

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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 300 City or town, state or province, country, and ZIP or foreign postal code RENO, NV 89503 F Name and address of principal officer: CHRIS ASKIN SAME AS C ABOVE	D Employer identification number 88-0370179 E Telephone number 775-333-5499 G Gross receipts \$ 20,991,824. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ NEVADAFUND.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1998 M State of legal domicile: NV		

Part I Summary

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

Part II Signature Block

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

Sign Here	Signature of officer CHRIS ASKIN, PRESIDENT AND CEO Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name ELISABETH FARLEY	Preparer's signature ELISABETH FARLEY	Date 11/10/17	Check if self-employed <input type="checkbox"/>	PTIN P00520516
	Firm's name ▶ KOHN & COMPANY LLP Firm's address ▶ 5310 KIETZKE LANE, SUITE 101 RENO, NV 89511	Firm's EIN ▶ 46-3281627	Phone no. 775-828-7300		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 6,763,726. including grants of \$ 6,024,747.) (Revenue \$ 111,852.) 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.

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

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

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

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O check

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (18); 1b Enter the number of voting members included in line 1a, above, who are independent (18); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: CHRIS ASKIN - 775-333-5499 50 WASHINGTON ST, STE 300, RENO, NV 89503

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDA SMITH TRUSTEE	2.00	X						0.	0.	0.
(2) BUTCH ANDERSON TRUSTEE/AUDIT COMMITTEE - CHAIR	2.00	X						0.	0.	0.
(3) THOMAS HALL TRUSTEE/IMMEDIATE PAST BOA	2.00	X						0.	0.	0.
(4) TERESA MENTZER BOARD VICE CHAIR	2.00	X		X				0.	0.	0.
(5) LILLI TRINCHERO TRUSTEE	2.00	X						0.	0.	0.
(6) MATTHEW GRAY BOARD SECRETARY	2.00	X		X				0.	0.	0.
(7) REBECCA DICKSON TRUSTEE	2.00	X						0.	0.	0.
(8) CRAIG KING TRUSTEE	2.00	X						0.	0.	0.
(9) SUSANNE PENNINGTON TRUSTEE	2.00	X						0.	0.	0.
(10) CARY LURIE TRUSTEE	2.00	X						0.	0.	0.
(11) JAMES PFROMMER BOARD CHAIR	2.00	X		X				0.	0.	0.
(12) GAIL HUMPHREYS TREASURER	2.00	X		X				0.	0.	0.
(13) NORA JAMES TRUSTEE	2.00	X						0.	0.	0.
(14) JAN RUDE-WILLSON TRUSTEE	2.00	X						0.	0.	0.
(15) RAY GONZALEZ TRUSTEE	2.00	X						0.	0.	0.
(16) BARBARA DRAKE TRUSTEE	2.00	X						0.	0.	0.
(17) ALICIA REBAN TRUSTEE	2.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

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

Check here 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 X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	10,901,633.	2	13,586,587.
	3 Pledges and grants receivable, net	130,919.	3	879,122.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	13,276.	9	2,050.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,998,018.		
	b Less: accumulated depreciation	10b 841,265.	1,073,373.	10c 1,156,753.
	11 Investments - publicly traded securities	64,579,724.	11	76,894,894.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	76,698,925.	16	92,519,406.	
Liabilities	17 Accounts payable and accrued expenses	314,261.	17	73,907.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,249,426.	25	7,565,137.
	26 Total liabilities. Add lines 17 through 25	7,563,687.	26	7,639,044.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	19,937,040.	27	29,414,066.
	28 Temporarily restricted net assets	32,243,712.	28	37,371,866.
	29 Permanently restricted net assets	16,954,486.	29	18,094,430.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	69,135,238.	33	84,880,362.
34 Total liabilities and net assets/fund balances	76,698,925.	34	92,519,406.	

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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?	X	
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?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2016)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,285,844.	8,152,812.	10,017,018.	10,083,297.	19,049,229.	67,588,200.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	20,285,844.	8,152,812.	10,017,018.	10,083,297.	19,049,229.	67,588,200.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						15,705,611.
6 Public support. Subtract line 5 from line 4.						51,882,589.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	20,285,844.	8,152,812.	10,017,018.	10,083,297.	19,049,229.	67,588,200.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	1,297,759.	1,349,598.	1,712,051.	2,300,909.	1,830,743.	8,491,060.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	568,794.	649,942.	484,625.	320,769.	294,320.	2,318,450.
11 Total support. Add lines 7 through 10						78,397,710.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	66.18 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	52.36 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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 in line 12 on 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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
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>		
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>		
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>		
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>		
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>		
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 10b below.</i>		
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>		

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? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

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? 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.		
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? 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.		
1		
2		

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)? 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).		
1		

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

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.		Yes	No
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? 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.			
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? 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.			
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? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

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

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

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

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

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

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

COMMUNITY FOUNDATION OF WESTERN NEVADA

Employer identification number

88-0370179

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization COMMUNITY FOUNDATION OF WESTERN NEVADA	Employer identification number 88-0370179
---	---

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	STOCK _____ _____ _____	\$ 1,010,955.	11/22/16
2	STOCK _____ _____ _____	\$ 1,521,206.	09/20/16
4	STOCK _____ _____ _____	\$ 1,521,206.	08/09/16
6	STOCK _____ _____ _____	\$ 1,037,348.	12/15/16
11	STOCK _____ _____ _____	\$ 1,883,840.	11/23/16
13	STOCK _____ _____ _____	\$ 405,307.	12/30/16

Name of organization COMMUNITY FOUNDATION OF WESTERN NEVADA	Employer identification number 88-0370179
---	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF WESTERN NEVADA **Employer identification number** 88-0370179

Part I 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		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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

▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

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

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

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

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

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

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

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

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

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

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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,274,611.	8,242,813.	8,545,261.	7,520,543.	6,927,695.
b Contributions	50,707.	2,716,657.	41,551.	287,623.	704,431.
c Net investment earnings, gains, and losses	655,464.	-199,854.	138,245.	1,094,256.	673,893.
d Grants or scholarships	48,596.	383,381.	419,189.	298,591.	738,261.
e Other expenditures for facilities and programs	203,927.	101,624.	63,055.	58,570.	47,215.
f Administrative expenses					
g End of year balance	10,728,259.	10,274,611.	8,242,813.	8,545,261.	7,520,543.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 31.00 %
- b Permanent endowment 68.00 %
- c Temporarily restricted endowment 1.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations		<input checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,829,296.	770,777.	1,058,519.
d Equipment		168,722.	70,488.	98,234.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,156,753.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	22,495,716.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,191,871.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-95,806.
e	Add lines 2a through 2d	2e	2,096,065.
3	Subtract line 2e from line 1	3	20,399,651.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	563,313.
c	Add lines 4a and 4b	4c	563,313.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	20,962,964.

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

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

1	Total expenses and losses per audited financial statements	1	8,695,606.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	-95,806.
e	Add lines 2a through 2d	2e	-95,806.
3	Subtract line 2e from line 1	3	8,791,412.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-1,381,701.
c	Add lines 4a and 4b	4c	-1,381,701.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,409,711.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE FOUNDATION IS A NON-PROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3); THEREFORE, NO PROVISION FOR INCOME TAX IS PROVIDED. THE FOUNDATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION AND HAS BEEN DESIGNATED AS A PUBLICLY-SUPPORTED ORGANIZATION. CFX, LLC, CFCP, LLC AND CFRSO, LLC ARE ALL CONSIDERED SINGLE MEMBER LLC'S AND ARE DISREGARDED ENTITIES FOR TAX PURPOSES. THEY ARE INCLUDED IN THE RETURN OF THE FOUNDATION. TAX POSITIONS TO CONSIDER INCLUDE, BUT ARE NOT LIMITED TO:

-IT HAS NOT ENGAGED IN ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX EXEMPT

Part XIII Supplemental Information (continued)

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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DEPRECIATION REFLECTED AGAINST RENTAL INCOME

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES NETTED IN REVENUE FOR FINANCIAL STATEMENTS

FUNDS HELD FOR OTHER AGENCIES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DEPRECIATION REFLECTED AGAINST RENTAL INCOME

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES NETTED IN REVENUE FOR FINANCIAL STATEMENTS

FUNDS HELD FOR OTHER AGENCIES

SCHEDULE D, PART XI, LINE 2D AND PART XII, LINE 2D:

FOR FINANCIAL STATEMENT PURPOSES, RENTAL INCOME AND EXPENSES WERE REPORTED

Part XIII Supplemental Information (continued)

BY GROSS AMOUNT. FOR FORM 990, THE RENTAL EXPENSES ARE OFFSET AGAINST RENTAL INCOME. THEREFORE, PART XI, LINE 2D AND PART XII, LINE D2 HAVE BEEN ADJUSTED FOR OFFSETTING RENTAL EXPENSES OF \$47,902.

Multiple horizontal lines for supplemental information.

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; do not 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; do not file with Form 990)* Yes No

Schedule F (Form 990) 2016

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.

