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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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

C Name of organization
COMMUNITY FOUNDATION OF WESTERN NEVADA

Doing business as

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

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

D Employer identification number
88-0370179

E Telephone number
(775) 333-5499

G Gross receipts $ 12,422,268

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

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ NEVADAFUND ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1998 | **M** State of legal domicile NV

Part I Summary

1 Briefly describe the organization's mission or most significant activities
STRENGTHEN OUR COMMUNITY THROUGH LEADERSHIP ACTIVITIES THAT ENGAGE RESIDENTS AROUND A COMMON ISSUE

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	8
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	10,017,018	10,083,297
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,587,569	2,511,365
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	478,814	-364,004
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,083,401	12,230,658
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,984,583	5,808,168
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)	576,391	656,744
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶179,102		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	817,536	757,506
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,378,510	7,222,418
19	Revenue less expenses Subtract line 18 from line 12	3,704,891	5,008,240

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	76,212,562	76,698,925
21	Total liabilities (Part X, line 26)	8,556,593	7,563,687
22	Net assets or fund balances Subtract line 21 from line 20	67,655,969	69,135,238

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

****** 2016-10-11
Signature of officer Date

CHRIS ASKIN PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ELISABETH FARLEY	ELISABETH FARLEY	2016-10-11		P00520516

Firm's name ▶ KOHN & COMPANY LLP | Firm's EIN ▶ 46-3281627
Firm's address ▶ 5310 KIETZKE LANE SUITE 101, RENO, NV 89511 | Phone no (775) 828-7300

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 6,185,153 including grants of $ 5,808,168) (Revenue $ -298,120)

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

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

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

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

4e **Total program service expenses** ▶ 6,185,153

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	26		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

Part VI Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19		
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?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶CHRIS ASKIN 50 WASHINGTON ST STE 300 RENO, NV 89503 (775) 333-5499

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NORMA WEBSTER TRUSTEE	2 00	X						0	0	0
(2) LINDA SMITH TRUSTEE/IMMEDIATE PAST BOA	2 00	X						0	0	0
(3) BUTCH ANDERSON BOARD VICE CHAIR	2 00	X		X				0	0	0
(4) THOMAS HALL BOARD CHAIR	2 00	X		X				0	0	0
(5) TERESA MENTZER TRUSTEE	2 00	X						0	0	0
(6) LILLI TRINCHERO TRUSTEE	2 00	X						0	0	0
(7) MATTHEW GRAY BOARD SECRETARY	2 00	X		X				0	0	0
(8) REBECCA DICKSON TRUSTEE	2 00	X						0	0	0
(9) JOHN SOLARI TRUSTEE	2 00	X						0	0	0
(10) DIANA KERN TRUSTEE	2 00	X						0	0	0
(11) CARY LURIE TRUSTEE	2 00	X						0	0	0
(12) JAMES PFROMMER TREASURER	2 00	X		X				0	0	0
(13) GAIL HUMPHREYS TRUSTEE	2 00	X						0	0	0
(14) NORA JAMES TRUSTEE	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JAN RUDE-WILLSON TRUSTEE	2 00	X						0	0	0
(16) RAY GONZALEZ TRUSTEE	2 00	X						0	0	0
(17) BARBARA DRAKE TRUSTEE	2 00	X						0	0	0
(18) ALICIA REBAN TRUSTEE	2 00	X						0	0	0
(19) BETH SCHULER TRUSTEE	2 00	X						0	0	0
(20) CHRIS ASKIN PRESIDENT AND CEO	40 00			X				144,912	0	8,093

1b	**Sub-Total**			
c	**Total from continuation sheets to Part VII, Section A**			
d	**Total (add lines 1b and 1c)**	144,912	0	8,093

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 10,083,297				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	10,083,297			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶				
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	2,175,183			2,175,183
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				

		(i) Real	(ii) Personal				
	6a	Gross rents	125,726				
	b	Less rental expenses	191,610				
	c	Rental income or (loss)	-65,884				
	d	Net rental income or (loss) . . . . . ▶		-65,884			-65,884

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	336,182				
	b	Less cost or other basis and sales expenses	0				
	c	Gain or (loss)	336,182				
	d	Net gain or (loss) . . . . . ▶		336,182			336,182
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
Other Revenue		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS REVENUE	561000	320,769	320,769		
	b	CHANGE IN VALUE OF CRUT	900099	-618,889	-618,889		
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		-298,120			
	12	**Total revenue.** See Instructions . . . . . ▶		12,230,658	-298,120	0	2,445,481

