

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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

C Name of organization
Community Foundation of Western Nevada

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
50 Washington Street No 300

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

D Employer identification number
88-0370179

E Telephone number
(775) 333-5499

G Gross receipts \$ 30,374,063

F Name and address of principal officer:
Chris Askin
50 Washington Street No 300
Reno, NV 89503

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 ▶

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

J Website: ▶ NevadaFund.org

K Form of organization: Corporation Trust Association Other ▶

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 community by leading initiatives & community engagement activities as a neutral convener

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | |
|--|---------|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 18 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 18 |
| 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 17 |
| 6 Total number of volunteers (estimate if necessary) | 100 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 0 |
| 7b Net unrelated business taxable income from Form 990-T, line 39 | -22,947 |

| | Prior Year | Current Year |
|---|---------------------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 14,026,197 | 11,697,007 |
| 9 Program service revenue (Part VIII, line 2g) | 0 | 938,958 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 4,314,617 | 2,635,782 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 876,022 | 277,670 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 19,216,836 | 15,549,417 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 12,340,527 | 12,924,759 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 871,550 | 968,454 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 235,587 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 735,862 | 1,008,394 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 13,947,939 | 14,901,607 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 5,268,897 | 647,810 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 120,753,632 | 118,714,753 |
| 21 Total liabilities (Part X, line 26) | 13,156,907 | 10,773,869 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 107,596,725 | 107,940,884 |

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: 2020-11-16

Chris Askin President and CEO
Type or print name and title

Paid Preparer Use Only

| | | | | |
|--|----------------------|------------|---|--------------------------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name ▶ Eide Bailly LLP | | 2020-11-16 | | P01264758 |
| Firm's address ▶ 800 Nicollet Mall Ste 1300 Minneapolis, MN 554027033 | | | Firm's EIN ▶ 45-0250958 | Phone no. (612) 253-6500 |

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 \$ 13,808,659 including grants of \$ 12,924,759) (Revenue \$ 938,958)
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 ▶ 13,808,659

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

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 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 4a, 5a, 6a, 7a, 8, 9a, 10a, 11a, 12a, 13a, 14a, 15, and 16. Each question is followed by a grid for 'Yes', 'No', and a text entry field.

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



Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 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-A 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.
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:

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.

See instructions for the order in which to list the persons above.

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) Chris Askin President and CEO | 40.00 1.00 | | | X | | | | 162,446 | 0 | 12,528 |
| (2) Melissa Tschanz CFO | 40.00 0.00 | | | X | | | | 98,972 | 0 | 7,918 |
| (3) James Pfrommer Board Chair (thru Feb) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (4) Teresa Mentzer Board Vice Chair | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (5) Tyson Cross Secretary | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (6) Leslie Daane Treasurer | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (7) Steve Carrick Trustee | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (8) Barbara Drake Trustee | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (9) Tom Hall Trustee | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (10) Gail Humphreys Trustee | 2.00 1.00 | X | | | | | | 0 | 0 | 0 |
| (11) Nora James Trustee | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (12) Sy Johnson Trustee | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (13) Craig King Trustee | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (14) Cary Lurie Trustee | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (15) Kevin Melcher Trustee | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (16) Susanne Pennington Trustee | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (17) Alicia Reban Trustee | 2.00 0.00 | 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) Janice Rude-Wilson Trustee | 2.00 0.00 | X | | | | | | 0 | 0 | 0 | |
| (19) Beth Schuler Trustee | 2.00 0.00 | X | | | | | | 0 | 0 | 0 | |
| (20) Don Sefton Trustee | 2.00 0.00 | X | | | | | | 0 | 0 | 0 | |
| (21) Lilli Trincherio Trustee | 2.00 0.00 | X | | | | | | 0 | 0 | 0 | |
| (22) Michael Salogga Trustee (thru Aug) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 | |
| (23) Matt Gray Trustee (thru Nov) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 | |
| 1b Sub-Total | | | | | | | | | | | |
| 1c Total from continuation sheets to Part VII, Section A | | | | | | | | | | | |
| 1d Total (add lines 1b and 1c) | | | | | | | | 261,418 | 0 | | 20,446 |

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| Q & D Construction PO Box 10865 Reno, NV 89510 | Construction | 994,703 |
| Group West Construction Inc 495 Apple Street Suite 200 Reno, NV 89502 | Construction | 268,083 |
| Reno Green Landscaping 190 Woodland Ave Reno, NV 89523 | Landscaping | 252,051 |
| Tholl Fence 800 Glendale Ave PO Box 855 Sparks, NV 89432 | Construction | 225,771 |
| Helix Electric 3078 E Sunset Road 9 Las Vegas, NV 89120 | Electrical | 211,728 |

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 **▶ 6**

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|--|--|-------------------------|--|--|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 11,697,007 | | | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | 1g | 1,090,546 | | | | |
| | h Total. Add lines 1a-1f | | | 11,697,007 | | | |
| Program Service Revenue | 2a Nevada Dream Tags | Business Code 900099 | 800,750 | 800,750 | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue. | | 138,208 | 138,208 | | | |
| | g Total. Add lines 2a-2f. | | 938,958 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 2,118,621 | | | 2,118,621 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | (i) Real | 6a | 337,020 | | | |
| | | | 6b | 59,350 | | | |
| | | (ii) Personal | 6c | 277,670 | | | |
| | | | d Net rental income or (loss) | | 277,670 | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | 7a | 15,282,457 | | | |
| | | | 7b | 14,765,296 | | | |
| | | (ii) Other | 7c | 517,161 | | | |
| | | | d Net gain or (loss) | | 517,161 | | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | |
| | b Less: direct expenses | 8b | | | | | |
| | c Net income or (loss) from fundraising events | | | | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | 10b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | Business Code | | | | | | |
| 11a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | | | | | |
| 12 Total revenue. See instructions | | | 15,549,417 | 938,958 | 0 | 2,913,452 | |