PART I, LINE 2:

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

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization **COMMUNITY FOUNDATION OF WESTERN NEVADA** Employer identification number **88-0370179**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (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
AIR FORCE ASSOCIATION 1501 LEE HIGHWAY, SUITE 400 ARLINGTON, VA 22209	52-6043929	501(C)(3)	15,000.	0.			ROOM, BOARD, TRANSPORTATION OF STUDENTS
AIR FORCE MUSEUM FOUNDATION, INC. P.O. BOX 33624 WRIGHT PATTERSON AFB, OH 45433	31-0668800	501(C)(3)	50,000.	0.			EXPANSION, EDUCATION, VOLUNTEER
ALHAMBRA HIGH SCHOOL 150 E. STREET MARTINEZ, CA 94553	20-5743877	501(A) GOV	10,000.	0.			LAWRENCE MILLER SCHOLARSHIP
ALLIANCE FOR CHILDREN INC. 908 SOUTHLAND AVENUE FORT WORTH, TX 76104	75-2363035	501(C)(3)	5,000.	0.			FORENSIC INTERVIEWS
AMERICAN CIVIL LIBERTIES UNION - ACLU - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004	13-6213516	501(C)(3)	100,000.	0.			GENERAL SUPPORT
ANGEL FUND INC. 649 MAIN STREET WAKEFIELD, MA 01880	04-3478977	501(C)(3)	8,000.	0.			SHARON TIMLIN 5K RACE TO CURE ALS

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

3 Enter total number of other organizations listed in the line 1 table ▶

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL ARK P.O. BOX 60057 RENO, NV 89506	94-2991026	501(C)(3)	5,000.	0.			ANIMAL CARE
ARTOWN 528 WEST 1ST STREET RENO, NV 89503	88-0412311	501(C)(3)	10,000.	0.			ARTOWN EVENTS
ARTOWN 528 WEST 1ST STREET RENO, NV 89503	88-0412311	501(C)(3)	1,000.	0.			GENERAL SUPPORT
AWAKEN INC PO BOX 40635 RENO, NV 89504	38-3843380	501(C)(3)	10,000.	0.			GENERAL SUPPORT
AWAKEN INC PO BOX 40635 RENO, NV 89504	38-3843380	501(C)(3)	1,000.	0.			WHERE MOST NEEDED
AWAKEN INC PO BOX 40635 RENO, NV 89504	38-3843380	501(C)(3)	10,000.	0.			CHILDREN'S INITIATIVE
AWAKEN INC PO BOX 40635 RENO, NV 89504	38-3843380	501(C)(3)	1,000.	0.			NOVEMBER BANQUET
BMLC INC. 1670 POOLE BLVD YUBA CITY, CA 95993	32-0443955	501(C)(3)	5,000.	0.			BEALE GOLF TOURNAMENT
BOY SCOUTS OF AMERICA NEVADA AREA COUNCIL - 500 DOUBLE EAGLE COURT - RENO, NV 89511	88-0059912	501(C)(3)	75,000.	0.			ANNUAL GIFT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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)	10,000.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS - 2680 E. NINTH STREET - RENO, NV 89512	88-0142068	501(C)(3)	1,000.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS - 2680 E. NINTH STREET - RENO, NV 89512	88-0142068	501(C)(3)	10,000.	0.			BLUECHIP BASKETBALL CAMP/RENO BALLERS
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS - 2680 E. NINTH STREET - RENO, NV 89512	88-0142068	501(C)(3)	2,500.	0.			YOUTH ROBOTICS TEAM
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS - 2680 E. NINTH STREET - RENO, NV 89512	88-0142068	501(C)(3)	1,000.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS - 2680 E. NINTH STREET - RENO, NV 89512	88-0142068	501(C)(3)	75,000.	0.			GENERAL USE
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS - 2680 E. NINTH STREET - RENO, NV 89512	88-0142068	501(C)(3)	-5,000.	0.			CPG 2015-07
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS - 2680 E. NINTH STREET - RENO, NV 89512	88-0142068	501(C)(3)	1,000.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS - 2680 E. NINTH STREET - RENO, NV 89512	88-0142068	501(C)(3)	100.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS - 2680 E. NINTH STREET - RENO, NV 89512	88-0142068	501(C)(3)	20,000.	0.			GENERAL SUPPORT
BUILD A RESCUE KENNEL, INC. 28 HIGHWAY 95A NORTH YERINGTON, NV 89447	26-1759463	501(C)(3)	10,000.	0.			RESCUE KENNEL CONCEPT-TO-REALITY
CANINE REHABILITATION CENTER AND SANCTUARY - 555 US HIGHWAY 395 NORTH - CARSON CITY, NV 89704	90-0687180	501(C)(3)	5,000.	0.			VET BILLS/FENCE/KENNEL MAINTENANCE
CANINE REHABILITATION CENTER AND SANCTUARY - 555 US HIGHWAY 395 NORTH - CARSON CITY, NV 89704	90-0687180	501(C)(3)	750.	0.			GENERAL SUPPORT
CATAMOUNT FUND 475 HILL STREET, SUITE 2 RENO, NV 89501	88-0370686	501(C)(3)	50,000.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES OF NORTHERN NEVADA - P.O. BOX 5099 - RENO, NV 89513	88-0339754	501(C)(3)	5,000.	0.			CROSSROADS PROGRAM
CATHOLIC CHARITIES OF NORTHERN NEVADA - P.O. BOX 5099 - RENO, NV 89513	88-0339754	501(C)(3)	2,500.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES OF NORTHERN NEVADA - P.O. BOX 5099 - RENO, NV 89513	88-0339754	501(C)(3)	1,000.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES OF NORTHERN NEVADA - P.O. BOX 5099 - RENO, NV 89513	88-0339754	501(C)(3)	1,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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CAZENOVIA COLLEGE JOY HALL, 22 SULLIVAN STREET CAZENOVIA, NY 13035	15-0543658	501(C)(3)	10,000.	0.			TIERNO FUND
CHABAD OF NORTHERN NEVADA 1175 W. MOANA LANE RENO, NV 89509	20-4943093	501(C)(3)	25,000.	0.			GENERAL SUPPORT
CITY OF RENO P.O. BOX 1900 RENO, NV 89505	88-6000201	501(A) GOV	-69,413.	0.			TRF #157
CITY OF RENO P.O. BOX 1900 RENO, NV 89505	88-6000201	501(A) GOV	800.	0.			TURN THE ARCH BLUE PROJECT
CITY OF RENO P.O. BOX 1900 RENO, NV 89505	88-6000201	501(A) GOV	47,787.	0.			TRUCKEE RIVER FUND GRANT #169
CITY OF RENO P.O. BOX 1900 RENO, NV 89505	88-6000201	501(A) GOV	42,547.	0.			PURCHASE AND REFURBISH DISABILITY EQUIPMENT
CITY OF RENO P.O. BOX 1900 RENO, NV 89505	88-6000201	501(A) GOV	10,000.	0.			CONTRACT SERVICES - COUNSELING & RELATED COSTS
CITY OF RENO POLICE DEPARTMENT 455 EAST SECOND STREET RENO, NV 89505		501(A) GOV	10,000.	0.			2016 HASHIMOTO WIDOWS & ORPHANS SCHOLARSHIPS
CLAVADISTAS DEL SOL PO BOX 15374 SCOTTSDALE, AZ 85260	86-0759671	501(C)(3)	17,975.	0.			DRYLAND IMPROVEMENT PROJECT

Schedule I (Form 990)

