

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2022** 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 Northern Nevada		D Employer identification number 88-0370179
	Doing business as		E Telephone number 775-333-5499
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 53,822,462.
	50 Washington St Ste 300		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code Reno, NV 89503		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: Eaton Dunkelberger same as C above		If "No," attach a list. See instructions	
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		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Inspire philanthropy by facilitating grants, scholarships, education and advising.		
	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	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	22
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-165.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	16,926,824.	12,275,107.
	9 Program service revenue (Part VIII, line 2g)	878,274.	808,866.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,939,935.	4,972,080.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	284,735.	47,539.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,029,768.	18,103,592.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,874,515.	13,305,103.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	969,361.	1,073,059.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	250,613.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,169,040.	1,088,937.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,012,916.	15,467,099.
19 Revenue less expenses. Subtract line 18 from line 12	8,016,852.	2,636,493.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 144,978,607.	End of Year 127,930,219.
	21 Total liabilities (Part X, line 26)	14,392,473.	12,146,601.
	22 Net assets or fund balances. Subtract line 21 from line 20	130,586,134.	115,783,618.

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 Eaton Dunkelberger, President and CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name Deb Nelson, CPA	Preparer's signature Deb Nelson, CPA
	Firm's name Eide Bailly LLP	Date 11/10/23
	Firm's address 800 Nicollet Mall, Ste. 1300 Minneapolis, MN 55402-7033	Check if self-employed <input type="checkbox"/> PTIN P01264758
		Firm's EIN 45-0250958
		Phone no. 612-253-6500

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 [X]

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 [X] No

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

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

4a (Code:) (Expenses \$ 14,189,699. including grants of \$ 13,305,103.) (Revenue \$ 808,866.) The Community Foundation of Northern Nevada empowers the region by fostering philanthropy through donor-advised funds, scholarships, nonprofit endowments, and bequests. The Community Foundation is the region's expert on facilitating complex gifting.

In addition to philanthropic advising and grantmaking, the Community Foundation is an active leader and convener in addressing local causes, including youth experiencing homelessness, preventing financial scams, family caregiver support, and transitional housing.

In the future, the Community Foundation will continue its core philanthropic work while also addressing the needs of our community,

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

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

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

4e Total program service expenses 14,189,699.

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> ? See instructions	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 Rev. Proc. 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 donor-restricted endowments or in 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> See instructions		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
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	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on 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 (22); 1b Enter the number of voting members included on line 1a, above, who are independent (22); 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, 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 on 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 on 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 on 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 on 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 (1024 or 1024-A, 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 on Schedule O)
19 Describe on 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
Eaton Dunkelberger - 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) Eaton Dunkelberger President and CEO (as of Apr)	40.00 1.00			X			147,813.	0.	8,589.	
(2) David Brokaski CFO (thru of Nov)	40.00 0.00			X			120,307.	0.	8,107.	
(3) Ross Kemper Interim CFO (as of Nov)	40.00 0.00			X			78,135.	0.	13,887.	
(4) Chris Askin President and CEO (thru Jan)	40.00 1.00			X			19,486.	0.	1,559.	
(5) Kevin Melcher Board Chair	2.00 0.00	X		X			0.	0.	0.	
(6) Beau Keenan Board Vice Chair	2.00 0.00	X		X			0.	0.	0.	
(7) Julia Kingston Treasurer	2.00 0.00	X		X			0.	0.	0.	
(8) Jason Morris Secretary	2.00 0.00	X		X			0.	0.	0.	
(9) Steve Carrick Trustee	2.00 0.00	X					0.	0.	0.	
(10) Leslie Daane Trustee	2.00 0.00	X					0.	0.	0.	
(11) Tyson Cross Trustee	2.00 0.00	X					0.	0.	0.	
(12) Jill Lillaney Trustee	2.00 0.00	X					0.	0.	0.	
(13) Victor Bucher Trustee	2.00 0.00	X					0.	0.	0.	
(14) Bonnie Drinkwater Trustee	2.00 0.00	X					0.	0.	0.	
(15) Edward Estipona Trustee	2.00 0.00	X					0.	0.	0.	
(16) Cheri Hill Trustee	2.00 0.00	X					0.	0.	0.	
(17) Gail Humphreys Trustee	2.00 1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Craig King Trustee	2.00 0.00	X						0.	0.	0.
(19) DongJoon Lee Trustee	2.00 0.00	X						0.	0.	0.
(20) Dan Lofrese Trustee	2.00 0.00	X						0.	0.	0.
(21) Joel Muller Trustee	2.00 0.00	X						0.	0.	0.
(22) Susanne Pennington Trustee	2.00 0.00	X						0.	0.	0.
(23) Bonnie Read Trustee	2.00 0.00	X						0.	0.	0.
(24) Alicia Reban Trustee	2.00 0.00	X						0.	0.	0.
(25) Beth Schuler Trustee	2.00 0.00	X						0.	0.	0.
(26) Lilli Trincherro Trustee	2.00 0.00	X						0.	0.	0.
1b Subtotal								365,741.	0.	32,142.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								365,741.	0.	32,142.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

See Part VII, Section A Continuation sheets

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) Dan Ahearn Trustee (thru June)	2.00 0.00	X						0.	0.	0.
(28) Cary Lurie/Trustee (thru Sept)/Emeritus (as of Sept)	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