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 |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 12,428,761 | 12,428,761 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 495,998 | 495,998 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 174,975 | 69,990 | 69,990 | 34,995 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 650,693 | 260,277 | 260,277 | 130,139 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 39,868 | 15,947 | 15,947 | 7,974 |
| 9 Other employee benefits | 34,888 | 13,955 | 13,955 | 6,978 |
| 10 Payroll taxes | 68,030 | 27,212 | 27,212 | 13,606 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 27,442 | | 27,442 | |
| d Lobbying | 59 | | 59 | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 282,684 | | 282,684 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 76,008 | | 76,008 | |
| 12 Advertising and promotion | 18,581 | 18,581 | | |
| 13 Office expenses | 29,148 | 11,660 | 11,658 | 5,830 |
| 14 Information technology | 72,838 | 29,135 | 29,135 | 14,568 |
| 15 Royalties | | | | |
| 16 Occupancy | 57,013 | 22,805 | 22,805 | 11,403 |
| 17 Travel | 10,903 | 10,903 | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 9,979 | 9,979 | | |
| 20 Interest | 2,515 | 1,006 | 1,006 | 503 |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 39,857 | 15,943 | 15,943 | 7,971 |
| 23 Insurance | 8,100 | 3,240 | 3,240 | 1,620 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a Direct Fund Expenses | 301,616 | 301,616 | | |
| b Initiative Expenses | 21,085 | 21,085 | | |
| c | | | | |
| d | | | | |
| e All other expenses | 50,566 | 50,566 | | |
| 25 Total functional expenses. Add lines 1 through 24e | 14,901,607 | 13,808,659 | 857,361 | 235,587 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year | |
|---|--|--------------------------|-------------|--------------------|-----------|
| Assets | 1 Cash—non-interest-bearing | | 1 | | |
| | 2 Savings and temporary cash investments | 7,256,764 | 2 | 2,574,797 | |
| | 3 Pledges and grants receivable, net | 1,431,000 | 3 | 1,321,855 | |
| | 4 Accounts receivable, net | | 4 | | |
| | 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | | |
| | 7 Notes and loans receivable, net | | 7 | | |
| | 8 Inventories for sale or use | | 8 | | |
| | 9 Prepaid expenses and deferred charges | 24,750 | 9 | 27,625 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 5,775,277 | | | |
| | b Less: accumulated depreciation | 10b 1,082,734 | 6,575,608 | 10c | 4,692,543 |
| | 11 Investments—publicly traded securities | 76,065,695 | 11 | 86,816,040 | |
| | 12 Investments—other securities. See Part IV, line 11 | 14,263,000 | 12 | 7,770,734 | |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | | |
| | 14 Intangible assets | | 14 | | |
| | 15 Other assets. See Part IV, line 11 | 15,136,815 | 15 | 15,511,159 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 120,753,632 | 16 | 118,714,753 | | |
| Liabilities | 17 Accounts payable and accrued expenses | 531,952 | 17 | 761,450 | |
| | 18 Grants payable | 6,588,900 | 18 | 3,424,854 | |
| | 19 Deferred revenue | | 19 | | |
| | 20 Tax-exempt bond liabilities | | 20 | | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 3,023,719 | 23 | 2,001,164 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | 3,012,336 | 25 | 4,586,401 | |
| | 26 Total liabilities. Add lines 17 through 25 | 13,156,907 | 26 | 10,773,869 | |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | |
| | 27 Net assets without donor restrictions | 34,728,047 | 27 | 39,721,004 | |
| | 28 Net assets with donor restrictions | 72,868,678 | 28 | 68,219,880 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | | |
| 32 Total net assets or fund balances | 107,596,725 | 32 | 107,940,884 | | |
| 33 Total liabilities and net assets/fund balances | 120,753,632 | 33 | 118,714,753 | | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 15,549,417 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 14,901,607 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 647,810 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 107,596,725 |
| 5 | Net unrealized gains (losses) on investments | 5 | 8,187,325 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -8,490,976 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 107,940,884 |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | | No |
| 3b | | |

Additional Data

Software ID:

Software Version:

EIN: 88-0370179

Name: Community Foundation of Western Nevada

Form 990 (2019)

Form 990, Part III, Line 4a:

The Community Foundation of Western Nevada strengthens the northern and western Nevada region by encouraging philanthropy in the form of: donor advised funds that make grants to local charities, scholarship funds, endowments for charitable organizations and charitable bequests to benefit our communities.

SCHEDULE A
(Form 990 or 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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Community Foundation of Western Nevada

Employer identification number
88-0370179

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|------------|------------|------------|------------|------------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | 10,083,297 | 19,049,229 | 12,572,864 | 13,717,698 | 11,185,007 | 66,608,095 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge.. | | | | | | |
| 4 Total. Add lines 1 through 3 | 10,083,297 | 19,049,229 | 12,572,864 | 13,717,698 | 11,185,007 | 66,608,095 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 19,112,822 |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 47,495,273 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|------------|------------|------------|------------|------------|------------|
| 7 Amounts from line 4. . . | 10,083,297 | 19,049,229 | 12,572,864 | 13,717,698 | 11,185,007 | 66,608,095 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . | 2,300,909 | 1,830,743 | 2,694,319 | 2,602,888 | 2,455,641 | 11,884,500 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. . . | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . | 320,769 | 294,320 | 396,044 | 787,810 | | 1,798,943 |
| 11 Total support. Add lines 7 through 10 | | | | | | 80,291,538 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 938,958 |