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COACH ART 3303 WILSHIRE BLVD., SUITE 1200 LOS ANGELES, CA 90010	94-3389547	501(C)(3)	5,000.	0.			GENERAL SUPPORT
COMMUNITY HEALTH ALLIANCE 680 SOUTH ROCK BLVD. RENO, NV 89502	88-0293149	501(C)(3)	2,000.	0.			WHERE MOST NEEDED
COMMUNITY HEALTH ALLIANCE 680 SOUTH ROCK BLVD. RENO, NV 89502	88-0293149	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CORNELL UNIVERSITY PO BOX 25842 LEHIGH VALLEY, PA 18003		501(C)(3)	6,000.	0.			COLLEGE OF ENGINEERING
DESERT COMMUNITY FOUNDATION 75-105 MERLE DRIVE, SUITE 300 PALM DESERT, CA 92211	95-4725924	501(C)(3)	10,000.	0.			TRADITION'S ARNOLD PALMER EDU. FUND
DOUGLAS COUNTY SHERIFFS ADVISORY COUNCIL - P O BOX 1002 - MINDEN, NV 89423	20-1308918	501(C)(3)	10,000.	0.			GENERAL SUPPORT
DOUGLAS COUNTY SHERIFFS ADVISORY COUNCIL - P O BOX 1002 - MINDEN, NV 89423	20-1308918	501(C)(3)	10,000.	0.			GENERAL SUPPORT
EAST BAY ZOOLOGICAL SOCIETY P.O. BOX 5238 OAKLAND, CA 94605	94-1687847	501(C)(3)	24,339.	0.			GENERAL SUPPORT
EDAWN 5190 NEIL ROAD, SUITE 110 RENO, NV 89502		501(C)(3)	2,500.	0.			FEASIBILITY STUDY FOR PERFORMING ARTS CENTER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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EDAWN 5190 NEIL ROAD, SUITE 110 RENO, NV 89502		501(C)(3)	1,330.	0.			EXPENSES RE: MARCH 2016 RETRAC LIDS CHARRETTE
EDAWN 5190 NEIL ROAD, SUITE 110 RENO, NV 89502		501(C)(3)	8,328.	0.			RETRAC LIDS EVENT AT NMA
EDAWN 5190 NEIL ROAD, SUITE 110 RENO, NV 89502		501(C)(3)	5,325.	0.			REIMBURSEMENTS
ELECTRONIC FRONTIER FOUNDATION, INC. - 815 EDDY STREET - SAN FRANCISCO, CA 94109	04-3091431	501(C)(3)	10,000.	0.			GENERAL SUPPORT
EOD WARRIOR FOUNDATION INC. 33735 SNICKERSVILLE TURNPIKE, NO. 2 BLUEMONT, VA 20135	20-8618412	501(C)(3)	7,000.	0.			GENERAL SUPPORT
EPILEPSY FOUNDATION OF NORTHERN CALIFORNIA - 1736 FRANKLIN STREET, SUITE 450 - OAKLAND, CA 94612	94-6128891	501(C)(3)	20,000.	0.			GENERAL SUPPORT
EXCEL CHRISTIAN SCHOOL 850 BARING BLVD SPARKS, NV 89434	47-0926478	501(C)(3)	5,000.	0.			ON BEHALF OF HOWARD AND NETTE YAMADA
FEDERATION OF GALAXY EXPLORERS, INC - 6404 IVY LANE - GREENBELT, MD 20770	52-2347666	501(C)(3)	6,000.	0.			GENERAL DONATION FOR PROGRAM MATERIALS AND OUTREACH
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	2,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	1,200.	0.			SUMMER MEAL PROGRAM FOR CHILDREN
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	3,000.	0.			GENERAL SUPPORT
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	1,000.	0.			BACKPACK PROGRAM
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	640.	0.			INVESTIGATOR STIPENDS BRIDGES PROGRAM
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	5,000.	0.			HOLIDAY FOOD DRIVE
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	2,000.	0.			\$1,000 - BACKPACK PROGRAM/\$1000 - THANKSGIVING
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	2,500.	0.			GENERAL SUPPORT
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	1,000.	0.			GENERAL SUPPORT
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	100.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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)	200.	0.			FEEDING AMERICA PROGRAM
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	1,800.	0.			GENERAL SUPPORT
FRIENDS OF ARIZONA FISHER HOUSE 6854 N. PLACITA CHULA VISTA TUCSON, AZ 85704	46-4584753	501(C)(3)	7,500.	0.			GENERAL SUPPORT
FRIENDS OF KEXP RADIO 90.3 FM 472 1ST AVE N SEATTLE, WA 98109	91-2061474	501(C)(3)	5,000.	0.			GENERAL SUPPORT
FRIENDS OF NEVADA WILDERNESS P.O. BOX 9754 RENO, NV 89507	88-0211763	501(C)(3)	58,801.	0.			DT #38
FRIENDS OF NEVADA WILDERNESS P.O. BOX 9754 RENO, NV 89507	88-0211763	501(C)(3)	21,002.	0.			TRF#168
FRIENDS OF NEVADA WILDERNESS P.O. BOX 9754 RENO, NV 89507	88-0211763	501(C)(3)	10,000.	0.			WILD WASHOE WILDERNESS CAMPAIGN
FRIENDS OF PALO ALTO JUNIOR MUSEUM & ZOO - 1451 MIDDLEFIELD ROAD - PALO ALTO, CA 94301	77-0296155	501(C)(3)	5,000.	0.			GENERAL SUPPORT
FUN CAMP, INC. PO BOX 40505 RENO, NV 89504	94-3152378	501(C)(3)	50,000.	0.			SCHOLARSHIPS FOR KIDS TO ATTEND CAMP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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GIRL SCOUTS OF THE SIERRA NEVADA 605 WASHINGTON STREET RENO, NV 89503	88-0060580	501(C)(3)	50,000.	0.			OPERATING COSTS FOR CAMP WASUII
GIRL SCOUTS OF THE SIERRA NEVADA 605 WASHINGTON STREET RENO, NV 89503	88-0060580	501(C)(3)	10,000.	0.			CAMP WASIU II
GREAT BASIN NATIONAL PARK FOUNDATION - PO BOX 181 - BAKER, NV 89311	88-0407290	501(C)(3)	491,070.	0.			GENERAL SUPPORT
GREAT GRACE MINISTRIES 14913 CHAMPION ESTATES DRIVE SE YELM, WA 98597	20-3748435	501(C)(3)	7,000.	0.			GENERAL SUPPORT
HELA BIMA WORLD PO BOX 3390 STATELINE, NV 89449	46-3987940	501(C)(3)	150,000.	0.			GENERAL SUPPORT
HELA BIMA WORLD PO BOX 3390 STATELINE, NV 89449	46-3987940	501(C)(3)	30,000.	0.			GENERAL SUPPORT
HIF CORP 324 S. BEVERLY DRIVE, #545 BEVERLY HILLS, CA 90212	45-4156355	501(C)(3)	5,000.	0.			LOS ANGELES TURKISH FIL FESTIVAL
HIGH SIERRA INDUSTRIES 555 REACTOR WAY RENO, NV 89502	88-0139145	501(C)(3)	15,000.	0.			CPG 2016-06
HOAG HOSPITAL FOUNDATION 500 SUPERIOR AVENUE, SUITE 350 NEWPORT BEACH, CA 92663	95-3222343	501(C)(3)	5,000.	0.			CANCER RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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HOLLAND PROJECT RENO 122 RIDGE STREET, SUITE B RENO, NV 89501	71-1017805	501(C)(3)	1,000.	0.			GALLERY EXHIBITIONS - WORKSHOP SERIES
HOLLAND PROJECT RENO 122 RIDGE STREET, SUITE B RENO, NV 89501	71-1017805	501(C)(3)	2,000.	0.			BOARD GIFT FOR 2016
HOLLAND PROJECT RENO 122 RIDGE STREET, SUITE B RENO, NV 89501	71-1017805	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HOLY CROSS CATHOLIC CHURCH 5950 VISTA BLVD. SPARKS, NV 89436	27-4337740	501(C)(3)	1,500.	0.			"CSA"
HOLY CROSS CATHOLIC CHURCH 5950 VISTA BLVD. SPARKS, NV 89436	27-4337740	501(C)(3)	3,000.	0.			GENERAL SUPPORT
HOLY CROSS CATHOLIC CHURCH 5950 VISTA BLVD. SPARKS, NV 89436	27-4337740	501(C)(3)	2,000.	0.			GENERAL SUPPORT
HORIZON CHRISTIAN CHURCH 1995 EAST PRATER WAY SPARKS, NV 89434	30-0313994	501(C)(3)	5,000.	0.			ON BEHALF OF HOWARD AND NETTE YAMADA
HORIZON CHRISTIAN CHURCH 1995 EAST PRATER WAY SPARKS, NV 89434	30-0313994	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HUMAN RIGHTS DEFENSE CENTER P.O. BOX 1151 LAKE WORTH, FL 33460	94-3143411	501(C)(3)	5,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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IMMUNIZE NEVADA 427 RIDGE STREET, SUITE C RENO, NV 89501	46-2266350	501(C)(3)	20,000.	0.			GENERAL SUPPORT
IMPERIAL COLLEGE THE FACULTY BLDNG, EXHIBITION ROAD, SOUTH KENSINGTON - LONDON, SW7 2AZ, UNIT		501(C)(3)	50,000.	0.			HARDWARE PLATFORMS FOR COURSEWORK AND PROJECTS
INDEPENDENT INSTITUTE, INC 100 SWAN WAY OAKLAND, CA 94621	94-3008370	501(C)(3)	5,000.	0.			LUV GOV
INDIANA SPORTS CORP 201 SOUTH CAPITOL AVENUE, SUITE 120 INDIANAPOLIS, IN 46225	31-0975117	501(C)(3)	21,230.	0.			IU NATATORIUM SPRINBOARD ADJUSTMENT
INTERNATIONAL SWIMMING HALL OF FAME - ONE HALL OF FAME DRIVE - FORT LAUDERDALE, FL 33316	59-1087179	501(C)(3)	30,000.	0.			OPERATIONAL SUPPORT - MUSEUM
KEEP TRUCKEE MEADOWS BEAUTIFUL P.O. BOX 7412 RENO, NV 89510	88-0254957	501(C)(3)	60,625.	0.			GRANT #176 TRUCKEE RIVER FUND
KEEP TRUCKEE MEADOWS BEAUTIFUL P.O. BOX 7412 RENO, NV 89510	88-0254957	501(C)(3)	500.	0.			YOUTH EDUCATION PROGRAMS
KENNY GUINN CENTER FOR POLICY PRIORITIES - 6795 EDMOND STREET, SUITE 300 - LAS VEGAS, NV 89118	46-4075622	501(C)(3)	9,990.	0.			GENERAL SUPPORT
KENNY GUINN CENTER FOR POLICY PRIORITIES - 6795 EDMOND STREET, SUITE 300 - LAS VEGAS, NV 89118	46-4075622	501(C)(3)	25,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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KIDDIE HAWK AIR ACADEMY 4 WEST DRY CREEK CIRCLE, SUITE 100 LITTLETON, CO 80120	84-1482078	501(C)(3)	24,000.	0.			LIVING LEGENDS OF AVIATION 2016
KNPB - CHANNEL 5 1670 N. VIRGINIA STREET RENO, NV 89503	88-0172215	501(C)(3)	1,000.	0.			SILVER CIRCLE
KNPB - CHANNEL 5 1670 N. VIRGINIA STREET RENO, NV 89503	88-0172215	501(C)(3)	100.	0.			MEMBERSHIP RENEWAL
KNPB - CHANNEL 5 1670 N. VIRGINIA STREET RENO, NV 89503	88-0172215	501(C)(3)	100.	0.			PASSPORT MEMBERSHIP
KNPB - CHANNEL 5 1670 N. VIRGINIA STREET RENO, NV 89503	88-0172215	501(C)(3)	3,000.	0.			SILVER CIRCLE MEMBERSHIP
KNPB - CHANNEL 5 1670 N. VIRGINIA STREET RENO, NV 89503	88-0172215	501(C)(3)	2,500.	0.			AGED TO PERFECTION
KNPB - CHANNEL 5 1670 N. VIRGINIA STREET RENO, NV 89503	88-0172215	501(C)(3)	10,000.	0.			2017 SILVER CIRCLE
KNPB - CHANNEL 5 1670 N. VIRGINIA STREET RENO, NV 89503	88-0172215	501(C)(3)	200.	0.			GENERAL SUPPORT
KNPB - CHANNEL 5 1670 N. VIRGINIA STREET RENO, NV 89503	88-0172215	501(C)(3)	13,750.	0.			CPG 2016-01

