENERAL SUPPORT

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

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THE GREATER HOUSTON COMMUNITY FOUNDATION 5120 WOODWAY DRIVE SUITE 6000 HOUSTON, TX 77056	23-7160400	501(C)(3)	17,000				HURRICANE HARVEY RELIEF FUND
THE HAMLIN SCHOOL 2120 BROADWAY SAN FRANCISCO, CA 94115	94-1393894	501(C)(3)	5,000				CAPITAL CAMPAIGN



**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)	101,000				MATCHING 2 FOR 1 GIFT
THE NATURE CONSERVANCY OF NEVADA ONE EAST 1ST STREET 1007 RENO, NV 89501	53-0242652	501(C)(3)	107,696				#187 LANDSCAPE CONSERVATION FORECASTING

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

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THE SALVATION ARMY- NORTHWEST DIVISION 9050 16TH AVE SW SEATTLE, WA 98106	94-1156347	501(C)(3)	7,000				SEATTLE TEEN GIFT PROGRAM
TRINITY EPISCOPAL CHURCH PO BOX 2246 RENO, NV 89505	88-0073425	501(C)(3)	5,893				CAPITAL FUND

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

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TRUCKEE MEADOWS COMMUNITY COLLEGE FOUNDATION 7000 DANDINI BLVD RDMT 200J RENO, NV 89512	88-0185319	501(C)(3)	11,000				SCHOLARSHIPS FOR 2 FEMALE STUDENTS IN MEDICAL FIELD
TRUCKEE MEADOWS PARKS FOUNDATION 50 COWAN DRIVE RENO, NV 89509	45-4837735	501(C)(3)	9,423				RENO TENNIS CENTER - RESURFACE TENNIS COURTS

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TRUCKEE RIVER WATERSHED COUNCIL PO BOX 8568 TRUCKEE, CA 96162	91-1818748	501(C)(3)	215,000				#192
TURKISH PHILANTHROPY FUNDS INC 216 EAST 45TH STREET 7TH FLOOR NEW YORK, NY 10017	20-8392006	501(C)(3)	10,000				GENERAL SUPPORT

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

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US DIVING FOUNDATION PO BOX 4352 CARMEL, IN 46082	31-1153995	501(C)(3)	272,022				AGREEMENT LETTER - 4/24/17
UNITED WAY OF NORTHERN NEVADA & THE SIERRA 639 ISBELL ROAD SUITE 460 RENO, NV 89509	88-0059327	501(C)(3)	10,418				2017 ANNUAL DISTRIBUTION

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

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UNIVERSITY OF CALIFORNIA DAVIS FOUNDATION - 400 MRAK HALL DRIVE DAVIS, CA 95616	94-6036494	501(C)(3)	6,000				CLASS OF 2012 REUNION - IMMIGRATION LAW CLINIC
UNIVERSITY OF NEVADA - LAS VEGAS FOUNDATION BOX 451006 LAS VEGAS, NV 89154	94-2790134	501(C)(3)	100,000				HARRY REID ENDOWED CHAIR

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

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UNIVERSITY OF NEVADA RENO - BOARD OF REGENTS MAIL STOP 0076 RENO, NV 89557	88-6000024	501(C)(3)	24,900				SULLIVAN MEMORIAL AT UNR POLICE DEPT
UNR FOUNDATION-MORRILL HALL ALUMNI CENTER MAIL STOP 0007 RENO, NV 89557	94-2781749	501(C)(3)	103,069				WILLEM HOUWINK MEMORIAL SCHOLARSHIP ENDOWMENT

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URBAN AGE INSTITUTE 11 7TH STREET PETALUMA, CA 94952	52-2225269	501(C)(3)	5,500				SCHOLARSHIP FUND
URBAN LOTUS PROJECT 3125 IDLEWILD DRIVE RENO, NV 89509	81-0892375	501(C)(3)	5,000				GENERAL SUPPORT



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USA SWIMMING FOUNDATION INC 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909	72-1581977	501(C)(3)	5,000				MAKE A SPLASH
VETERANS GUEST HOUSE INC 880 LOCUST STREET RENO, NV 89502	94-3160109	501(C)(3)	10,200				EXPANSION OF VETERANS GUEST HOUSE

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

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VOLUNTEERS OF AMERICA 335 RECORD STREET SUITE 227 RENO, NV 89512	13-1692595	501(C)(3)	12,600				OPERATION BACKPACK
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.**

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WESTERN NEVADA COLLEGE FOUNDATION 2201 WEST COLLEGE PARKWAY CARSON CITY, NV 89703	88-0283783	501(C)(3)	5,000				JACK C DAVIS SCHOLARSHIP FUND
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	20-0049703	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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WINGS OVER THE ROCKIES AIR & SPACE MUSEUM 7711 EAST ACADEMY BLVD DENVER, CO 80230	84-0931491	501(C)(3)	1,500,000				WINGSPAN CAPITAL CAMPAIGN
WORLD ACROBATICS SOCIETY 11186 BIG CANOE BIG CANOE, GA 30143	52-2065710	501(C)(3)	7,500				GALLERY OF LEGENDS/GOLDEN ACHIEVEMENT ASSISTANCE

**Schedule J**  
**(Form 990)**

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

**2017**

**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 Questions Regarding Compensation**

		Yes	No
<b>1a</b>	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.		
<input type="checkbox"/>	First-class or charter travel		
<input type="checkbox"/>	Travel for companions		
<input type="checkbox"/>	Tax indemnification 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)		
<b>b</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.		
<b>2</b>	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?	Yes	
<b>3</b>	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.		
<input checked="" 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 checked="" type="checkbox"/>	Compensation survey or study		
<input type="checkbox"/>	Approval by the board or compensation committee		
<b>4</b>	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:		
<b>a</b>	Receive a severance payment or change-of-control payment?		No
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b>	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:		
<b>a</b>	The organization?		No
<b>b</b>	Any related organization?		No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b>	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:		
<b>a</b>	The organization?		No
<b>b</b>	Any related organization?		No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		No
<b>8</b>	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.		No
<b>9</b>	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		



**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

**2017**

▶ **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](http://www.irs.gov/form990)**

**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 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
<b>1</b> Art—Works of art . . . . .				
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .				
<b>5</b> Clothing and household goods . . . . .				
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	29	2,216,566	FAIR MARKET VALUE
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( _____ )				
<b>26</b> Other ▶ ( _____ )				
<b>27</b> Other ▶ ( _____ )				
<b>28</b> 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**

	Yes	No
<b>30a</b> 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? . . . . .		No
<b>b</b> If "Yes," describe the arrangement in Part II		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
<b>b</b> If "Yes," describe in Part II		
<b>33</b> 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		



**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](http://www.irs.gov/form990).

**2017**

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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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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

**2017**

**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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION OF WESTERN NEVADA

Employer identification number  
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**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
<b>(1)</b> CFX LLC 50 WASHINGTON STREET SUITE 300 RENO, NV 89503	HOLD PROPERTY	NV			
<b>(2)</b> CFCP LLC 50 WASHINGTON STREET SUITE 300 RENO, NV 89503 20-0310840	HOLD PROPERTY	NV			
<b>(3)</b> CFRSO LLC 50 WASHINGTON STREET SUITE 300 RENO, NV 89503	HOLD PROPERTY	NV			

**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
<b>(1)</b> RAYMOND C RUDE SUPPORTING FOUNDATION 50 WASHINGTON ST RENO, NV 89503	SUPPORTING ORGANIZATION FOR THE COMMUNITY FOUNDATION OF WESTERN NEVADA	NV	501(C)(3)	LINE 12A, I	N/A		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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

**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)