DISCLOSURE COPY

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	4,585,000.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	7,690,107.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 737,056.				
	h Total. Add lines 1a-1f		12,275,107.				
Program Service Revenue	2 a Nevada Dream Tags	Business Code					
		900099	624,493.	624,493.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue	900099	184,373.	184,373.			
g Total. Add lines 2a-2f		808,866.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,517,402.		-165.	3517567.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	112,163.			
			(ii) Personal				
	b Less: rental expenses ...	6b	64,624.				
	c Rental income or (loss)	6c	47,539.				
	d Net rental income or (loss)		47,539.			47,539.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	37,108,924.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	35,654,246.				
	c Gain or (loss)	7c	1,454,678.				
d Net gain or (loss)		1,454,678.			1454678.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			18,103,592.	808,866.	-165.	5019784.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,366,501.	12,366,501.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	885,102.	885,102.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	53,500.	53,500.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	389,352.	155,741.	155,741.	77,870.
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	514,258.	205,703.	205,703.	102,852.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,934.	8,774.	8,773.	4,387.
9 Other employee benefits	76,297.	30,519.	30,519.	15,259.
10 Payroll taxes	71,218.	28,487.	28,487.	14,244.
11 Fees for services (nonemployees):				
a Management				
b Legal	5,564.		5,564.	
c Accounting	50,063.		50,063.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	420,915.		420,915.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	49,021.		49,021.	
12 Advertising and promotion	24,892.	24,892.		
13 Office expenses	23,536.	9,415.	9,414.	4,707.
14 Information technology	77,972.	31,189.	31,189.	15,594.
15 Royalties				
16 Occupancy	65,625.	26,250.	26,250.	13,125.
17 Travel	2,208.	2,208.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,767.	4,767.		
20 Interest	23,732.	23,732.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,206.	2,082.	2,082.	1,042.
23 Insurance	7,665.	3,066.	3,066.	1,533.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on 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	296,145.	296,145.		
b Initiative expenses	4,450.	4,450.		
c				
d				
e All other expenses	27,176.	27,176.		
25 Total functional expenses. Add lines 1 through 24e	15,467,099.	14,189,699.	1,026,787.	250,613.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	14,237,105.	2	12,806,452.
	3 Pledges and grants receivable, net	9,177,488.	3	10,124,684.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	44,280.	9	64,626.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,973,367.		
	b Less: accumulated depreciation	10b 1,235,361.	10c	4,738,006.
	11 Investments - publicly traded securities	100,506,971.	11	88,304,110.
	12 Investments - other securities. See Part IV, line 11	13,243,821.	12	9,165,005.
	13 Investments - program-related. See Part IV, line 11	860,000.	13	0.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,197,576.	15	2,727,336.
16 Total assets. Add lines 1 through 15 (must equal line 33)	144,978,607.	16	127,930,219.	
Liabilities	17 Accounts payable and accrued expenses	94,839.	17	154,811.
	18 Grants payable	5,108,939.	18	4,817,233.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,000,000.	23	1,543,775.
	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	7,188,695.	25	5,630,782.
	26 Total liabilities. Add lines 17 through 25	14,392,473.	26	12,146,601.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	50,146,809.	27	38,703,682.
	28 Net assets with donor restrictions	80,439,325.	28	77,079,936.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	130,586,134.	32	115,783,618.
	33 Total liabilities and net assets/fund balances	144,978,607.	33	127,930,219.

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	18,103,592.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,467,099.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,636,493.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	130,586,134.
5	Net unrealized gains (losses) on investments	5	-18,770,391.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	2,338,630.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1,007,248.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	115,783,618.

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 on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

Community Foundation of Northern 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

Name of organization Community Foundation of Northern Nevada	Employer identification number 88-0370179
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>2,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>333,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>335,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>807,323.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Community Foundation of Northern Nevada	Employer identification number 88-0370179
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>1,025,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>2,085,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Community Foundation of Northern Nevada	Employer identification number 88-0370179
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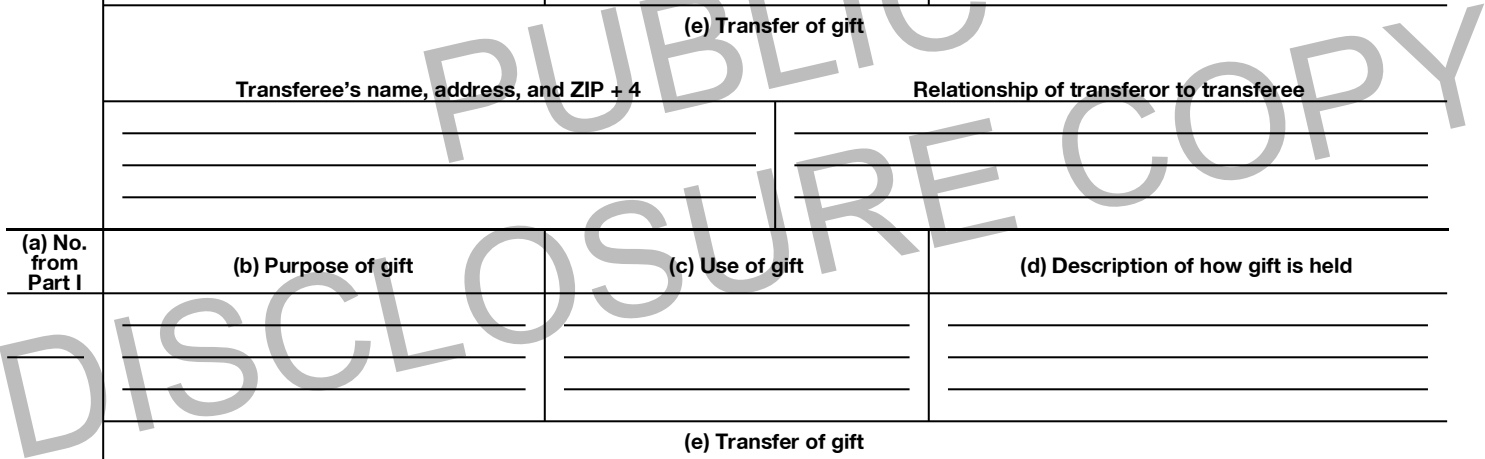
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	Real Estate _____ _____ _____	\$ 330,000.	06/30/22
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization Community Foundation of Northern Nevada	Employer identification number 88-0370179
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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	



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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: Community Foundation of Northern Nevada; Employer identification number: 88-0370179

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements held at the end of the tax year, and yes/no questions about monitoring and reporting.