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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KNPB - CHANNEL 5 1670 N. VIRGINIA STREET RENO, NV 89503	88-0172215	501(C)(3)	3,000.	0.			WILD NEVADA
KNPB - CHANNEL 5 1670 N. VIRGINIA STREET RENO, NV 89503	88-0172215	501(C)(3)	5,000.	0.			ANNUAL CAMPAIGN
LAKE TAHOE CONSERVATION FUND, AKA TAHOE FUND - P.O. BOX 7124 - TAHOE CITY, CA 96145	01-0974628	501(C)(3)	8,964.	0.			TRUCKEE RIVER FUND GRANT #173
LASSEN LAND & TRAILS TRUST P. O. BOX 1461 SUSANVILLE, CA 96130	68-0153733	501(C)(3)	22,384.	0.			CLOSING FUND
LITTLE KIDS ROCK, INC. 271 GROVE AVENUE, BLDG. E2 VERONA, NJ 07044	94-3396568	501(C)(3)	5,000.	0.			GENERAL SUPPORT
LIVING WATER INTERNATIONAL 4001 GREENBRIAR DR STAFFORD, TX 77477	76-0324875	501(C)(3)	5,000.	0.			ON BEHALF OF HOWARD AND NETTE YAMADA
LOCAL ANIMAL SHELTER SUPPORT ORGANIZATION - 171 W SILVER STREET, SUITE 400 PMB 539 - ELKO, NV 89801	20-2720999	501(C)(3)	10,000.	0.			PERMANENT PART-TIME VET FOR ELKO
LOS GATOS EDUCATION FOUNDATION 17010 ROBERTS ROAD LOS GATOS, CA 95032	94-2874929	501(C)(3)	20,000.	0.			GENERAL SUPPORT
LUTHERAN CHURCH OF THE GOOD SHEPHERD - 357 CLAY STREET - RENO, NV 89501	88-0069965	501(C)(3)	5,000.	0.			DONATION TO GENERAL OPERATING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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LUTHERAN CHURCH OF THE GOOD SHEPHERD - 357 CLAY STREET - RENO, NV 89501	88-0069965	501(C)(3)	20,000.	0.			DONATION TO CAPITAL CAMPAIGN
MAPLIGHT.ORG 2223 SHATTUCK AVENUE BERKELEY, CA 94704	33-1094233	501(C)(3)	50,000.	0.			GENERAL SUPPORT
MARINE TOYS FOR TOTS FOUNDATION THE COOPER CENTER, 18251 QUANTICO G TRIANGLE, VA 22172	20-3021444	501(C)(3)	5,000.	0.			CHRISTMAS GIFTS
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139		501(C)(3)	100,000.	0.			MIT BEAVER WORKS FUND #3902501
MONTEREY BAY AQUARIUM 886 CANNERY ROW MONTEREY, CA 93940	94-2487469	501(C)(3)	10,000.	0.			CENTER FOR OCEAN EDUCATION AND LEADERSHIP
MOUNTAIN AREA PRESERVATION FOUNDATION - PO BOX 25 - TRUCKEE, CA 96160	68-0148964	501(C)(3)	25,000.	0.			TRUCKEE RIVER FUND GRANT #170
MOUNTAINSIDE COMMUNITY CHURCH 59 DAMONTE RANCH PARKWAY, #B-312 RENO, NV 89521	20-5051011	501(C)(3)	3,215.	0.			GENERAL SUPPORT
MOUNTAINSIDE COMMUNITY CHURCH 59 DAMONTE RANCH PARKWAY, #B-312 RENO, NV 89521	20-5051011	501(C)(3)	3,073.	0.			GENERAL SUPPORT
MOUNTAINSIDE COMMUNITY CHURCH 59 DAMONTE RANCH PARKWAY, #B-312 RENO, NV 89521	20-5051011	501(C)(3)	11,043.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
MOUNTAINSIDE COMMUNITY CHURCH 59 DAMONTE RANCH PARKWAY RENO, NV 89521	20-5051011	501(C)(3)	3,073.	0.			GENERAL SUPPORT
MOUNTRAIL COUNTY AQUATICS FOUNDATION - PO BOX 173, 603 8TH AVE. SE - STANLEY, ND 58784	80-0005591	501(C)(3)	5,000.	0.			GENERAL SUPPORT
NATHAN ADELSON HOSPICE FOUNDATION, INC. - 3391 NORTH BUFFALO ROAD - LAS VEGAS, NV 89129	88-0197147	501(C)(3)	5,000.	0.			A FLAIR FOR CARE
NATIONAL AUTOMOBILE MUSEUM 10 LAKE STREET SOUTH RENO, NV 89501	94-2777978	501(C)(3)	22,000.	0.			GRAPHIC DESIGN SERVICES
NATIONAL AUTOMOBILE MUSEUM 10 LAKE STREET SOUTH RENO, NV 89501	94-2777978	501(C)(3)	1,000.	0.			RENEW RANSON'S DRIVING FORCE MEMBERSHIP
NATIONAL AUTOMOBILE MUSEUM 10 LAKE STREET SOUTH RENO, NV 89501	94-2777978	501(C)(3)	200.	0.			EMPLOYEE HOLIDAY PARTY
NATIONAL AUTOMOBILE MUSEUM 10 LAKE STREET SOUTH RENO, NV 89501	94-2777978	501(C)(3)	100.	0.			GENERAL SUPPORT
NATIONAL JUDICIAL COLLEGE MS 358 JUDICIAL COLLEGE BLDG., 1664 N. VIRGINIA STREET - RENO, NV 89557	94-2427596	501(C)(3)	5,000.	0.			WILLIAM J. RAGGIO ENDOWMENT FUND
NATIONAL JUDICIAL COLLEGE MS 358 JUDICIAL COLLEGE BLDG., 1664 N. VIRGINIA STREET - RENO, NV 89557	94-2427596	501(C)(3)	1,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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NATIONAL WORLD WAR II MUSEUM 945 MAGAZINE STREET NEW ORLEANS, LA 70130	72-1200790	501(C)(3)	10,000.	0.			PATRIOT'S CIRCLE MEMBERSHIP
NEVADA BIGHORNS UNLIMITED - RENO CHAPTER - P.O. BOX 21393 - RENO, NV 89515	88-0180276	501(C)(3)	5,000.	0.			2016 MAISON T. ORTIZ YOUTH OUTDOOR SKILLS CAMP
NEVADA DISCOVERY MUSEUM 490 S. CENTER STREET RENO, NV 89501	61-1474845	501(C)(3)	13,750.	0.			CPG 2016-05
NEVADA DISCOVERY MUSEUM 490 S. CENTER STREET RENO, NV 89501	61-1474845	501(C)(3)	1,000.	0.			GENERAL OPERATIONS
NEVADA DISCOVERY MUSEUM 490 S. CENTER STREET RENO, NV 89501	61-1474845	501(C)(3)	2,500.	0.			MATCHING FUNDS FROM TERRY LEE WELLS FOUNDATION
NEVADA DIVING CENTER 11260 MESSINA WAY RENO, NV 89521	45-3941312	501(C)(3)	12,000.	0.			NEVADA DIVING CENTER
NEVADA HUMANE SOCIETY, INC. 2825 LONGLEY LANE, SUITE B RENO, NV 89502	88-0072720	501(C)(3)	41,216.	0.			MANSFIELD ENDOWMENT
NEVADA HUMANE SOCIETY, INC. 2825 LONGLEY LANE, SUITE B RENO, NV 89502	88-0072720	501(C)(3)	10,000.	0.			PITY PARTY (\$8K) & ANGEL PETS (\$2K)
NEVADA HUMANE SOCIETY, INC. 2825 LONGLEY LANE, SUITE B RENO, NV 89502	88-0072720	501(C)(3)	18,787.	0.			MEDICAL DEVICES AND CLINIC SUPPLIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA HUMANITIES P.O. BOX 8029 RENO, NV 89507	23-7358959	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NEVADA HUMANITIES P.O. BOX 8029 RENO, NV 89507	23-7358959	501(C)(3)	5,300.	0.			GENERAL SUPPORT
NEVADA LAND TRUST P.O. BOX 20288 RENO, NV 89515	88-0287591	501(C)(3)	-2,466.	0.			TO FULFILL TRF GRANT #129 WEED TREATMENTS AND REVEGETATION
NEVADA LAND TRUST P.O. BOX 20288 RENO, NV 89515	88-0287591	501(C)(3)	1,000.	0.			GENERAL SUPPORT
NEVADA LAND TRUST P.O. BOX 20288 RENO, NV 89515	88-0287591	501(C)(3)	98,534.	0.			TRF #180
NEVADA LAND TRUST P.O. BOX 20288 RENO, NV 89515	88-0287591	501(C)(3)	25,000.	0.			LITTLE VALLEY FIRE
NEVADA MILITARY SUPPORT ALLIANCE 985 DAMONTE RANCH PKWY, SUITE 310 RENO, NV 89521	27-1095956	501(C)(3)	25,000.	0.			GENERAL SUPPORT OF 5TH ANNUAL RENO GALA
NEVADA MILITARY SUPPORT ALLIANCE 985 DAMONTE RANCH PKWY, SUITE 310 RENO, NV 89521	27-1095956	501(C)(3)	5,000.	0.			GENERAL SUPPORT
NEVADA MILITARY SUPPORT ALLIANCE 985 DAMONTE RANCH PKWY, SUITE 310 RENO, NV 89521	27-1095956	501(C)(3)	5,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA MUSEUM OF ART 160 W. LIBERTY STREET RENO, NV 89501	88-6003042	501(C)(3)	500.	0.			GENERAL SUPPORT
NEVADA MUSEUM OF ART 160 W. LIBERTY STREET RENO, NV 89501	88-6003042	501(C)(3)	10,000.	0.			SIERRA CIRCLE MEMBERSHIP
NEVADA MUSEUM OF ART 160 W. LIBERTY STREET RENO, NV 89501	88-6003042	501(C)(3)	25,000.	0.			ART & ENVIRONMENT CONFERENCE
NEVADA MUSEUM OF ART 160 W. LIBERTY STREET RENO, NV 89501	88-6003042	501(C)(3)	50,000.	0.			DIRECTOR'S CIRCLE