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|----------|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 59.150 % |
| 15 Public support percentage for 2018 Schedule A, Part II, line 14 | 15 | 61.830 % |

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c | Add lines 7a and 7b. | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|---|----------|----------|----------|----------|----------|-----------|
| 9 | Amounts from line 6. | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c | Add lines 10a and 10b. | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2019. 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—2018. 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 |
|------------|--|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 9b | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i> | | |
| | 10b | | |

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|----------|--|-----|----|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) | | |
| 2 | Activities Test. Answer (a) and (b) below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

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

| Section D - Distributions | Current Year |
|--|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|--|---|---|--|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | |
| a From 2014. | | | |
| b From 2015. | | | |
| c From 2016. | | | |
| d From 2017. | | | |
| e From 2018. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015. | | | |
| b Excess from 2016. | | | |
| c Excess from 2017. | | | |
| d Excess from 2018. | | | |
| e Excess from 2019. | | | |

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 |
| |

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Schedule A, Part II, Line 10, Explanation of Other Income: | Miscellaneous - 2015 Amount: \$ 320,769. 2016 Amount: \$ 294,320. 2017 Amount: \$ 396,044. 2018 Amount: \$ 787,810. |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|--|--|
| Name of the organization Community Foundation of Western Nevada | Employer identification number 88-0370179 |
|--|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

| | | (a) | | (b) |
|-----------|---|-----|----|--------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 59 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | | No | |
| j | Total. Add lines 1c through 1i | | | 59 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | | Yes | No |
|----------|---|----------|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | | |
|----------|--|-----------|--|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a | Current year | 2a | |
| b | Carryover from last year | 2b | |
| c | Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation |
|--------------------|--|
| Part II-B, Line 1: | Nick Tscheekar, Community Engagement Officer, spoke to the Nevada Legislature's Senate Committee on Commerce and Labor on April 24, 2019, urging the committee to pass AB 90, a bill regarding sick leave for working family caregivers. The direct contact costs consisted of one hour of commuting to the Nevada Legislature, 15 minutes of testifying, and one hour writing a letter of support on AB 90. |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 |
|---|-------------------------|------------------------------|
| 1 Total number at end of year | 102 | 0 |
| 2 Aggregate value of contributions to (during year) | 7,520,823 | 0 |
| 3 Aggregate value of grants from (during year) | 6,862,944 | 0 |
| 4 Aggregate value at end of year | 45,048,081 | 0 |

- 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 |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 17,340,234 | 11,426,814 | 10,191,814 | 10,274,605 | 8,242,813 |
| b Contributions | 904,423 | 7,736,837 | 1,157,541 | 50,707 | 2,716,657 |
| c Net investment earnings, gains, and losses | 2,654,589 | -1,005,495 | 972,552 | 655,464 | -199,854 |
| d Grants or scholarships | 340,297 | 635,823 | 379,020 | 48,596 | 383,381 |
| e Other expenditures for facilities and programs | 161,402 | 18,445 | 454,052 | 684,642 | 101,624 |
| f Administrative expenses | 169,025 | 163,654 | 62,021 | 55,724 | |
| g End of year balance | 20,228,522 | 17,340,234 | 11,426,814 | 10,191,814 | 10,274,611 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 6.010 %
 - b** Permanent endowment ▶ 93.990 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 3,751,954 | | 3,751,954 |
| b Buildings | | 1,829,296 | 914,482 | 914,814 |
| c Leasehold improvements | | 113,311 | 97,476 | 15,835 |
| d Equipment | | 80,716 | 70,776 | 9,940 |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 4,692,543 |

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 Publicly Traded Stock | 7,131,500 | F |
| (B) LLCs | 639,234 | F |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 7,770,734 | |

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|--|----------------|
| (1) Life Insurance Policies | 82,277 |
| (2) Investment in Real Estate | 15,357,882 |
| (3) Other | 71,000 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | 15,511,159 |

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. (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 4,586,401 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

| | | | | |
|----------|--|-----------|-----------|--|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 : | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | |

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

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

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

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 V, Line 4: | The Foundation's endowments consist of approximately 74 individual funds established by donors to provide annual funding for specific activities and general operations. The Endowment also includes certain net assets without donor restrictions that have been designated for or endowment by the Board of Directors. |

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| Part X, Line 2: | <p>The Foundation is a nonprofit 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; CFRSO, LLC; and Community Housing Land Trust, 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.</p> |

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Community Foundation of Western Nevada

Employer identification number
88-0370179

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| Central America and the Caribbean | 0 | 0 | Investments | | 5,708,000 |
| | | | | | |
| | | | | | |
| | | | | | |
| 3a Sub-total | 0 | 0 | | | 5,708,000 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 5,708,000 |

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|-------------|
| Part III Accounting Method: | |

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|----------------------|---|
| Schedule F, Part IV: | <p>The Foundation reviews its direct and indirect investments during the tax period for determining required foreign filings. The Foundation makes direct and indirect transfers to foreign corporations and foreign partnerships. The Foundation would file Form 926 or Form 8865 if the transfers met the requirements for filing. The Foundation's transfers to foreign corporations did not require filing Form 926. The Foundation's transfers to foreign partnerships did not require filing Form 8865. The Foundation has ownership interests in foreign corporations and foreign partnerships. The Foundation would file Form 5471 or Form 8865 if the ownership met the requirements for filing. The Foundation's ownership in foreign corporations did not require filing Form 5471. The Foundation's ownership in foreign partnerships did not require filing Form 8865. The Foundation invests in partnerships that hold direct or indirect interests in passive foreign investment companies (PFICs). The Foundation would file Form 8621s for underlying investments that generate unrelated business income. The Foundation would not file Form 8621s where the investment partnerships have properly filed Form 8621s, or where the underlying investments did not generate any unrelated business income. The Foundation did not require filing Form 8621.</p> |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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 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.