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.

Form with questions (1a, 1b, 2) regarding the reporting of art and historical treasures, including fields for revenue and asset values.

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 make 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 program
 - 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	32,944,341.	22,952,859.	20,228,522.	17,340,234.	11,426,814.
b Contributions	4,155,128.	8,063,524.	2,254,974.	904,423.	7,736,837.
c Net investment earnings, gains, and losses	-4,773,855.	3,302,472.	1,605,845.	2,654,589.	-1,005,495.
d Grants or scholarships	1,419,378.	1,128,394.	749,013.	340,297.	635,823.
e Other expenditures for facilities and programs			210,885.	161,402.	18,445.
f Administrative expenses	313,690.	246,120.	176,584.	169,025.	163,654.
g End of year balance	30,592,546.	32,944,341.	22,952,859.	20,228,522.	17,340,234.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 4.0600 %
 - b Permanent endowment 95.9400 %
 - c Term endowment .0000 %
- 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 | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,751,954.		3,751,954.
b Buildings		1,829,296.	1,054,350.	774,946.
c Leasehold improvements		120,431.	120,431.	0.
d Equipment		121,821.	60,580.	61,241.
e Other		149,865.		149,865.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,738,006.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) Non Publicly Traded Stock	7,131,500.	End-of-Year Market Value
(B) LLCs	299,923.	End-of-Year Market Value
(C) TTC Offshore Fund		
(D) SPC-Multi Strategy	37,225.	End-of-Year Market Value
(E) Whippoorwill Offshore	258,616.	End-of-Year Market Value
(F) Private Equity Partners		
(G) VIII Offshore	1,437,741.	End-of-Year Market Value
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	9,165,005.	

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) Split Interest Agreements	5,392,362.
(3) Funds Held for Others	31,302.
(4) Lease Liabilities	207,118.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,630,782.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

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

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

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

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

Part XIII Supplemental Information.

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

Part V, line 4:

The Foundation's endowments consist of individual funds established by donors to provide annual funding for specific activities and general operations. The Endowment also includes certain net assets without donor restrictions that have been designated for endowment by the Board of Directors and work to address critical community needs as they arise.

Part X, Line 2:

Management believes that each entity has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the consolidated financial statements. The Foundation would recognize future

Part XIII Supplemental Information *(continued)*

accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred.

PUBLIC DISCLOSURE COPY

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization Community Foundation of Northern Nevada	Employer identification number 88-0370179
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Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	0	Investments		1,734,000.
3 a Subtotal	0	0			1,734,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,734,000.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa - Angola, Benin, Botswana, Burkina Faso,	Grace Home	25,000.	Wire Transfer	0.		
		South Asia	New Girls Dormitory	14,000.	Wire Transfer	0.		
		Sub-Saharan Africa	WWF South Africa	10,000.	Wire Transfer	0.		

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

3 Enter total number of other organizations or entities **0**

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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Part IV Foreign Forms

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

Schedule F (Form 990) 2022

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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:

The organization requires reporting back from the grantee to support the funds were used for the intended charitable purpose.

Schedule F, Part IV:

The Foundation reviews its direct and indirect investments during the tax period for determining required foreign filings.

The Foundation makes direct and indirect transfers to foreign corporations and foreign partnerships. The Foundation would file Form 926 or Form 8865 if the transfers met the requirements for filing. The Foundation's transfers to foreign corporations did not require filing Form 926. The Foundation's transfers to foreign partnerships did require filing Form 8865.

The Foundation has ownership interests in foreign corporations and foreign partnerships. The Foundation would file Form 5471 or Form 8865 if the ownership met the requirements for filing. The Foundation's ownership in foreign corporations did not require filing Form 5471. The Foundation's ownership in foreign partnerships did not require filing Form 8865.

The Foundation invests in partnerships that hold direct or indirect interests in passive foreign investment companies (PFICs). The Foundation would file Form 8621s for underlying investments that generate unrelated business income. The Foundation would not file Form 8621s where the investment partnerships have properly filed Form 8621s,

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.

or where the underlying investments did not generate any unrelated
business income. The Foundation did not require filing Form 8621.

Multiple horizontal lines for supplemental information.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **Community Foundation of Northern 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Advocates to End Domestic Violence P.O. Box 2529 Carson City, NV 89702	94-2665387	501(c)(3)	11,489.	0.			General support
Air Force Association 1501 Lee Highway Arlington, VA 22209	52-6043929	501(c)(3)	50,000.	0.			Mitchell Institute
American Cancer Society - Nevada PO Box 231359 Las Vegas, NV 89105	13-1788491	501(c)(3)	11,489.	0.			Carson City area
American Civil Liberties Union - ACLU - 125 Broad Street - New York, NY 10004	13-6213516	501(c)(3)	20,000.	0.			General support
American Heart Association PO Box 840692 Dallas, TX 75284	13-5613797	501(c)(3)	11,489.	0.			General support
American Media Council, Inc, PO Box 75545 Phoenix, AZ 85087	82-3235497	501(c)(3)	40,000.	0.			General Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 161.