NEVADA MUSEUM OF ART 160 W. LIBERTY STREET RENO, NV 89501	88-6003042	501(C)(3)	500.	0.			MEMBERSHIP
NEVADA MUSEUM OF ART 160 W. LIBERTY STREET RENO, NV 89501	88-6003042	501(C)(3)	25,000.	0.			MAYNARD DIXON EXHIBITION
NEVADA MUSEUM OF ART 160 W. LIBERTY STREET RENO, NV 89501	88-6003042	501(C)(3)	10,000.	0.			DIRECTOR'S CIRCLE MEMBERSHIP
NEVADA MUSEUM OF ART 160 W. LIBERTY STREET RENO, NV 89501	88-6003042	501(C)(3)	1,000.	0.			MEMBERSHIP
NEVADA POLICY RESEARCH INSTITUTE 7130 PLACID STREET LAS VEGAS, NV 89119	88-0276314	501(C)(3)	25,000.	0.			ANNUAL GIFT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA WOMEN'S FUND 770 SMITHRIDGE DRIVE, SUITE 300 RENO, NV 89502	94-2860375	501(C)(3)	2,500.	0.			SALUTE TO WOMEN OF ACHIEVEMENT
NEVADA WOMEN'S FUND 770 SMITHRIDGE DRIVE, SUITE 300 RENO, NV 89502	94-2860375	501(C)(3)	30,000.	0.			NEVADA WOMEN'S FUND GIVING CIRCLE
NEVADA WOMEN'S FUND 770 SMITHRIDGE DRIVE, SUITE 300 RENO, NV 89502	94-2860375	501(C)(3)	10,000.	0.			2017 GIVING CIRCLE
NORTHERN NEVADA LITERACY COUNCIL 1400 WEDEKIND ROAD RENO, NV 89512	88-0208520	501(C)(3)	12,850.	0.			CPG 2016-03
NORTHERN NEVADA LITERACY COUNCIL 1400 WEDEKIND ROAD RENO, NV 89512	88-0208520	501(C)(3)	500.	0.			GENERAL SUPPORT
NORTHERN NEVADA LITERACY COUNCIL 1400 WEDEKIND ROAD RENO, NV 89512	88-0208520	501(C)(3)	1,000.	0.			GENERAL SUPPORT
NORTHERN NEVADA MUSLIM COMMUNITY CENTER - PO BOX 1238 - SPARKS, NV 89432	88-0184441	501(C)(3)	20,000.	0.			GENERAL SUPPORT
OUR LADY OF THE SNOWS 1125 LANDER STREET RENO, NV 89509	90-0111465	501(C)(3)	2,315.	0.			GENERAL SUPPORT
OUR LADY OF THE SNOWS 1125 LANDER STREET RENO, NV 89509	90-0111465	501(C)(3)	5,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
PACER CENTER 8161 NORMANDEALE BLVD. MINNEAPOLIS, MN 55437	41-1306304	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PEOPLE FOR THE AMERICAN WAY FOUNDATION - 1101 15TH STREET NW, SUITE 600 - WASHINGTON, DC 20005	13-3065716	501(C)(3)	20,000.	0.			GENERAL SUPPORT
PERSHING COUNTY SCHOOL DISTRICT P.O. BOX 389 LOVELOCK, NV 89419	88-0263854	501(A) GOV	5,000.	0.			BOYS/GIRLS SPORTS, MUSIC PROGRAM, ELEM SCHOOL AND SCHOLARSHIP
PLANNED PARENTHOOD NORTHERN CALIFORNIA (DBA) - 2185 PACHECO STREET - CONCORD, CA 94520	94-1575233	501(C)(3)	20,000.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD COLUMBIA WILLAMETTE - 3727 NE MARTIN LUTHER KING JR. BLVD. - PORTLAND, OR 97212	93-6031270	501(C)(3)	20,000.	0.			EDUCATION AND OUTREACH IN BEND, OR
PLANNED PARENTHOOD MAR MONTE 455 W. FIFTH STREET RENO, NV 89503	94-1583439	501(C)(3)	20,000.	0.			EDUCATION AND OUTREACH PROGRAM IN NORTHERN NEVADA
PLANNED PARENTHOOD MAR MONTE 455 W. FIFTH STREET RENO, NV 89503	94-1583439	501(C)(3)	20,000.	0.			EDUCATION AND OUTREACH IN PLACER COUNTY
PLANNED PARENTHOOD MAR MONTE 455 W. FIFTH STREET RENO, NV 89503	94-1583439	501(C)(3)	300.	0.			DONATION
PLANNED PARENTHOOD MAR MONTE 455 W. FIFTH STREET RENO, NV 89503	94-1583439	501(C)(3)	500.	0.			NORTHERN NEVADA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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PLANNED PARENTHOOD MAR MONTE 455 W. FIFTH STREET RENO, NV 89503	94-1583439	501(C)(3)	250.	0.			GENERAL SUPPORT IN THE RENO AREA
PLANNED PARENTHOOD MAR MONTE 455 W. FIFTH STREET RENO, NV 89503	94-1583439	501(C)(3)	2,000.	0.			ANNUAL CAMPAIGN
PLANNED PARENTHOOD MAR MONTE 455 W. FIFTH STREET RENO, NV 89503	94-1583439	501(C)(3)	1,276.	0.			STREET SMARTS 4 YOUTH GRANT
PLANNED PARENTHOOD MAR MONTE 455 W. FIFTH STREET RENO, NV 89503	94-1583439	501(C)(3)	1,000.	0.			RENO LOCATION
POLICE UNITY TOUR PO BOX 528 FLORHAM PARK, NJ 07932	22-3530541	501(C)(3)	5,000.	0.			ON BEHALF OF THE WASHOE COUNTY SHERIFFS DEPARTMENT
PRIMAVERA FOUNDATION, INC. 151 W. 40TH STREET TUCSON, AZ 85713	86-0733182	501(C)(3)	7,500.	0.			JO BOWKER'S VOLUNTEER PROGRAM
PROJECT GREAT OUTDOORS INC P. O. BOX 50524, SUITE C SPARKS, NV 89435	94-3368163	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
PROTECT RURAL NAPA EDUCATION FUND P.O. BOX 2385 YOUNTVILLE, CA 94599	47-4102715	501(C)(3)	5,000.	0.			PRESERVE SODA CANYON ROAD THRU EDUCATION
RENO CHAMBER ORCHESTRA 925 RIVERSIDE DRIVE, SUITE 5 RENO, NV 89503	88-0134278	501(C)(3)	3,500.	0.			SPONSOR NOAH BENDIX-BAGLEY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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RENO CHAMBER ORCHESTRA 925 RIVERSIDE DRIVE, SUITE 5 RENO, NV 89503	88-0134278	501(C)(3)	1,000.	0.			CHRISTMAS FESTIVAL IN MEMORY OF JACK ROSE
RENO CHAMBER ORCHESTRA 925 RIVERSIDE DRIVE, SUITE 5 RENO, NV 89503	88-0134278	501(C)(3)	10,967.	0.			GENERAL SUPPPORT
RENO SPARKS GOSPEL MISSION 2115 TIMBER WAY RENO, NV 89512	88-6005643	501(C)(3)	1,150.	0.			FEMININE HYGIENE PRODUCTS FOR CLIENTS
RENO SPARKS GOSPEL MISSION 2115 TIMBER WAY RENO, NV 89512	88-6005643	501(C)(3)	1,000.	0.			GENERAL SUPPORT
RENO SPARKS GOSPEL MISSION 2115 TIMBER WAY RENO, NV 89512	88-6005643	501(C)(3)	1,000.	0.			GENERAL SUPPORT
RENO SPARKS GOSPEL MISSION 2115 TIMBER WAY RENO, NV 89512	88-6005643	501(C)(3)	2,500.	0.			HOLIDAY FOOD PURCHASES
RENOWN HEALTH FOUNDATION 1155 MILL STREET RENO, NV 89502	94-2972749	501(C)(3)	5,000.	0.			PATIENT'S ASSISTANCE FUND
RENOWN HEALTH FOUNDATION 1155 MILL STREET RENO, NV 89502	94-2972749	501(C)(3)	300.	0.			CHILDREN'S HOSPITAL
RENOWN HEALTH FOUNDATION 1155 MILL STREET RENO, NV 89502	94-2972749	501(C)(3)	2,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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RENOWN HEALTH FOUNDATION 1155 MILL STREET RENO, NV 89502	94-2972749	501(C)(3)	5,000.	0.			CHILDREN'S HOSPITAL
SAGE RIDGE SCHOOL 2515 CROSSBOW COURT RENO, NV 89511	86-0852480	501(C)(3)	10,000.	0.			ANNUAL FUND
SAGE RIDGE SCHOOL 2515 CROSSBOW COURT RENO, NV 89511	86-0852480	501(C)(3)	5,000.	0.			GENERAL SUPPORT
SAGE RIDGE SCHOOL 2515 CROSSBOW COURT RENO, NV 89511	86-0852480	501(C)(3)	1,000.	0.			ATHLETIC DEPARTMENT
SAGE RIDGE SCHOOL 2515 CROSSBOW COURT RENO, NV 89511	86-0852480	501(C)(3)	10,000.	0.			BOARD COMMITMENT/ANNUAL CAMPAIGN
SAGE RIDGE SCHOOL 2515 CROSSBOW COURT RENO, NV 89511	86-0852480	501(C)(3)	891.	0.			GENERAL SUPPORT
SAGE RIDGE SCHOOL 2515 CROSSBOW COURT RENO, NV 89511	86-0852480	501(C)(3)	16,000.	0.			\$10,000 OPPORTUNITY FUND/\$6,000 ANNUAL FUND
SAINT JUDE CHILDREN'S RESEARCH HOSPITAL - 501 SAINT JUDE PLACE - MEMPHIS, TN 38105	35-1044585	501(C)(3)	10,000.	0.			ON BEHALF OF HOWARD AND NETTE YAMADA
SANTA CLARA UNIVERSITY 500 EL CAMINO REAL SANTA CLARA, CA 95053	94-1156617	501(C)(3)	200,000.	0.			GSBI ENDOWMENT FUND