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 noncash 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 143
3 Enter total number of other organizations listed in the line 1 table 0

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 | 154 | 495,998 | | | |
| (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. The scholarships are paid directly to the schools. The student is required to return the acceptance letter along with an attendance record to complete the scholarship process. |

Additional Data

Software ID:
Software Version:
EIN: 88-0370179
Name: Community Foundation of Western Nevada

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Active Mind 2001 S Street NW Washington, DC 20009 | 20-0587172 | 501(C)(3) | 15,000 | | | | General Support |
| Advocates to End Domestic Violence PO Box 2529 Carson City, NV 89702 | 94-2665387 | 501(C)(3) | 9,222 | | | | General support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Air Force Association 1501 Lee Highway Arlington, VA 22209 | 52-6043929 | 501(C)(3) | 50,000 | | | | Mitchell Institute Aerospace Studies |
| American Cancer Society 630 Sierra Rose Drive 1A Reno, NV 89511 | 13-1788491 | 501(C)(3) | 9,222 | | | | Programs in Carson City area |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| American Heart Association 155 Country Estates Circle 200 Reno, NV 89511 | 13-5613797 | 501(C)(3) | 13,022 | | | | Programs in Carson City area |
| American Media Council Inc 1621 Central Avenue Cheyenne, WY 82001 | 82-3235497 | 501(C)(3) | 180,000 | | | | Outreach expansion |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Animal Ark PO Box 60057 Reno, NV 89506 | 94-2991026 | 501(C)(3) | 35,000 | | | | For the new cheetah project |
| Artown 528 West 1st Street Reno, NV 89503 | 88-0412311 | 501(C)(3) | 13,000 | | | | General Support |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Awaken INC PO Box 40635 Reno, NV 89504 | 38-3843380 | 501(C)(3) | 24,000 | | | | General Support |
| Bertschi School 2227 Tenth Avenue East Seattle, WA 98102 | 91-0975541 | 501(C)(3) | 8,000 | | | | General Support |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Bethlehem Lutheran School 1837 Mountain St Carson City, NV 897032439 | 88-0102261 | 501(C)(3) | 15,000 | | | | Tuition Assistance |
| Bishop Manogue High School Development Office Development Office Reno, NV 89511 | 90-0111463 | 501(c)(3) | 6,000 | | | | General Support |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Boy Scouts of America Nevada Area Council 500 Double Eagle Court Reno, NV 89511 | 88-0059912 | 501(C)(3) | 75,000 | | | | Annual Gift |
| Boys & Girls Club of the Peninsula 401 Pierce Road Menlo Park, CA 94025 | 94-1552134 | 501(C)(3) | 27,500 | | | | General support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Boys and Girls Club of Truckee Meadows 2680 E Ninth Street Reno, NV 89512 | 88-0142068 | 501(C)(3) | 93,500 | | | | General Support |
| Bring Change to Mind 155 Sansome Street Suite 530 San Francisco, CA 94104 | 01-0974537 | 501(C)(3) | 6,000 | | | | General Support |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Carson City Parks & Recreation 3303 Butti Way Building 9 Carson City, NV 89701 | | 501(a) Gov | 10,000 | | | | #60 Carson River Canyon Rifle Range |
| Carson Valley Community Food Closet PO Box 2911 Gardnerville, NV 89410 | 88-0258742 | 501(C)(3) | 9,000 | | | | Hygiene Program |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Carson-Tahoe Health Foundation PO Box 2168 Carson City, NV 89702 | 88-0502320 | 501(C)(3) | 46,000 | | | | Nurse Continuing Education |
| Catamount Fund Catamount Enterprises LLC 100 W Liberty Street 10th Floor Reno, NV 89501 | 88-0370686 | 501(C)(3) | 125,000 | | | | General support |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Catholic Charities of Northern Nevada PO Box 5099 Reno, NV 89503 | 88-0339754 | 501(C)(3) | 23,500 | | | | General Support |
| Cazenovia College 22 Sullivan Street Cazenovia, NY 13035 | 15-0543658 | 501(C)(3) | 18,000 | | | | 1824 Society |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Center for Healthy Aging 11 Fillmore Way Reno, NV 89519 | 37-1581035 | 501(C)(3) | 15,080 | | | | General support |
| Child Assault Prevention (CAP) Project of Was 122 Ridge Street Suite B Reno, NV 89501 | 88-0208611 | 501(C)(3) | 6,000 | | | | General support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Children In Transition 535 E Plumb Lane Reno, NV 89502 | 88-6000919 | 501(c)(3) | 95,500 | | | | The Giving Circle Fund |
| City of Reno PO Box 1900 Reno, NV 89505 | 88-6000201 | 501(a) Gov | 56,713 | | | | PRCS Fee Swim Week 2019 |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| City of Reno Police Department 455 East Second Street Reno, NV 89505 | | 501(a) Gov | 53,145 | | | | SWAT equipment |