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

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

Schedule I (Form 990) 2022

See Part IV for Column (h) descriptions

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash 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)	10,000.	0.			General support
Artown 528 West 1st Street Reno, NV 89503	88-0412311	501(c)(3)	20,000.	0.			General support
Awaken Inc PO Box 40635 Reno, NV 89504	38-3843380	501(c)(3)	20,000.	0.			General support
Boca Raton Regional Hospital Foundation - 800 Meadows Rd. - Boca Raton, FL 33486	59-2406425	501(c)(3)	20,000.	0.			General support
Boosted Diplomas 725 Belgrave Ave Reno, NV 89502	83-3151044	501(c)(3)	91,000.	0.			General support; Achievements Unlocked
Boy Scouts of America Nevada Area Council - 500 Double Eagle Court - Reno, NV 89511	88-0059912	501(c)(3)	75,000.	0.			General support
Boys & Girls Club of the Peninsula 401 Pierce Road Menlo Park, CA 94025	94-1552134	501(c)(3)	25,000.	0.			Youth of the Year
Boys & Girls Clubs of King County 603 Stewart St., #300 Seattle, WA 98101	91-0532600	501(c)(3)	10,000.	0.			General support
Boys and Girls Club of Lake Tahoe 1100 Lyons Avenue South Lake Tahoe, CA 96150	31-1549603	501(c)(3)	10,000.	0.			Bright Futures Campaign

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash 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)	247,500.	0.			General Support; Outdoor Teaching Garden; STEAM Bus program the Early Learning Center; BCTM
Boys and Girls Club of Western Nevada - 1870 Russell Way - Carson City, NV 89706	88-0269139	501(c)(3)	5,048.	0.			Climate/Habitat Education
Breast Cancer Research Foundation 28 West 44th Street, Suite 609 New York, NY 10036	13-3727250	501(c)(3)	10,000.	0.			Hot Pink Party
Carlthorp School 438 San Vicente Boulevard Santa Monica, CA 90402	95-3512203	501(c)(3)	10,000.	0.			Annual Campaign
Carson City Senior Center 911 Beverly Drive Carson City, NV 89706	88-0123061	501(c)(3)	5,018.	0.			General support
Carson Tahoe Regional Healthcare PO Box 2168 Carson City, NV 89702	88-0502320	501(c)(3)	57,445.	0.			2022 Proposal
Carson Valley Sertoma PO Box 1546 Minden, NV 89423	20-1318250	501(c)(3)	16,000.	0.			2022 Book Scholarships
Castilleja School Foundation 1310 Bryant Street Palo Alto, CA 94301	94-0373222	501(c)(3)	10,000.	0.			Cindy Miller Conference Room Center
Catamount Fund Ltd. 100 W. Liberty Street, 10th Floor Reno, NV 89501	88-0370686	501(c)(3)	75,000.	0.			General support

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Catholic Bishop of Chicago 835 North Rush Street Chicago, IL 60611	36-2170826	501(c)(3)	10,000.	0.			Ukraine Fund
Center for Spiritual Living 4685 Lakeside Drive Reno, NV 89509	94-6136356	501(c)(3)	36,000.	0.			for General support
City of Reno P.O. Box 1900 Reno, NV 89505	88-6000201	501(a) Gov	25,000.	0.			Downtown Reno Partnership
City of Reno Police Department 455 East Second Street Reno, NV 89505	81-5397381	501(a) Gov	7,088.	0.			K9 Unit
Clean Air Task Force 114 State Street, 6th Floor Boston, MA 02109	04-3512550	501(c)(3)	20,000.	0.			General support
CoachArt 445 S. Figueroa St, Ste 3100 Los Angeles, CA 90071	94-3389547	501(c)(3)	50,000.	0.			2022 Awards Gala
Common Sense Media 650 Townsend San Francisco, CA 94103	41-2024986	501(c)(3)	10,000.	0.			General support
Communities In Schools of Nevada 2080 E. Flamingo Rd., Ste. 225 Las Vegas, NV 89119	88-0292094	501(c)(3)	50,000.	0.			Integrated Student Support
Concord Academy Advancement Office Concord, MA 01742	04-1200600	501(c)(3)	100,000.	0.			the Centennial Campaign

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cornell University Box 37334 Boone, IA 50037	15-0532082	501(c)(3)	60,000.	0.			FLame program - College of Engineering
Desert Research Institute Foundation - Northern Nevada Science Center - Reno, NV 89512	94-2879252	501(c)(3)	94,000.	0.			2022 Women's Giving Circle Grant; IRP/Gallagher
Douglas County Sheriffs Advisory Council - P.O. Box 1002 - Minden, NV 89423	20-1308918	501(c)(3)	10,000.	0.			General support
Downtown Emergency Service Center DESC Fund Development Seattle, WA 98104	91-1275815	501(c)(3)	20,000.	0.			General support
Earthjustice 50 California Street San Francisco, CA 94111	94-1730465	501(c)(3)	130,000.	0.			Board match; Never Rest campaign; General Support
Economic Development Foundation Of Greater Reno-Tahoe - 401 Ryland Street - Reno, NV 89502	88-0509413	501(c)(3)	205,452.	0.			General support; Nevada Cares Campus
Eddy House 888 Willow Street Reno, NV 89502	45-3023511	501(c)(3)	84,000.	0.			Client programming; Community Living Program; General Support
Education Alliance of Washoe County - 425 E. 9th Street - Reno, NV 89512	94-3177739	501(c)(3)	15,000.	0.			ISEEE! program
Envirolution 3355 Downey Ave. Reno, NV 89503	20-8274660	501(c)(3)	20,000.	0.			Project ReCharge

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Evergreen Collaborative PO Box 21961 Seattle, WA 98111	86-1741610	501(c)(3)	20,000.	0.			General support
Excel Christian School 850 Baring Blvd Sparks, NV 89434	47-0926478	501(c)(3)	10,000.	0.			\$1k golf tournament/\$9k General support
FIRST Nevada 2620 Golfside Drive Las Vegas, NV 89134	54-2189144	501(c)(3)	10,000.	0.			Outreach expansion-Washoe County
FISH-Friends in Service Helping 138 E. Long Street Carson City, NV 89706	94-2590904	501(c)(3)	11,489.	0.			General support
Food Bank of Northern Nevada 550 Italy Drive McCarran, NV 89434	94-2924979	501(c)(3)	10,000.	0.			General support
For Kids Foundation PO Box 5153 Reno, NV 89513	75-3093964	501(c)(3)	25,000.	0.			Health & Educational Initiative
Friends of Dangberg Home Ranch Inc. - P.O. Box 1158 - Minden, NV 89423	27-5385237	501(c)(3)	5,120.	0.			Endowment Distribution
Friends of Nevada Wilderness P.O. Box 9754 Reno, NV 89507	88-0211763	501(c)(3)	23,250.	0.			Noxious Weed Monitoring
Fun Camp Inc. PO Box 40505 Reno, NV 89504	94-3152378	501(c)(3)	36,000.	0.			General support