Schedule I (Form 990)

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SANTA CLARA UNIVERSITY 500 EL CAMINO REAL SANTA CLARA, CA 95053	94-1156617	501(C)(3)	50,000.	0.			MILLER CENTER
SECOND HARVEST FOOD BANK 750 CURTNER AVENUE SAN JOSE, CA 95125	94-2614101	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SERTOMA INTERNATIONAL SPONSORSHIP FUND - P.O. BOX 1546 - MINDEN, NV 89423	20-1318250	501(C)(3)	2,000.	0.			VOCATIONAL SCHOLARSHIP PROGRAM
SERTOMA INTERNATIONAL SPONSORSHIP FUND - P.O. BOX 1546 - MINDEN, NV 89423	20-1318250	501(C)(3)	5,000.	0.			CARSON VALLEY SERTOMA 2016 SCHOLARSHIPS
SIERRA ARTS FOUNDATION 17 S. VIRGINIA STREET, SUITE 120 RENO, NV 89501	88-0113398	501(C)(3)	580.	0.			GENERAL SUPPORT
SIERRA ARTS FOUNDATION 17 S. VIRGINIA STREET, SUITE 120 RENO, NV 89501	88-0113398	501(C)(3)	500.	0.			GENERAL SUPPORT
SIERRA ARTS FOUNDATION 17 S. VIRGINIA STREET, SUITE 120 RENO, NV 89501	88-0113398	501(C)(3)	13,750.	0.			CPG 2016-02
SIERRA BIBLE CHURCH 3195 EVERETT DRIVE RENO, NV 89503	88-0191493	501(C)(3)	2,000.	0.			SCHOOL SUPPLIES FOR KINGS ACADEMY
SIERRA BIBLE CHURCH 3195 EVERETT DRIVE RENO, NV 89503	88-0191493	501(C)(3)	5,000.	0.			KING'S ACADEMY

Schedule I (Form 990)

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SIERRA BIBLE CHURCH 3195 EVERETT DRIVE RENO, NV 89503	88-0191493	501(C)(3)	1,607.	0.			GENERAL SUPPORT
SIERRA NEVADA JOURNEYS 190 EAST LIBERTY STREET RENO, NV 89501	01-0881587	501(C)(3)	33,041.	0.			TRF #167
SIERRA NEVADA JOURNEYS 190 EAST LIBERTY STREET RENO, NV 89501	01-0881587	501(C)(3)	28,446.	0.			GRANT #179 TRUCKEE RIVER FUND
SIERRA NEVADA JOURNEYS 190 EAST LIBERTY STREET RENO, NV 89501	01-0881587	501(C)(3)	12,900.	0.			CPG 2016-04
SIMMARON RESEARCH, INC. 948 INCLINE WAY INCLINE VILLAGE, NV 89451	45-2191464	501(C)(3)	21,020.	0.			GENERAL SUPPORT
SOROPTIMIST INTERNATIONAL OF TRUCKEE MEADOWS - P.O. BOX 20125 - RENO, NV 89515	94-2342761	501(C)(3)	8,500.	0.			FALL TERM 2015 SCHOLARSHIPS
SOROPTIMIST INTERNATIONAL OF TRUCKEE MEADOWS - P.O. BOX 20125 - RENO, NV 89515	94-2342761	501(C)(3)	10,000.	0.			REIMBURSEMENT FOR 2016 GRADUATE SCHOLARSHIPS
SOROPTIMIST INTERNATIONAL OF TRUCKEE MEADOWS - P.O. BOX 20125 - RENO, NV 89515	94-2342761	501(C)(3)	16,500.	0.			2016 UNDERGRADUATE SCHOLARSHIPS
SOROPTIMIST INTERNATIONAL OF TRUCKEE MEADOWS - P.O. BOX 20125 - RENO, NV 89515	94-2342761	501(C)(3)	1,500.	0.			THANKS TO YOUTH - DIAMOND SPONSOR