| CoachArt 312 Arizona Ave Santa Monica, CA 90401 | 94-3389547 | 501(C)(3) | 40,000 | | | | General support |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Community Health Alliance 680 South Rock Blvd Reno, NV 89502 | 88-0293149 | 501(C)(3) | 8,000 | | | | General Support |
| Concord Academy Advancement Office Concord, MA 01742 | 04-1200600 | 501(C)(3) | 100,000 | | | | Centennial Campaign |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Cornell University Cornell University Scholarship Division PO Box 752 Ithaca, NY 14851 | 15-0532082 | 501(C)(3) | 10,000 | | | | Class of 1979 40th Reunion Tower Club |
| Deerfield Academy PO Box 306 Deerfield, MA 01342 | 04-2103563 | 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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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Diocese of Reno 290 S Arlington Avenue Reno, NV 89501 | 88-0338219 | 501(C)(3) | 40,500 | | | | Catholic Service Appeal |
| Doctors Without Borders USA Inc 40 Rector Street New York, NY 10006 | 13-3433452 | 501(C)(3) | 16,200 | | | | General Support |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Douglas County Sheriffs Advisory Council PO Box 1002 Minden, NV 89423 | 20-1308918 | 501(C)(3) | 10,000 | | | | General Support |
| Earthjustice 50 California Street San Francisco, CA 94111 | 94-1730465 | 501(C)(3) | 10,000 | | | | Sandler Match |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Eddy House PO Box 6207 Reno, NV 89513 | 45-3023511 | 501(C)(3) | 32,300 | | | | General Support |
| Emory University 1762 Clifton Road Suite 1400 MS 0970-001-8AA Atlanta, GA 30322 | 58-0566256 | 501(C)(3) | 10,000 | | | | Goizueta Business School |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Excel Christian School 850 Baring Blvd Sparks, NV 89434 | 47-0926478 | 501(C)(3) | 25,000 | | | | General Support |
| FISH-Friends in Service Helping 138 E Long Street Carson City, NV 89706 | 94-2590904 | 501(C)(3) | 9,222 | | | | General support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Food Bank of Northern Nevada 550 Italy Drive McCarran, NV 89434 | 94-2924979 | 501(C)(3) | 35,900 | | | | General support |
| Foundation for Excellence at Woodland Christian School 1787 Matmor Road Woodland, CA 95776 | 31-1715318 | 501(C)(3) | 2,500,000 | | | | Our Future is Now Campaign |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Friends of KEXP Radio 903 FM 472 1st Ave N Seattle, WA 98109 | 91-2061474 | 501(C)(3) | 6,667 | | | | General Support |
| Friends of Nevada Wilderness PO Box 9754 Reno, NV 89507 | 88-0211763 | 501(C)(3) | 24,094 | | | | #219 Weed monitoring/Treatment #7 |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| Friends of Washoe County Library PO Box 7103 Reno, NV 89510 | 94-2747114 | 501(C)(3) | 10,750 | | | | Give the Gift of Reading Campaign - Matching grant |
| Fun Camp Inc PO Box 40505 Reno, NV 89504 | 94-3152378 | 501(C)(3) | 52,000 | | | | Scholarships |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Great Basin Institute 16750 Mount Rose Highway Reno, NV 89511 | 88-0431016 | 501(C)(3) | 69,832 | | | | #222 Galena Creek |
| Great Basin National Park Foundation PO Box 181 Baker, NV 89311 | 88-0407290 | 501(C)(3) | 150,000 | | | | Programs & Projects of GBNPF |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GVNGORG 907 Westwood Blvd Suite 414 Los Angeles, CA 90024 | 81-2446261 | 501(C)(3) | 10,000 | | | | Ignite Mental Health |
| Half the Story 3954 Garden Avenue Western Springs, IL 60558 | 82-5231180 | 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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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Hela Bima World PO Box 3390 Stateline, NV 89449 | 46-3987940 | 501(C)(3) | 100,000 | | | | Rice Project |
| Historic Fourth Ward School Foundation PO Box 4 Virginia City, NV 89440 | 88-0463462 | 501(C)(3) | 7,533 | | | | Historic Building Repairs |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Holy Cross Catholic Church 5950 Vista Blvd Sparks, NV 89436 | 27-4337740 | 501(C)(3) | 6,000 | | | | General Support |
| Horizon Christian Church 1995 East Prater Way Sparks, NV 89434 | 30-0313994 | 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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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Immaculate Conception and St Joseph Parish 1107 N Orleans Street Chicago, IL 60610 | 36-2171711 | 501(C)(3) | 10,000 | | | | General Support |
| Keep Truckee Meadows Beautiful PO Box 7412 Reno, NV 89510 | 88-0254957 | 501(C)(3) | 145,985 | | | | TRF #224 Spring Community Cleanup |