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GiveWell 1714 Franklin Street #100335 Oakland, CA 94612	20-8625442	501(c)(3)	20,000.	0.			Maximum Impact Fund
Global Fund for Women, Inc. Attn. Donations San Francisco, CA 94102	77-0155782	501(c)(3)	10,000.	0.			Programs in South Africa
Great Basin National Park Foundation - PO Box 181 - Baker, NV 89311	88-0407290	501(c)(3)	20,000.	0.			Reach for the Stars
greenUP! PO Box 40274 Reno, NV 89504	88-0256088	501(c)(3)	20,004.	0.			NV Green Business program
Heifer International 1 World Ave. Little Rock, AR 72202	35-1019477	501(c)(3)	10,000.	0.			Livestock donations
Hela Bima World PO Box 3390 Stateline, NV 89449	46-3987940	501(c)(3)	200,000.	0.			General support
Historic Fourth Ward School Foundation - P.O. Box 4 - Virginia City, NV 89440	88-0463462	501(c)(3)	30,545.	0.			General support
Holy Virgin Mary Church 3060 Jefferson Blvd West Sacramento, CA 95691		501(c)(3)	25,000.	0.			General support
Hope City Church 8543 White Fir St. Reno, NV 89523	46-2919385	501(c)(3)	20,000.	0.			General support

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Horizon Christian Church 1995 East Prater Way Sparks, NV 89434	30-0313994	501(c)(3)	10,000.	0.			\$5k Heart for the House/\$5k general
Immaculate Conception and St. Joseph Parish - 1107 N. Orleans Street - Chicago, IL 60610	36-2171707	501(c)(3)	6,000.	0.			General support
International Rescue Committee 122 East 42nd Street New York, NY 10168	13-5660870	501(c)(3)	25,000.	0.			Ukraine Relief Fund
Keep Truckee Meadows Beautiful P.O. Box 7412 Reno, NV 89510	88-0254957	501(c)(3)	91,460.	0.			Environmental Education & Engagement; 2023 Great Community Cleanup
Kenny Guinn Center for Policy Priorities - 1664 N Virginia St. - Reno, NV 89557	46-4075622	501(c)(3)	49,000.	0.			Gallagher Lecture Series; General Support
Kiddie Hawk Air Academy 4 West Dry Creek Circle, Suite 100 Littleton, CO 80120	84-1482078	501(c)(3)	80,000.	0.			Living Legends of Aviation
Lake Tahoe School 995 Tahoe Blvd. Incline Village, NV 89451	86-0868862	501(c)(3)	15,000.	0.			Gala
League to Save Lake Tahoe 2608 Lake Tahoe Blvd. South Lake Tahoe, CA 96150	94-6128680	501(c)(3)	17,532.	0.			General support
Leap Forward 142-20 84th Drive, Apt. 7H Briarwood, NY 11435	47-2567825	501(c)(3)	10,000.	0.			General support

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lexington Institute 1600 Wilson Blvd. Arlington, VA 22209	54-1880642	501(c)(3)	40,000.	0.			General support
Life Pointe Church 1616 West Street Woodland, CA 95695	94-2166313	501(c)(3)	70,000.	0.			Building Fund; New Office Fund
Limitless Horizons Ixil, Inc. P.O. Box 3120 Santa Cruz, CA 95063	26-4296182	501(c)(3)	6,000.	0.			General support
Livin' Life on Wheels P. O. Box 17386 Reno, NV 89511	47-2877293	501(c)(3)	12,000.	0.			Wheelchair purchase
Lucile Packard Foundation for Children's Health - 400 Hamilton Avenue - Palo Alto, CA 94301	77-0440090	501(c)(3)	7,500.	0.			Chambers Pediatric Oncology
Maidu Summit Consortium PO Box 682 Chester, CA 96020	27-1129385	501(c)(3)	10,000.	0.			Resource Center staff
Make a Wish Foundation 2800 Club Center Drive Sacramento, CA 95835	68-0027351	501(c)(3)	11,489.	0.			Carson City area
Marine Toys for Tots Foundation National Gift Processing Center Des Moines, IA 50340	20-3021444	501(c)(3)	10,000.	0.			Christmas gifts
Mary's Place PO Box 1711 Seattle, WA 98111	27-2087950	501(c)(3)	10,000.	0.			General support

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Maui Food Bank 760 Kolu Street Wailuku, HI 96793	99-0315110	501(c)(3)	10,000.	0.			General support
Monterey Bay Aquarium Foundation 886 Cannery Row Monterey, CA 93940	94-2487469	501(c)(3)	15,000.	0.			Center for Ocean Education
National World War II Museum 945 Magazine Street New Orleans, LA 70130	72-1200790	501(c)(3)	30,000.	0.			2022 American Spirit Awards; Patriot Circle
Naval Submarine League 405 N. Henry Street Alexandria, VA 22314	52-1270467	501(c)(3)	10,000.	0.			Capital Campaign/Reserve Fund
Nevada Humane Society Inc. 2825 Longley Lane, Suite B Reno, NV 89502	88-0072720	501(c)(3)	362,777.	0.			2022 Proposal; General Support
Nevada Humanities P.O. Box 8029 Reno, NV 89507	23-7358959	501(c)(3)	10,000.	0.			General support
Nevada Military Support Alliance 985 Damonte Ranch Parkway Reno, NV 89521	27-1095956	501(c)(3)	96,281.	0.			April Gala; General Support
Nevada Museum of Art 160 W. Liberty Street Reno, NV 89501	88-6003042	501(c)(3)	1,090,000.	0.			Janna Ireland exhibit; Expansion/construction cost; Director Circle membership; Ben Aleck
Nevada Outdoor School 655 Anderson Street Winnemucca, NV 89445	90-0087367	501(c)(3)	20,000.	0.			Nature in My World