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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SOROPTIMIST INTERNATIONAL OF TRUCKEE MEADOWS - P.O. BOX 20125 - RENO, NV 89515	94-2342761	501(C)(3)	1,450.	0.			2016 MAKING A DIFFERENCE FOR WOMEN GRANTS
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	100,000.	0.			GENERAL SUPPORT
SPARKS HERITAGE MUSEUM 820 VICTORIAN AVENUE SPARKS, NV 89431	94-3004776	501(C)(3)	5,000.	0.			PRESERVATION & RESTORATION OF LAST CHANCE JOE
SPARKS HIGH SCHOOL 820 15TH STREET SPARKS, NV 89431	88-6000919	501(A) GOV	5,000.	0.			CHEMISTRY DEPARTMENT
SPARKS HIGH SCHOOL 820 15TH STREET SPARKS, NV 89431	88-6000919	501(A) GOV	5,000.	0.			CHEMISTRY DEPARTMENT
SPECIAL OLYMPICS NEVADA 5670 WYNN ROAD, SUITE H LAS VEGAS, NV 89118	88-0421602	501(C)(3)	5,000.	0.			NEVADA SCHOOLS PARTNERSHIP PROGRAM, FOR REED AND GALENA HS
STANFORD UNIVERSITY - OFFICE OF DEVELOPMENT - 326 GALVEZ STREET - STANFORD, CA 94305	94-1156365	501(C)(3)	350,000.	0.			CARDINAL SERVICE/STANFORD FUND/HAAS CENTER
STATE OF NEVADA, DEPARTMENT OF WILDLIFE - 6980 SIERRA CENTER PKWY, #120 - RENO, NV 89511	88-6000022	501(A) GOV	2,500.	0.			PURCHASE HELICOPTER
STATE OF NEVADA, DEPARTMENT OF WILDLIFE - 6980 SIERRA CENTER PKWY, #120 - RENO, NV 89511	88-6000022	501(A) GOV	4,042.	0.			PURCHASE GAME TAGS FOR 2016 RAFFLE WINNERS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
STATE OF NEVADA, DEPARTMENT OF WILDLIFE - 6980 SIERRA CENTER PKWY, #120 - RENO, NV 89511	88-6000022	501(A) GOV	100,000.	0.			#41SEED FOR 2016
STATE OF NEVADA, DEPARTMENT OF WILDLIFE - 6980 SIERRA CENTER PKWY, #120 - RENO, NV 89511	88-6000022	501(A) GOV	125,000.	0.			WILDFIRE HABITAT RESTORATION
STEP 2 P.O. BOX 40674 RENO, NV 89504	94-3025207	501(C)(3)	1,000.	0.			BIRTHDAYS MATTER PROGRAM; TRANSPORTAION
STEP 2 P.O. BOX 40674 RENO, NV 89504	94-3025207	501(C)(3)	1,000.	0.			WHERE MOST NEEDED
STEP 2 P.O. BOX 40674 RENO, NV 89504	94-3025207	501(C)(3)	5,000.	0.			GENERAL SUPPORT
SUNRISE ELEMENTARY SCHOOL 401 MATT WALLER DRIVE RICHMOND, MO 64085	44-6001494	501(C)(3)	10,000.	0.			ON BEHALF OF NICOLE VAN BUSKIRK
SUNRISE ELEMENTARY SCHOOL 401 MATT WALLER DRIVE RICHMOND, MO 64085	44-6001494	501(C)(3)	6,000.	0.			SCHOOL SUPPLIES
SUSANNE AND GLORIA YOUNG FOUNDATION - 4260 MEADOWGATE TRAIL - RENO, NV 89519	26-3617880	501(C)(3)	30,000.	0.			GENERAL SUPPORT
SUSANNE AND GLORIA YOUNG FOUNDATION - 4260 MEADOWGATE TRAIL - RENO, NV 89519	26-3617880	501(C)(3)	50,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
TAHOE RIM TRAIL ASSOCIATION PO BOX 3267 STATELINE, NV 89449	94-2789846	501(C)(3)	30,000.	0.			OPERATING ACCOUNTS
TAHOE RIM TRAIL ASSOCIATION PO BOX 3267 STATELINE, NV 89449	94-2789846	501(C)(3)	40,000.	0.			GENERAL SUPPORT
TAHOE-PYRAMID BIKEWAY 4790 CAUGHLIN PARKWAY, SUITE 138 RENO, NV 89519	55-0895667	501(C)(3)	500.	0.			CENTURY CIRCLE MEMBERSHIP
TAHOE-PYRAMID BIKEWAY 4790 CAUGHLIN PARKWAY, SUITE 138 RENO, NV 89519	55-0895667	501(C)(3)	500.	0.			DONATION
TAHOE-PYRAMID BIKEWAY 4790 CAUGHLIN PARKWAY, SUITE 138 RENO, NV 89519	55-0895667	501(C)(3)	10,000.	0.			COMPLETE TAHOE TO PYRAMID BIKE PATH
TAHOE-PYRAMID BIKEWAY 4790 CAUGHLIN PARKWAY, SUITE 138 RENO, NV 89519	55-0895667	501(C)(3)	1,000.	0.			GENERAL SUPPORT
TAHOE-PYRAMID BIKEWAY 4790 CAUGHLIN PARKWAY, SUITE 138 RENO, NV 89519	55-0895667	501(C)(3)	1,000.	0.			GENERAL SUPPORT
TANZANIA WILDLIFE & CONSERVATION FUND INC - 1913 RR 620 SOUTH, STE. 100 - LAKEWAY, TX 78734	47-1982274	501(C)(3)	2,000.	0.			RUHITA SCHOOL
TANZANIA WILDLIFE & CONSERVATION FUND INC - 1913 RR 620 SOUTH, STE. 100 - LAKEWAY, TX 78734	47-1982274	501(C)(3)	5,000.	0.			DESKS/TEACHER EDUCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
TANZANIA WILDLIFE & CONSERVATION FUND INC - 1913 RR 620 SOUTH, STE. 100 - LAKEWAY, TX 78734	47-1982274	501(C)(3)	23,500.	0.			RUHITA SCHOOL CLASS CONSTRUCTION
TANZANIA WILDLIFE & CONSERVATION FUND INC - 1913 RR 620 SOUTH, STE. 100 - LAKEWAY, TX 78734	47-1982274	501(C)(3)	1,727.	0.			SUPPLIES FOR STUDENTS AT OLORASH SCHOOL
THE BRIDGE CHURCH 1330 FOSTER DRIVE RENO, NV 89509	88-0089157	501(C)(3)	3,214.	0.			GENERAL SUPPORT
THE BRIDGE CHURCH 1330 FOSTER DRIVE RENO, NV 89509	88-0089157	501(C)(3)	3,214.	0.			GENERAL SUPPORT
THE BRIDGE CHURCH 1330 FOSTER DRIVE RENO, NV 89509	88-0089157	501(C)(3)	3,214.	0.			GENERAL SUPPORT
THE HAMLIN SCHOOL 2120 BROADWAY SAN FRANCISCO, CA 94115	94-1393894	501(C)(3)	5,000.	0.			CAPITAL CAMPAIGN
THE HARRAH AUTOMOBILE FOUNDATION 10 LAKE STREET SOUTH RENO, NV 89501	94-2777978	501(C)(3)	1,000.	0.			GENERAL SUPPORT
THE HARRAH AUTOMOBILE FOUNDATION 10 LAKE STREET SOUTH RENO, NV 89501	94-2777978	501(C)(3)	15,000.	0.			WEBSTER'S MATCH GIFT CHALLENGE
THE HARRAH AUTOMOBILE FOUNDATION 10 LAKE STREET SOUTH RENO, NV 89501	94-2777978	501(C)(3)	500.	0.			WEBSTER MATCHING FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
THE HARRAH AUTOMOBILE FOUNDATION 10 LAKE STREET SOUTH RENO, NV 89501	94-2777978	501(C)(3)	50,000.	0.			GENERAL SUPPORT
THE NATURE CONSERVANCY OF NEVADA ONE EAST 1ST STREET, #1007 RENO, NV 89501	53-0242652	501(C)(3)	10,000.	0.			NV CHAPTER'S WATER PROGRAM INITIATIVE
THE NATURE CONSERVANCY OF NEVADA ONE EAST 1ST STREET, #1007 RENO, NV 89501	53-0242652	501(C)(3)	2,000.	0.			CARPENTER VALLEY CAMPAIGN
THE NATURE CONSERVANCY OF NEVADA ONE EAST 1ST STREET, #1007 RENO, NV 89501	53-0242652	501(C)(3)	5,000.	0.			GENERAL SUPPORT
THE NATURE CONSERVANCY OF NEVADA ONE EAST 1ST STREET, #1007 RENO, NV 89501	53-0242652	501(C)(3)	500.	0.			WITT HALL CENTER IN GENOA, NV
THE SALVATION ARMY - SILICON VALLEY - 359 N 4TH STREET - SAN JOSE, CA 95112	94-1156347	501(C)(3)	5,000.	0.			GIFT CARDS FOR TEENS
TRUCKEE DONNER LAND TRUST P.O. BOX 8816 TRUCKEE, CA 96162	68-0245327	501(C)(3)	75,000.	0.			TRF #181
TRUCKEE MEADOWS COMMUNITY COLLEGE FOUNDATION - 7000 DANDINI BLVD. - RENO, NV 89512	88-0185319	501(C)(3)	5,000.	0.			APPLIED TECHNOLOGY SCHOLARSHIPS
TRUCKEE RIVER WATERSHED COUNCIL P.O. BOX 8568 TRUCKEE, CA 96162	91-1818748	501(C)(3)	67,000.	0.			TRUCKEE RIVER FUND GRANT #171