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,306,975	5,306,975		
2 Grants and other assistance to domestic individuals See Part IV, line 22	455,193	455,193		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	46,000	46,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	153,005	30,601	91,803	30,601
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	423,772	84,755	254,262	84,755
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,166	6,633	19,900	6,633
9 Other employee benefits				
10 Payroll taxes	46,801	9,360	28,081	9,360
11 Fees for services (non-employees)				
a Management				
b Legal	125		125	
c Accounting	34,551		34,551	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	256,659		256,659	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,148		6,148	
12 Advertising and promotion	26,652	11,773		14,879
13 Office expenses	27,806	5,561	16,684	5,561
14 Information technology	48,669	9,734	29,201	9,734
15 Royalties				
16 Occupancy	50,630	10,126	30,378	10,126
17 Travel	8,109		8,109	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,057		7,057	
20 Interest	8,800	1,760	5,280	1,760
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,376	4,475	13,426	4,475
23 Insurance	6,091	1,218	3,655	1,218
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DIRECT FUND EXPENSES FO	138,686	138,686		
b OTHER EXPENSES	86,256	33,412	52,844	
c INITIATIVE EXPENSES	28,891	28,891		
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	7,222,418	6,185,153	858,163	179,102
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		15,676,092	2	10,901,633
	3	Pledges and grants receivable, net		117,719	3	130,919
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		17,893	9	13,276
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,989,737			
	b	Less accumulated depreciation	10b 916,364	1,176,405	10c	1,073,373
	11	Investments—publicly traded securities		59,224,453	11	64,579,724
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		76,212,562	16	76,698,925
Liabilities	17	Accounts payable and accrued expenses		35,547	17	314,261
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		8,521,046	25	7,249,426
	26	**Total liabilities.** Add lines 17 through 25		8,556,593	26	7,563,687
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		22,961,884	27	19,937,040
	28	Temporarily restricted net assets		28,315,294	28	32,243,712
	29	Permanently restricted net assets		16,378,791	29	16,954,486
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		67,655,969	33	69,135,238
	34	Total liabilities and net assets/fund balances		76,212,562	34	76,698,925

Part XI Reconcilliation 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	12,230,658
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,222,418
3	Revenue less expenses Subtract line 2 from line 1	3	5,008,240
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	67,655,969
5	Net unrealized gains (losses) on investments	5	-3,528,971
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	69,135,238

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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both			
	☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF WESTERN NEVADA

Employer identification number
88-0370179

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	18,410,104	20,285,844	8,152,812	10,017,018	10,083,297	66,949,075
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	18,410,104	20,285,844	8,152,812	10,017,018	10,083,297	66,949,075
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						26,885,373
6 **Public support.** Subtract line 5 from line 4						40,063,702

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	18,410,104	20,285,844	8,152,812	10,017,018	10,083,297	66,949,075
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	724,341	1,297,759	1,349,598	1,712,051	2,300,909	7,384,658
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	163,016	568,794	649,942	484,625	320,769	2,187,146
11 **Total support.** Add lines 7 through 10						76,520,879

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	**14**	52 360 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	**15**	57 770 %

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF WESTERN NEVADA

Employer identification number
88-0370179

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	99	
2	Aggregate value of contributions to (during year)	8,993,594	
3	Aggregate value of grants from (during year)	4,349,210	
4	Aggregate value at end of year	30,157,271	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ Yes ☐ No

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

		Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table	
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 in Part XIII . . . . . ☐

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	8,242,813	8,545,261	7,520,543	6,927,695	2,269,756
b	Contributions	2,716,657	41,551	287,623	704,431	6,103,713
c	Net investment earnings, gains, and losses	-199,854	138,245	1,094,256	673,893	-46,797
d	Grants or scholarships	383,381	419,189	298,591	738,261	1,369,981
e	Other expenditures for facilities and programs	101,624	63,055	58,570	47,215	28,996
f	Administrative expenses					
g	End of year balance	10,274,611	8,242,813	8,545,261	7,520,543	6,927,695

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

- a Board designated or quasi-endowment ▶ 27 000 %
- b Permanent endowment ▶ 1 000 %
- c Temporarily restricted endowment ▶ 72 000 %

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

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

		Yes	No
(i)	unrelated organizations	3a(i)	No
(ii)	related organizations	3a(ii)	No
b	If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to 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)	Accumulated (c) depreciation	(d)Book value
1a Land				
b Buildings		1,829,296	866,582	962,714
c Leasehold improvements		126,007	36,648	89,359
d Equipment		34,434	13,134	21,300
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,073,373

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		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
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
Federal income taxes	
GRANTS PAYABLE AND FUNDS HELD FOR OTHERS	5,582,207
SPLIT INTEREST AGREEMENTS	1,667,219
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	7,249,426

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	8,557,535
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-3,528,971		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	191,610		
e	Add lines **2a** through **2d**			2e	-3,337,361
3	Subtract line **2e** from line **1**			3	11,894,896
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	335,762		
c	Add lines **4a** and **4b**			4c	335,762
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	12,230,658