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 Las Vegas, NV 89109 | 46-4075622 | 501(C)(3) | 5,197 | | | | Stock Gift from Daniel Hamilton |
| Kiddie Hawk Air Academy 4 West Dry Creek Circle Littleton, CO 80120 | 84-1482078 | 501(C)(3) | 100,000 | | | | Living Legends of Aviation Awards |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| KUNR FM 887 University of Nevada University of Nevada-Reno Reno, NV 89557 | 94-2781749 | 501(C)(3) | 7,300 | | | | General support |
| League to Save Lake Tahoe 2608 Lake Tahoe Blvd South Lake Tahoe, CA 96150 | 94-6128680 | 501(C)(3) | 5,450 | | | | General Support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Lexington Institute 1600 Wilson Blvd Arlington, VA 22209 | 54-1880642 | 501(C)(3) | 60,000 | | | | General Support |
| LifePointe Church 1616 West Street Woodland, CA 95695 | 94-2166313 | 501(C)(3) | 5,500 | | | | \$1500 GCA-CBC Fund |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Make a Wish Foundation 2800 Club Center Drive Sacramento, CA 95835 | 68-0027351 | 501(C)(3) | 14,922 | | | | General Support |
| Massachusetts Institute of Technology 77 Massachusetts Avenue Cambridge, MA 02139 | 04-2103594 | 501(C)(3) | 100,500 | | | | MIT Beaverworks Summer Institute |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| May Arboretum Society PO Box 6225 Reno, NV 89513 | 88-0205838 | 501(C)(3) | 80,471 | | | | General Support |
| 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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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| National World War II Museum 945 Magazine Street New Orleans, LA 70130 | 72-1200790 | 501(C)(3) | 270,000 | | | | Patriot Circle Membership |
| Nevada Discovery Museum 490 S Center Street Reno, NV 89501 | 61-1474845 | 501(C)(3) | 5,500 | | | | General Support |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Nevada Historical Society 1650 N Virginia Street Reno, NV 89503 | 94-2957524 | 501(C)(3) | 20,000 | | | | Materials for research library |
| Nevada Humanitie PO Box 8029 Reno, NV 89507 | 23-7358959 | 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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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Nevada Land Trust PO Box 20288 Reno, NV 89515 | 88-0287591 | 501(C)(3) | 127,476 | | | | General Support |
| Nevada Military Support Alliance 3891 Warren Way Reno, NV 89509 | 27-1095956 | 501(C)(3) | 25,250 | | | | Nevada's Masquerade event |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Nevada Museum of Art 160 W Liberty Street Reno, NV 89501 | 88-6003042 | 501(C)(3) | 16,500 | | | | General Support |
| Nevada Policy Research Institute 7130 Placid Street Las Vegas, NV 89119 | 88-0276314 | 501(C)(3) | 25,000 | | | | General Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Nevada Women's Fund 770 Smithridge Drive Suite 300 Reno, NV 89502 | 94-2860375 | 501(C)(3) | 26,037 | | | | General Support |
| Northern Nevada Children's Cancer Foundation 3550 Barron Way 9A Reno, NV 89511 | 20-8623503 | 501(C)(3) | 25,000 | | | | Financial Support to Families in Need |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Northern Nevada Dream Center PO Box 2666 Carson City, NV 89702 | 47-1124003 | 501(C)(3) | 10,000 | | | | Motel Outreach |
| Northern Nevada HOPES 580 W Fifth Street Reno, NV 89503 | 86-0865357 | 501(C)(3) | 31,807 | | | | General Support |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Northern Nevada Literacy Council 1400 Wedekind Road Reno, NV 89512 | 88-0208520 | 501(C)(3) | 8,000 | | | | Family Reading Program |
| PACER Center 8161 Normandale Blvd Minneapolis, MN 55437 | 41-1306304 | 501(C)(3) | 10,000 | | | | General Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| PBS Reno 1670 N Virginia Street Reno, NV 89503 | 88-0172215 | 501(C)(3) | 35,700 | | | | General support |
| Planned Parenthood Columbia Willamette 3727 NE Martin Luther King Jr Blvd Portland, OR 97212 | 93-6031270 | 501(C)(3) | 40,000 | | | | \$20k education; \$20k Bend Office Operating |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Planned Parenthood Mar Monte 1605 The Alameda San Jose, CA 95126 | 94-1583439 | 501(C)(3) | 28,000 | | | | Annual Campaign |
| Primavera Foundation Inc 151 W 40th Street Tucson, AZ 85713 | 86-0733182 | 501(C)(3) | 7,500 | | | | General Support |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Project Helping 8811 E Hampden Ave Suite 214 Denver, CO 80231 | 45-2442366 | 501(C)(3) | 10,000 | | | | General Support |
| Reno Chamber Orchestra 925 Riverside Drive Reno, NV 89503 | 88-0134278 | 501(C)(3) | 12,280 | | | | 2018 Distribution |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Reno Rotary Foundation PO Box 1750 Reno, NV 89505 | 88-0287496 | 501(C)(3) | 167,769 | | | | Community Service Projects/Scholarships |
| Reno Sparks Gospel Mission PO Box 5956 Reno, NV 89513 | 88-6005643 | 501(C)(3) | 24,200 | | | | General Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Renown Health Foundation 1155 Mill Street Reno, NV 89502 | 94-2972749 | 501(C)(3) | 34,000 | | | | Children's Miracle Network Programs/Equipment |
| Road Warrior Foundation 2581 Washington Rd Suite 225 Pittsburg, PA 15241 | 46-4226957 | 501(C)(3) | 7,000 | | | | Rehab of DoD Wounded Warriors |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Rosies Place Inc 889 Harrison Avenue Boston, MA 02118 | 04-2582187 | 501(C)(3) | 15,000 | | | | Emergency Shelter stays |
| Sacramento Region Community Foundation 740 University Avenue Sacramento, CA 95825 | 94-2891517 | 501(C)(3) | 25,000 | | | | Bucher Family Charitable |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Sage Ridge School 2515 Crossbow Court Reno, NV 89511 | 86-0852480 | 501(C)(3) | 40,000 | | | | Capital Campaign & Annual Fund |
| Saint Teresa of Avila Catholic School 567 South Richmond Street Carson City, NV 89703 | 27-4337666 | 501(c)(3) | 22,000 | | | | General Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Santa Clara University 500 El Camino Real Santa Clara, CA 95053 | 94-1156617 | 501(C)(3) | 63,500 | | | | Behind the Scenes Videos |
| Seattle Public Schools MS 33-343 Seattle, WA 98124 | 91-6001541 | 501(c)(3) religious, | 10,000 | | | | General Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Sertoma Inc PO Box 1546 Minden, NV 89423 | 20-1318250 | 501(C)(3) | 11,000 | | | | 2019 CV Sertoma Coat Drive |
| Sierra Association of Foster Families 1301 Cordone Avenue Reno, NV 89502 | 94-3136848 | 501(C)(3) | 7,000 | | | | Support Aged Out Foster Youth |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Sierra Club Foundation 2101 Webster Street Suite 1250 Oakland, CA 94612 | 94-6069890 | 501(C)(3) | 10,000 | | | | Toiyabe Chapter |