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
TRUCKEE RIVER WATERSHED COUNCIL P.O. BOX 8568 TRUCKEE, CA 96162	91-1818748	501(C)(3)	90,000.	0.			GRANT #177 TRUCEE RIVER FUND
TRUCKEE RIVER WATERSHED COUNCIL P.O. BOX 8568 TRUCKEE, CA 96162	91-1818748	501(C)(3)	40,000.	0.			GRANT #178 TRUCKEE RIVER FUND
U.S. DIVING FOUNDATION P.O. BOX 4352 CARMEL, IN 46082	31-1153995	501(C)(3)	269,508.	0.			PER 3/25/16 AGREEMENT LETTER
UNITED WAY OF NORTHERN NEVADA & THE SIERRA - 639 ISBELL ROAD, SUITE 460 - RENO, NV 89509	88-0059327	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UNITED WAY OF NORTHERN NEVADA & THE SIERRA - 639 ISBELL ROAD, SUITE 460 - RENO, NV 89509	88-0059327	501(C)(3)	422.	0.			ANNUAL DISTRIBUTION - 2016
UNIVERSITY OF CALIFORNIA, DAVIS FOUNDATION - - 400 MRAK HALL DRIVE - DAVIS, CA 95616	94-6036494	501(C)(3)	5,000.	0.			UC DAVIS SCHOOL OF LAW
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO FOUND - PO BOX 45339 - SAN FRANCISCO, CA 94145	94-2829914	501(C)(3)	5,000.	0.			UCSF HEART TRANSPLANT PATIENT & FAMILY FUND
UNIVERSITY OF MIAMI 5821 SAN AMARO DRIVE CORAL GABLES, FL 33146	59-0624458	501(C)(3)	82,205.	0.			3M DIVE TOWER
UNIVERSITY OF NEVADA, RENO - BOARD OF REGENTS - UNR-OFFICE OF STUDENT FINANCIAL AID, MAIL STOP 0076 - RENO, NV 89557	88-6000024	501(C)(3)	40,181.	0.			ROGER BERGMANN ATHLETIC SCHOLARSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
UNR FOUNDATION-MORRILL HALL ALUMNI CENTER - MAIL STOP 0007 - RENO, NV 89557	94-2781749	501(C)(3)	2,500.	0.			PACK EDUCATIONAL FUND IN ATHLETIC DEPART.
UNR FOUNDATION-MORRILL HALL ALUMNI CENTER - MAIL STOP 0007 - RENO, NV 89557	94-2781749	501(C)(3)	1,874.	0.			COLLEGE OF LIBERAL ARTS/GENERAL SUPPORT
UNR FOUNDATION-MORRILL HALL ALUMNI CENTER - MAIL STOP 0007 - RENO, NV 89557	94-2781749	501(C)(3)	200.	0.			INSKIP FAMILY PRACTICE SCHOLARSHIP
UNR FOUNDATION-MORRILL HALL ALUMNI CENTER - MAIL STOP 0007 - RENO, NV 89557	94-2781749	501(C)(3)	8,500.	0.			WOMEN'S TENNIS TEAM
UNR FOUNDATION-MORRILL HALL ALUMNI CENTER - MAIL STOP 0007 - RENO, NV 89557	94-2781749	501(C)(3)	10,000.	0.			ACCT. #1311-116-0011 72ND ANNUAL CONGRESS - IIPF
UNR FOUNDATION-MORRILL HALL ALUMNI CENTER - MAIL STOP 0007 - RENO, NV 89557	94-2781749	501(C)(3)	15,000.	0.			UNR DIVING TEAM
UNR FOUNDATION-MORRILL HALL ALUMNI CENTER - MAIL STOP 0007 - RENO, NV 89557	94-2781749	501(C)(3)	1,000.	0.			FOR UNR SCHOOL OF MEDICINE, IN MEMORY H. M. PRUPAS, M.D.
UNR FOUNDATION-MORRILL HALL ALUMNI CENTER - MAIL STOP 0007 - RENO, NV 89557	94-2781749	501(C)(3)	1,000.	0.			RICHARD BRYAN PLAZA
UNR FOUNDATION-MORRILL HALL ALUMNI CENTER - MAIL STOP 0007 - RENO, NV 89557	94-2781749	501(C)(3)	5,000.	0.			SILVER & BLUE SOCIETY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
UNR FOUNDATION-MORRILL HALL ALUMNI CENTER - MAIL STOP 0007 - RENO, NV 89557	94-2781749	501(C)(3)	50,000.	0.			UNR ATHLETIC DEPT. "FOOTBALL SPECIAL" ACCOUNT
UNR FOUNDATION-MORRILL HALL ALUMNI CENTER - MAIL STOP 0007 - RENO, NV 89557	94-2781749	501(C)(3)	5,000.	0.			TURKISH CULTURAL ASSOCIATION
UNR FOUNDATION-MORRILL HALL ALUMNI CENTER - MAIL STOP 0007 - RENO, NV 89557	94-2781749	501(C)(3)	10,000.	0.			SILVER & BLUE SOCIETY
UNR FOUNDATION-MORRILL HALL ALUMNI CENTER - MAIL STOP 0007 - RENO, NV 89557	94-2781749	501(C)(3)	5,000.	0.			NEW COMPUTERS FOR DEAN'S FUTURE SCHOLARS
UNR FOUNDATION-MORRILL HALL ALUMNI CENTER - MAIL STOP 0007 - RENO, NV 89557	94-2781749	501(C)(3)	24,600.	0.			VIRGINIA STREET GYM REPLACEMENT
UP AQUATICS, INC. 4310 17TH AVENUE SOUTH FARGO, ND 58103	27-1181382	501(C)(3)	10,000.	0.			TWO DURAFLEX DIVING BOARDS
USA SWIMMING FOUNDATION INC 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909	72-1581977	501(C)(3)	5,000.	0.			LEARN TO SWIM PROGRAM
VETERANS GUEST HOUSE, INC. 880 LOCUST STREET RENO, NV 89502	94-3160109	501(C)(3)	1,000.	0.			GENERAL SUPPORT
VETERANS GUEST HOUSE, INC. 880 LOCUST STREET RENO, NV 89502	94-3160109	501(C)(3)	25,000.	0.			NEW BUILDING CONSTRUCTION FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHOE COUNTY SEARCH AND RESCUE, INC. - PO BOX 20012 - RENO, NV 89515	23-7007538	501(C)(3)	5,000.	0.			ANNUAL BANQUET
WASHOE COUNTY SEARCH AND RESCUE, INC. - PO BOX 20012 - RENO, NV 89515	23-7007538	501(C)(3)	500.	0.			GRATITUDE FOR SERVICE
WILLAMETTE UNIVERSITY 900 STATE STREET SALEM, OR 97301			75,000.	0.			BERGMANN FOUNDATION SCHOLARSHIP FOR ECONOMICS
WORLD ACROBATICS SOCIETY 2632 FOREST DRIVE MAYPORT, PA 16240	52-2065710	501(C)(3)	7,500.	0.			GALLERY OF LEGENDS/GOLDEN ACHIEVEMENT
YERINGTON AREA CAT CONTROL 125 HWY 339 YERINGTON, NV 89447	45-4674798	501(C)(3)	8,960.	0.			RESOURCE CENTER FOR SMALL DOMESTIC PETS

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	56	68,109.	0.		

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

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
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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X
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. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
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:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
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:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
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:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
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	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

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

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

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

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **COMMUNITY FOUNDATION OF WESTERN NEVADA** Employer identification number **88-0370179**

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF WESTERN NEVADA

Employer identification number

88-0370179

FORM 990, PART VI, SECTION B, LINE 11B:

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

FORM 990, PART VI, SECTION B, LINE 12C:

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

FORM 990, PART VI, SECTION B, LINE 15:

ONCE ANNUALLY, THE BOARD CONSIDERS COMPENSATION FOR THE CEO. A PERFORMANCE REVIEW IS PERFORMED WITH ALL BOARD MEMBERS. ADDITIONALLY THE CEO REPORTS ON ACHIEVEMENTS OF ANNUAL GOALS AND OBJECTIVES FROM THE PRIOR YEAR. THIS INFORMATION IS REVIEWED BY THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE ALSO REVIEWS INFORMATION COMPILED BY THE COUNCIL OF FOUNDATION

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization COMMUNITY FOUNDATION OF WESTERN NEVADA	Employer identification number 88-0370179
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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.

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.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR THE REVIEW AND APPROVAL OF THE AUDITED FINANCIAL STATEMENTS HAS NOT CHANGED FROM THE PRIOR FISCAL YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization **COMMUNITY FOUNDATION OF WESTERN NEVADA** Employer identification number **88-0370179**

Part I 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
CFX, LLC 50 WASHINGTON STREET, SUITE 300 RENO, NV 89503	HOLD PROPERTY	NEVADA	103,633.	1,416,510.	
CFCP, LLC - 20-0310840 50 WASHINGTON STREET, SUITE 300 RENO, NV 89503	HOLD PROPERTY	NEVADA	31,388.	2,403,598.	
CFRSO, LLC 50 WASHINGTON STREET, SUITE 300 RENO, NV 89503	HOLD PROPERTY	NEVADA	203,848.	1,306,307.	

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

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

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

Schedule R (Form 990) 2016

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