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	6,787,881
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	191,610		
e	Add lines **2a** through **2d**			2e	191,610
3	Subtract line **2e** from line **1**			3	6,596,271
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	626,147		
c	Add lines **4a** and **4b**			4c	626,147
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	7,222,418

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION IS A NON-PROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3), THEREFORE, NO PROVISION FOR INCOME TAX IS PROVIDED THE FOUNDATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION AND HAS BEEN DESIGNATED AS A PUBLICLY-SUPPORTED ORGANIZATION CFX, LLC, CFCP, LLC AND CFRSO, LLC ARE ALL CONSIDERED SINGLE MEMBER LLC'S AND ARE DISREGARDED ENTITIES FOR TAX PURPOSES THEY ARE INCLUDED IN THE RETURN OF THE FOUNDATION TAX POSITIONS TO CONSIDER INCLUDE, BUT ARE NOT LIMITED TO - IT HAS NOT ENGAGED IN ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX EXEMPT STATUS - IT HAS NOT ENGAGED IN ANY ACTIVITIES THAT WOULD RESULT IN UNRELATED BUSINESS INCOME TAX - IT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN ADDITION, THE FOUNDATION DOES NOT EXPECT ANY MATERIAL CHANGE IN UNCERTAIN TAX POSITIONS WITHIN THE NEXT TWELVE MONTHS
PART XI, LINE 2D - OTHER ADJUSTMENTS	DEPRECIATION REFLECTED AGAINST RENTAL INCOME
PART XI, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT MANAGEMENT FEES NETTED IN REVENUE FOR FINANCIAL STATEMENTS FUNDS HELD FOR OTHER AGENCIES
PART XII, LINE 2D - OTHER ADJUSTMENTS	DEPRECIATION REFLECTED AGAINST RENTAL INCOME
PART XII, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT MANAGEMENT FEES NETTED IN REVENUE FOR FINANCIAL STATEMENTS FUNDS HELD FOR OTHER AGENCIES
SCHEDULE D, PART XI, LINE 2D AND PART XII, LINE 2D	FOR FINANCIAL STATEMENT PURPOSES, RENTAL INCOME AND EXPENSES WERE REPORTED BY GROSS AMOUNT FOR FORM 990, THE RENTAL EXPENSES ARE OFFSET AGAINST RENTAL INCOME THEREFORE, PART XI, LINE 2D AND PART XII, LINE D2 HAVE BEEN ADJUSTED FOR OFFSETTING RENTAL EXPENSES OF $47,902

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF WESTERN NEVADA

Employer identification number
88-0370179

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☑ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

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

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	OPERATING FUNDS	16,000	CHECK			
(2)			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	BATHROOM, KITCHEN PANTRIES, CLASSROOMS	30,000	CHECK			
(3)									
(4)									

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

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

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

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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.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF WESTERN NEVADA

Employer identification number
88-0370179

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed

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

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	195	455,193			

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

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

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AIR FORCE ASSOCIATION 1501 LEE HIGHWAY SUITE 400 ARLINGTON,VA 22209	52-6043929	501(C)(3)	8,000				MITCHELL INSTITUTE
ANIMAL ARK PO BOX 60057 RENO,NV 89506	94-2991026	501(C)(3)	28,500				BEAR REHAB CENTER & SMALL MAMMAL ENCLOSURE
ARTOWN 528 WEST 1ST STREET RENO,NV 89503	88-0412311	501(C)(3)	200				FRIEND OF ARTOWN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARTOWN 528 WEST 1ST STREET RENO,NV 89503	88-0412311	501(C)(3)	1,000				GENERAL SUPPORT
ARTOWN 528 WEST 1ST STREET RENO,NV 89503	88-0412311	501(C)(3)	5,000				2015 ARTOWN EVENTS
ATLAS ECONOMIC RESEARCH FOUNDATION 1201 STREET NW WASHINGTON,DC 20005	94-2763845	501(C)(3)	5,000				JOHN BLUNDELL STUDENTSHIPS PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AWAKEN INC PO BOX 40635 RENO,NV 89504	38-3843380	501(C)(3)	3,000				GENERAL SUPPORT
AWAKEN INC PO BOX 40635 RENO,NV 89504	38-3843380	501(C)(3)	2,000				ACQUISITION OF SAFE HOUSE
AWAKEN INC PO BOX 40635 RENO,NV 89504	38-3843380	501(C)(3)	2,000				DAY-OF-GOLF FUNDRAISER