| Sierra Nevada Journeys 190 East Liberty Street Reno, NV 89501 | 01-0881587 | 501(C)(3) | 145,015 | | | | #223 Watershed Education Initiave |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Sisters of Saint Joseph of Carondelet 11999 Chalon Road Los Angeles, CA 90049 | 94-1605666 | 501(C)(3) | 10,000 | | | | General Support |
| Smithsonian Institution NASM Office of Advancement MRC 522 Washington, DC 20560 | 53-0206027 | 501(C)(3) | 19,000 | | | | NASM 2020 Trophy Awards |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Smithsonian National Museum of Natural History PO Box 37012 Washington, DC 20013 | 53-0206027 | 501(C)(3) | 18,000 | | | | Gem Collection |
| Soroptimist International of the Americas 1709 Spruce Street Philadelphia, PA 19103 | 23-2154856 | 501(C)(3) | 40,446 | | | | #GivingTuesday #GIveDreams Campaign |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| St Albert the Great Catholic Church 1259 St Alberts Drive Reno, NV 89503 | 27-4337925 | 501(C)(3) | 6,000 | | | | General Support |
| Stanford University - Office of Development 326 Galvez Street Stanford, CA 94305 | 94-1156365 | 501(C)(3) | 39,000 | | | | \$25k Stanford Cancer; \$5k Melanoma Research Fund |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| State of Nevada Department of Wildlife 6980 Sierra Center Pkwy 120 Reno, NV 89511 | 88-6000022 | 501(a) Gov | 33,160 | | | | #61 Cave Valley Ranch |
| Step 2 3700 Safe Harbor Way Reno, NV 89512 | 94-3025207 | 501(C)(3) | 16,000 | | | | General Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Step-1 Inc 1015 N Sierra Street Reno, NV 89503 | 88-0283683 | 501(C)(3) | 10,000 | | | | General Support |
| Stephens College 1200 E Broadway Columbia, MO 65215 | 43-0670936 | 501(C)(3) | 20,287 | | | | Emphasis on Excellence Scholarship |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Susanne and Gloria Young Foundation 510 W Plumb Ln Ste B Reno, NV 895093693 | 26-3617880 | 501(C)(3) | 42,000 | | | | Year-End 2019 Expenses |
| Susanne and Gloria Young Foundation 510 W Plumb Ln Ste B Reno, NV 895093693 | 26-3617880 | 501(C)(3) | 67,153 | | | | Fall 2019 Grant |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Tahoe-Pyramid Trail 4790 Caughlin Parkway Reno, NV 89519 | 55-0895667 | 501(C)(3) | 22,750 | | | | General Support |
| Tanzania Wildlife & Conservation Fund Inc 1913 RR 620 South Lakeway, TX 78734 | 47-1982274 | 501(C)(3) | 10,000 | | | | Tuition Assistance, UoI in Tanzania |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Temple Sinai 3405 Gulling Rd Reno, NV 89503 | 88-0203508 | 501(C)(3) | 7,560 | | | | General Support |
| The Bridge Church 1330 Foster Drive Reno, NV 89509 | 88-0089157 | 501(C)(3) | 37,232 | | | | General Fund |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| The Hamlin School 2120 Broadway San Francisco, CA 94115 | 94-1393894 | 501(C)(3) | 6,800 | | | | General Support |
| The Harrah Automobile Foundation 10 South Lake Street Reno, NV 89501 | 94-2777978 | 501(C)(3) | 124,000 | | | | Annual Meeting Expenses |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| The Hayek Group PO Box 18576 Reno, NV 89511 | 46-4489924 | 501(C)(3) | 7,000 | | | | Site license for Financial Peace |
| The Nature Conservancy of Nevada One East 1st Street 1007 Reno, NV 89501 | 53-0242652 | 501(C)(3) | 578,100 | | | | #227 Truckee River Watershed - Phase 2 |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| The Northwest School 1415 Summit Ave Seattle, WA 98122 | 91-1061146 | 501(C)(3) | 8,000 | | | | General support |
| The Ridge House 900 West 1st Street Reno, NV 89503 | 94-2838340 | 501(C)(3) | 5,500 | | | | General Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Tipping Point Community 1756 Union St San Francisco, CA 94123 | 20-2121739 | 501(C)(3) | 30,000 | | | | General Support |
| Tracy's Kids Inc 5509 Devon Road Bethesda, MD 20814 | 26-3835257 | 501(C)(3) | 60,000 | | | | General support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Trinity Episcopal Cathedral PO Box 2246 Reno, NV 89505 | 88-0073425 | 501(c)(3) | 8,890 | | | | \$2500 For Campaign; Remainder General |
| Truckee Meadows Community College Foundation 7000 Dandini Blvd Reno, NV 89512 | 88-0185319 | 501(C)(3) | 31,321 | | | | 1971 Society |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Truckee Meadows Parks Foundation 50 Cowan Dr Reno, NV 895091009 | 45-4837735 | 501(C)(3) | 174,026 | | | | #62 Nature Study Area |
| Truckee River Watershed Council PO Box 8568 Truckee, CA 96162 | 91-1818748 | 501(C)(3) | 180,250 | | | | #216 McIver Dairy Meadow Restoration |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Two Top Mountain Adaptive Sports Foundation 10914 Claylick Road Mercersburg, PA 17236 | 26-0466490 | 501(C)(3) | 10,000 | | | | General Support |
| UNICEF 101 Montgomery Street San Francisco, CA 94104 | 13-1760110 | 501(C)(3) | 25,000 | | | | General Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| United States Diving Foundation Inc PO Box 4352 Carmel, IN 46082 | 31-1153995 | 501(C)(3) | 527,804 | | | | 6 grants |
| United Way of Northern Nevada & the Sierra 639 Isbell Road Reno, NV 89509 | 88-0059327 | 501(C)(3) | 5,650 | | | | 2018 Distribution |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNR Foundation - Development & Alumni Relations 1664 N Virginia Street Reno, NV 89557 | 94-2781749 | 501(C)(3) | 112,600 | | | | McIntosh McClure Scholarship |
| Urban Roots Garden Classrooms 100 Vine Street Reno, NV 89503 | 01-0944615 | 501(C)(3) | 7,700 | | | | Camp Scholarships |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Utah Film Center 50 West Broadway Suite 1125 Salt Lake City, UT 84101 | 75-3077559 | 501(C)(3) | 25,000 | | | | Belly of the Beast |
| Volunteers of America 335 Record Street Reno, NV 89512 | 13-1692595 | 501(C)(3) | 5,500 | | | | Operation Backpack |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Volunteers of America 3434 Marconi Avenue Sacramento, CA 95821 | 94-6001984 | 501(C)(3) | 3,386,636 | | | | In recognition of the Shelter From the Storm Fundraiser |
| Washoe CASA Foundation PO Box 948 Reno, NV 89504 | 94-2991444 | 501(C)(3) | 5,500 | | | | James' Special Day |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Washoe County Parks and Recreation 1001 E 9th Street Reno, NV 89512 | 88-6000138 | 501(a) Gov | 45,000 | | | | #220 Weed Treatment |
| Washoe County School District AVID Program 380 Edison Way Suite 101 Reno, NV 89502 | 88-6000919 | 501(C)(3) | 5,500 | | | | Sparks Middle School |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Washoe K-12 Education Foundation 1019 LaRue Avenue Reno, NV 89509 | 45-2488886 | 501(C)(3) | 168,269 | | | | AVID Programming at Sparks Schools |
| Western Nevada College Foundation Bristlecone Building 145 Carson City, NV 89703 | 88-0283783 | 501(C)(3) | 20,255 | | | | Reach for the Stars Gala |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Women's Alzheimer's Movement 11440 San Vicente Boulevard Los Angeles, CA 90049 | 45-1837864 | 501(C)(3) | 10,000 | | | | Purple Luncheon |