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Nevada Policy Research Institute 7130 Placid Street Las Vegas, NV 89119	88-0276314	501(c)(3)	25,000.	0.			General support
Nevada Rural Counties RSVP Program 2621 Northgate Lane, Suite 6 Carson City, NV 89706	94-3164032	501(c)(3)	10,800.	0.			No Senior Left Behind
Nevada Women's Fund 770 Smithridge Drive, Suite 300 Reno, NV 89502	94-2860375	501(c)(3)	20,000.	0.			WITS Endowed Scholarship; General Support
North Central Nevada Historical Society - PO Box 819 - Winnemucca, NV 89446	51-0143396	501(c)(3)	10,000.	0.			Indian Artifacts and Collections
North Valley Community Foundation 1811 Concord Ave Chico, CA 95928	68-0161455	501(c)(3)	177,614.	0.			Dixie Fire Funders Roundtable
Northern Nevada H.O.P.E.S. 580 W. Fifth Street Reno, NV 89503	86-0865357	501(c)(3)	300,000.	0.			4th Street Clinic; Hope Springs
Northern Nevada Math Club Inc. P.O. Box 51022 Sparks, NV 89435	46-5707304	501(c)(3)	10,000.	0.			General support
Northwest Harvest P.O. Box 12272 Seattle, WA 98102	91-0826037	501(c)(3)	20,000.	0.			General support
Our Lady Of The Snows 1138 Wright Street Reno, NV 89509	90-0111465	501(c)(3)	7,500.	0.			General support

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Parasol Tahoe Community Foundation 948 Incline Way Incline Village, NV 89451	88-0362053	501(c)(3)	16,528.	0.			Nevada Animal Fund
Planned Parenthood Federation of America - Attn: Online Services - Washington, DC 20090	13-1644147	501(c)(3)	16,000.	0.			General support
Planned Parenthood Mar Monte 1691 The Alameda San Jose, CA 95126	94-1583439	501(c)(3)	10,000.	0.			General Support
Planned Parenthood of the Great Northwest and the Hawaiian Islands - 2001 East Madison Street - Seattle, WA 98122	91-0686012	501(c)(3)	20,000.	0.			Seattle PP/Seattle Health Center
Plymouth Housing 2113 3rd Avenue Seattle, WA 98121	91-1122621	501(c)(3)	20,000.	0.			General support
Quest Counseling and Consulting, Inc. - 3500 Lakeside Court - Reno, NV 89509	71-0930980	501(c)(3)	55,000.	0.			Youth Mental Health Program
Reach Up Reach Out Ministries Inc. 24307 Magic Mountain Pkwy Santa Clarita, CA 91355	47-4179363	501(c)(3)	25,000.	0.			Healed One Home Uganda
Reno Chamber Orchestra 925 Riverside Drive, Suite 5 Reno, NV 89503	88-0134278	501(c)(3)	13,399.	0.			General support
Reno Food Systems 972 Bates Avenue Reno, NV 89502	81-1021982	501(c)(3)	18,150.	0.			Interns - Education program

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Reno Initiative for Shelter and Equality - PO Box 5254 - Reno, NV 89513	45-5617917	501(c)(3)	16,579.	0.			General support; Vehicle purchase and insurance
Renown Health Foundation 245 E. Liberty Street, Suite 400 Reno, NV 89501	94-2972749	501(c)(3)	45,000.	0.			Respite Home; Pediatric Healing Arts Program
Rio Blanco County Historical Society - 565 Park, P.O. Box 413 - Meeker, CO 81641	90-0175993	501(c)(3)	10,000.	0.			General support
Sage Ridge School 2515 Crossbow Court Reno, NV 89511	86-0852480	501(c)(3)	8,783.	0.			General support
Samaritan's Purse PO Box 3000 Boone, NC 28607	58-1437002	501(c)(3)	20,000.	0.			Ukraine relief; General support
Scholarship America Inc PO Box 772514 Detroit, MI 48277	04-2296967	501(c)(3)	8,250.	0.			SNC Women's STEM Scholarship Program
Seattle Public Schools MS: 33-343 Seattle, WA 98124	91-6001541	501(c)(3)	10,000.	0.			General support
Sierra Nevada Journeys PO Box 1631 Reno, NV 89505	01-0881587	501(c)(3)	85,597.	0.			Watershed Education Initiative; Classrooms Unleashed; Scholarship Fund
Smithsonian Institution NASM Capital Gallery, Office of Adv Washington, DC 20013	53-0206027	501(c)(3)	9,000.	0.			NASM 2022 Trophy Event

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Soroptimist International of Truckee Meadows - P.O. Box 20125 - Reno, NV 89515	94-2342761	501(c)(3)	27,500.	0.			2022 Spring and Fall scholarships
SOS Children's Villages 1620 I Street, NW Washington, DC 20006	13-6188433	501(c)(3)	50,000.	0.			Ukranian relief
Special Assistance Fund for Energy P.O. Box 10100 Reno, NV 89520	88-0341058	501(c)(3)	250,000.	0.			General support
St. Teresa of Avila Catholic School - 567 South Richmond Avenue - Carson City, NV 89703	27-4337666	501(c)(3)	35,000.	0.			Scholarships/Capital improvements
State of Nevada Commission for Women - 515 E. Musser Street - Carson City, NV 89703	88-6000022	501(a) Gov	9,857.	0.			Fund closure
State of Nevada Department of Wildlife - 6980 Sierra Center Pkwy., #120 - Reno, NV 89511	88-6000022	501(a) Gov	425,000.	0.			Wildfire Habitat Rehab; Dry Valley; Pole Canyon Ranch
Stephen Siller Tunnel to Towers Foundation - 2361 Hylan Boulevard - Staten Island, NY 10306	02-0554654	501(c)(3)	10,000.	0.			General support
Susanne and Gloria Young Foundation - 2588 Edgerock Road - Reno, NV 89519	26-3617880	501(c)(3)	131,000.	0.			Spring 2022 grants; DFS/Care Chest
Tahoe Fund P.O. Box 7124 Tahoe City, CA 96145	01-0974628	501(c)(3)	50,000.	0.			General Support