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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

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 | | | | | | | | |
|--|---|--|--|--|---|---|---|--|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | |
| <p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p> | 1b | | | | | | | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p> | 2 | | | | | | | | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | | | | | | | | |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| <p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4a | No | | | | | | | | |
| | 4b | No | | | | | | | | |
| | 4c | No | | | | | | | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5a | No | | | | | | | | |
| | 5b | No | | | | | | | | |
| <p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6a | No | | | | | | | | |
| | 6b | No | | | | | | | | |
| <p>7 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.</p> | 7 | No | | | | | | | | |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p> | 8 | No | | | | | | | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | | | | | | |

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 |
|------------------|-------------|
|------------------|-------------|

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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 |
|---|----------------------------|---|--|---|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 2 | 1,013,500 | Fair Market Value |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| Bldg Supplies for Affordable Housing | X | 1 | 77,046 | Fair Market Value |
| 25 Other ▶ (Project) | | | | |
| 26 Other ▶ () | | | | |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** Yes No

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

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** Yes No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** Yes No

b If "Yes," describe in Part II.

33 If the organization didn't 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 |
|---------------------|---|
| Part I, Column (b): | The number in column (b) represents the number of donors. |

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

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 A, line 1 | The Foundation Executive Committee consists of the Board of Officers, the Chairs of each Committee, and the Past President. The Executive Committee has broad authority on behalf of the board of directors. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Section A, line 4 | The organization amended its bylaws to allow the board of trustees to set the number of individuals on the board of trustees. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section B, line 11b | <p>Upon receipt of the Form 990 from the auditing firm, the Foundation's CEO and CFO 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 the next scheduled meeting.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section B, line 12c | <p>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.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| Form 990, Part VI, Section B, line 15 | <p>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 CEO's 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.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|---|
| Form 990, Part VI, Section C, line 19 | The Foundation maintains copies of all governing documents, policies, tax returns, and financial audits in the office and makes copies available to any person who requests a copy. Additionally, all policies as well as the tax return are posted on the Foundation's website as well as Guidestar's website. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------|---|
| Form 990, Part XI, line 9: | Change in Value of Split Interest Arrangement 1,757,130. Adjustment to Eliminate Raymond C Rude Foundation from Net Assets -10,248,106. |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization

Community Foundation of Western Nevada

Employer identification number

88-0370179

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|--|
| (1) CFX LLC 50 WASHINGTON STREET SUITE 300 RENO, NV 89503 | HOLD PROPERTY | NV | 107,255 | 2,220,058 | Community Foundation of Western Nevada |
| (2) CFCP LLC 50 WASHINGTON STREET SUITE 300 RENO, NV 89503 20-0310840 | HOLD PROPERTY | NV | 325,202 | 15,062,330 | Community Foundation of Western Nevada |
| (3) CFRSO LLC 50 WASHINGTON STREET SUITE 300 RENO, NV 89503 | HOLD PROPERTY | NV | -73,325 | 725,182 | Community Foundation of Western Nevada |
| | | | | | |
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| | | | | | |

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 |
| (1) 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 | Community Foundation of Western Nevada | Yes | |
| | | | | | | | |
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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 | |
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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 |
| | | | | | | | | | |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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 |
|-------------------------------------|-------------------------------|------------------------|--|
| | | | |
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Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|-------------------------|--------------------|
| | |