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Temple Sinai 3405 Gulling Rd Reno, NV 89503	88-0203508	501(c)(3)	8,000.	0.			General support
The Board Of Trustees Of The Leland Stanford Junior University - P.O. Box 20466 - Stanford, CA 94309	94-1156365	501(c)(3)	170,000.	0.			Dr. Park/Dr. Alizadeh research; General support
The Books Arts Press Inc 2023 Ivy Rd Charlottesville, VA 22903-1713	54-1667557	501(c)(3)	10,000.	0.			Annual Fund Board match \$20k Connection
The Bridge Church 1330 Foster Drive Reno, NV 89509	88-0089157	501(c)(3)	43,179.	0.			Center/Bal. General support; Maintenance; youth group meals
The Children's Cabinet Inc. 1090 South Rock Blvd. Reno, NV 89502	77-0097156	501(c)(3)	80,000.	0.			Youth Case management/Basic needs; Mental health support; Positive Pathways program
The Commonwealth Club of California - PO Box 194210 - San Francisco, CA 94119	94-0399260	501(c)(3)	10,000.	0.			2022 Gala
The Discovery Museum 18 Stewart Street Reno, NV 89501	61-1474845	501(c)(3)	60,000.	0.			General support; Survival of the Slowest Exhibition; Financial Assistance Program
The Grace Center PO Box 3433 Fredericksburg, TX 78624	35-2639189	501(c)(3)	5,400.	0.			Fundraising event
The Harrah Automobile Foundation 1 Museum Drive Reno, NV 89501	94-2777978	501(c)(3)	2,000,000.	0.			Renovation campaign

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Nature Conservancy of Nevada 639 Isbell Road, Suite 330 Reno, NV 89509	53-0242652	501(c)(3)	610,450.	0.			Director of Conservation; Developing Forest Resilience to Fire; General support
The Northwest School 1415 Summit Ave. Seattle, WA 98122	91-1061146	501(c)(3)	10,000.	0.			General support
The Salvation Army- Northwest Division - 111 Queen Anne Avenue North - Seattle, WA 98109	94-1156347	501(c)(3)	10,000.	0.			Angel Tree program
The WHIT Program, Inc. PO Box 928 San Angelo, TX 76902	86-3975926	501(c)(3)	7,000.	0.			General support
Thunderbird Lodge Preservation Society - 316 California Avenue #36 - Reno, NV 89509	88-0434866	501(c)(3)	10,000.	0.			General support
Tipping Point Community 220 Montgomery St, Suite 850 San Francisco, CA 94104	20-2121739	501(c)(3)	21,000.	0.			General support
Truckee Donner Land Trust P.O. Box 8816 Truckee, CA 96162	68-0245327	501(c)(3)	26,500.	0.			Access Improvement/Bank Stabalization
Truckee Meadows Community College Foundation - 7000 Dandini Blvd. - Reno, NV 89512	88-0185319	501(c)(3)	29,000.	0.			Scholarships; Student Emergency Fund
Truckee Meadows Parks Foundation 50 Cowan Dr Reno, NV 89509-1009	45-4837735	501(c)(3)	25,000.	0.			Rosewood Nature Study

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Truckee River Foundation PO Box 18153 Reno, NV 89511	20-3378838	501(c)(3)	79,791.	0.			Broadhead Park Phase II
Truckee River Watershed Council P.O. Box 8568 Truckee, CA 96162	91-1818748	501(c)(3)	261,700.	0.			Donner Creek & Boca Restoration; Hoke Meadow & Donner LakeII
Two Top Mountain Adaptive Sports Foundation - 10914 Claylick Road - Mercersburg, PA 17236	26-0466490	501(c)(3)	10,000.	0.			Equipment/Land purchase
UNICEF USA 101 Montgomery Street San Francisco, CA 94104	13-1760110	501(c)(3)	30,000.	0.			Ukraine support; Pakistan Flooding
United States Diving Foundation Inc - P.O. Box 4352 - Carmel, IN 46082	31-1153995	501(c)(3)	416,824.	0.			2022 proposed priorities
United Way of Southern Nevada 5830 W Flamingo Road Las Vegas, NV 89103	88-0071328	501(c)(3)	75,000.	0.			Project REACH
University of Texas MD Anderson Cancer Center - Attn: Development Office - Houston, TX 77210	74-6001118	501(c)(3)	20,000.	0.			Gastroesophageal Cancer Research
UNR Foundation - Financial Services and Records - 1664 N Virginia Street - Reno, NV 89557	94-2781749	501(c)(3)	50,000.	0.			Dean's Future Scholars
UNR Foundation - Morrill Hall Alumni Center - Mail Stop 0007 - Reno, NV 89557	94-2781749	501(c)(3)	95,000.	0.			Engineering Capstone Project: UNR Library; Roger Bergmann Athletic Scholarship; Dean's

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Village School Advancement Office Pacific Palisades, CA 90272	95-4060392	501(c)(3)	10,000.	0.			The Village Fund
Walker Basin Conservancy 615 Riverside Drive, Suite C Reno, NV 89503	47-1989228	501(c)(3)	26,320.	0.			Seed Orchard
Washoe CASA Foundation PO Box 948 Reno, NV 89504	94-2991444	501(c)(3)	15,000.	0.			General support
Washoe County P.O. Box 11130 Reno, NV 89520	88-6000138	501(a) Gov	1,669,180.	0.			Per restrictions in grant letter
Washoe County Honorary Deputy Sheriff's Association - 911 Parr Blvd. - Reno, NV 89512	88-0451723	501(c)(3)	10,000.	0.			Verdi Elementary Computer Lab
Western Folklife Center 501 Railroad Street Elko, NV 89801	87-0447025	501(c)(3)	10,000.	0.			Media Program
Western Nevada College Foundation Bristlecone Building 145 Carson City, NV 89703	88-0283783	501(c)(3)	16,000.	0.			Scholarships; Reach for the Stars
Women and Children's Center of the Sierra - 3905 Neil Road, #2 - Reno, NV 89502	80-0159352	501(c)(3)	20,000.	0.			Youth group; General Support
World Central Kitchen 200 Massachusetts Ave. NW, Suite 70 Washington, DC 20001	27-3521132	501(c)(3)	10,000.	0.			Ukraine

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
World Food Program PO Box 96316 Washington, DC 20090	13-3843435	501(c)(3)	10,000.	0.			South Sudan
YMCA of Greater Seattle c/o Member & Donor Services Seattle, WA 98104	91-0482710	501(c)(3)	10,000.	0.			General support

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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
Education	221	885,102.	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 grantees to report on the use of the funds. Organizations are requested to send a thank-you letter to the donor advisors, and these thank-you letters generally include information from the organization that the grant was used as specified in the accompanying grant correspondence.

The scholarships are paid directly to the schools. The student is required to return the acceptance letter along with an attendance record to complete

Part IV Supplemental Information

the scholarship process.

Part II, line 1, Column (h):

Name of Organization or Government:

Boys and Girls Club of Truckee Meadows

(h) Purpose of Grant or Assistance: General Support; Outdoor Teaching Garden; STEAM Bus program the Early Learning Center; BCTM Academic Programs

Name of Organization or Government: Nevada Museum of Art

(h) Purpose of Grant or Assistance: Janna Ireland exhibit; Expansion/construction cost; Director Circle membership; Ben Aleck Exhibition & Book

Name of Organization or Government:

UNR Foundation - Morrill Hall Alumni Center

(h) Purpose of Grant or Assistance: Engineering Capstone Project: UNR Library; Roger Bergmann Athletic Scholarship; Dean's Future Scholars-Grizzly Creek Ranch; Silver & Blue Society

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

Community Foundation of Northern Nevada

Employer identification number

88-0370179

Part I Questions Regarding Compensation

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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (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

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?

3 Indicate which, if any, of the following the 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"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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 and/or 1099-NEC 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) Eaton Dunkelberger President and CEO (as of Apr)	(i)	147,813.	0.	0.	7,883.	706.	156,402.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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Part III Supplemental Information

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

Part I, Line 4a:

David Brokaski received a severance payment of \$13,846.

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **Community Foundation of Northern 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	9	231,806.	FMV
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	X	1	330,000.	FMV
16 Real estate - Commercial				
17 Real estate - Other	X	3	100,000.	FMV
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (IRAs)	X	11	75,250.	FMV
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 V, Donee Acknowledgement **29** **0**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
 b If "Yes," describe the arrangement in Part II.
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 b If "Yes," describe in Part II.
 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2022

**SCHEDULE O
(Form 990)**

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

Community Foundation of Northern Nevada

Employer identification number

88-0370179

Form 990, Part III, Line 4a, Program Service Accomplishments:

including supporting access to mental health, increasing nonprofit
capacity, and continuing working to address housing for our
highest-need neighbors.

Form 990, Part VI, Section A, line 1a:

The Foundation Executive Committee consists of the Board Officers, the Past
President, and the President & CEO. The Executive Committee has broad
authority on behalf of the board of directors.

Form 990, Part VI, Section B, line 11b:

Upon receipt of the Form 990 from the auditing firm, the Foundation's CEO
and CFO review the document. The CEO provides a copy to the Foundation
Board of Trustees. Once the Form 990 is filed, the Board of Trustees
additionally reviews and approves the Form 990 at the 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.

Name of the organization

Community Foundation of Northern Nevada

Employer identification number

88-0370179

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 on Foundations 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 on 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 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.

**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.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **Community Foundation of Northern 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	83,061.	1,220,968.	Community Foundation of Northern Nevada
CFCP, LLC - 20-0310840 50 Washington Street, Suite 300 Reno, NV 89503	Hold property	Nevada	652,837.	885,796.	Community Foundation of Northern Nevada
CFRSO, LLC 50 Washington Street, Suite 300 Reno, NV 89503	Hold property	Nevada	0.	408,370.	Community Foundation of Northern Nevada
Community Housing Land Trust, LLC 50 Washington Street, Suite 300 Reno, NV 89503	Hold property	Nevada	2,603,854.	6,070,726.	Community Foundation of Northern Nevada

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
Raymond C. Rude Supporting Foundation - 80-0676831, 50 Washington St, Reno, NV 89503	Supporting organization for the Community Foundation of Northern	Nevada	501(c)(3)	Line 12a, I	Community Foundation of Northern Nevada	X	

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

Schedule R (Form 990) 2022

See Part VII for Continuations

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

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

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

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

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

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

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
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n	X	
1o	X	
1p		X
1q	X	
1r		X
1s	X	

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)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Part II, Identification of Related Tax-Exempt Organizations:

Name of Related Organization:

Raymond C. Rude Supporting Foundation

Primary Activity: Supporting organization for the Community Foundation of Northern Nevada.

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Unrelated Business Income

CARRYOVER DATA TO 2023

Name Community Foundation of Northern Nevada	Employer Identification Number 88-0370179
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Based on the information provided with this return, the following are possible carryover amounts to next year.

Federal Post-2017 Net Operating Loss - Pass-Through Income f 1,315.

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Type and Entity: Pass-Through Income fr Post-2017 NO		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/20	Amount Used for 12/31/21	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2019	22,947.	22,947.	12,280.	10,667.							
B	2022	1,315.										
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
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