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AWAKEN INC PO BOX 40635 RENO,NV 89504	38-3843380	501(C)(3)	2,500				GENERAL SUPPORT
AWAKEN INC PO BOX 40635 RENO,NV 89504	38-3843380	501(C)(3)	5,000				GENERAL SUPPORT
BAY AREA SPORTS ORGANIZING COMMITTEE 2275 EAST BAYSHORE SUITE 115 PALO ALTO,CA 94303	94-3052945	501(C)(3)	5,000				2016 OLYMPIANS AND PARALYMPIANS REUNION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIBLE STUDY FELLOWSHIP 19001 HUEBNER ROAD SAN ANTONIO,TX 78258	94-1514010	501(C)(3)	1,000				RENO/SPARKS AREA MEN'S AND WOMEN'S CLASSES
BIBLE STUDY FELLOWSHIP 19001 HUEBNER ROAD SAN ANTONIO,TX 78258	94-1514010	501(C)(3)	1,529				RENO/SPARKS AREA MEN'S AND WOMEN'S CLASSES
BIBLE STUDY FELLOWSHIP 19001 HUEBNER ROAD SAN ANTONIO,TX 78258	94-1514010	501(C)(3)	5,900				RENO/SPARKS AREA MEN'S AND WOMEN'S CLASSES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIBLE STUDY FELLOWSHIP 19001 HUEBNER ROAD SAN ANTONIO,TX 78258	94-1514010	501(C)(3)	1,733				RENO/SPARKS, NV BSF CLASSES
BISHOP MANOGUE HIGH SCHOOL 110 BISHOP MANOGUE DRIVE RENO,NV 89511	90-0111463	501(C)(3)	750				FOOTBALL SPONSORSHIP
BISHOP MANOGUE HIGH SCHOOL 110 BISHOP MANOGUE DRIVE RENO,NV 89511	90-0111463	501(C)(3)	2,500				FFOR THE FIELD HOUSE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BISHOP MANOGUE HIGH SCHOOL 110 BISHOP MANOGUE DRIVE RENO,NV 89511	90-0111463	501(C)(3)	1,080				RIFLE TEAM
BISHOP MANOGUE HIGH SCHOOL 110 BISHOP MANOGUE DRIVE RENO,NV 89511	90-0111463	501(C)(3)	1,000				CAMPUS MINISTRY
BMLC INC 1670 POOLE BLVD YUBA CITY,CA 95993	32-0443955	501(C)(3)	5,000				GENERAL SUPPORT OF BEALE GOLF TOURNAMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOY SCOUTS OF AMERICA NEVADA AREA COUNCIL 500 DOUBLE EAGLE COURT RENO,NV 89511	88-0059912	501(C)(3)	75,000				ANNUAL GIFT
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS 2680 E NINTH STREET RENO,NV 89512	88-0142068	501(C)(3)	5,000				BLUECHIP / RENO BALLERS
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS 2680 E NINTH STREET RENO,NV 89512	88-0142068	501(C)(3)	5,000				RENO BALLERS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS 2680 E NINTH STREET RENO,NV 89512	88-0142068	501(C)(3)	10,000				GENERAL SUPPORT
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS 2680 E NINTH STREET RENO,NV 89512	88-0142068	501(C)(3)	75,000				GENERAL SUPPORT
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS 2680 E NINTH STREET RENO,NV 89512	88-0142068	501(C)(3)	15,000				CPG 2015-07

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS 2680 E NINTH STREET RENO,NV 89512	88-0142068	501(C)(3)	5,000				IT JUST TAKES ONE CAMPAIGN
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS 2680 E NINTH STREET RENO,NV 89512	88-0142068	501(C)(3)	75,000				GENERAL SUPPORT
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS 2680 E NINTH STREET RENO,NV 89512	88-0142068	501(C)(3)	500				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS 2680 E NINTH STREET RENO,NV 89512	88-0142068	501(C)(3)	200				GENERAL SUPPORT
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS 2680 E NINTH STREET RENO,NV 89512	88-0142068	501(C)(3)	20,000				GENERAL SUPPORT
CANINE REHABILITION CENTER AND SANCTUARY 555 US HIGHWAY 395 NORTH CARSON CITY,NV 89704	90-0687180	501(C)(3)	750				GENERAL PURPOSE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CANINE REHABILITION CENTER AND SANCTUARY 555 US HIGHWAY 395 NORTH CARSON CITY,NV 89704	90-0687180	501(C)(3)	1,500				GENERAL SUPPORT
CANINE REHABILITION CENTER AND SANCTUARY 555 US HIGHWAY 395 NORTH CARSON CITY,NV 89704	90-0687180	501(C)(3)	10,000				BUILDING PURCHASE
CATAMOUNT FUND 475 HILL STREET SUITE 2 RENO,NV 89501	88-0370686	501(C)(3)	50,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATAMOUNT FUND 475 HILL STREET SUITE 2 RENO,NV 89501	88-0370686	501(C)(3)	50,000				GENERAL SUPPORT
CATHOLIC CHARITIES CYO OF THE ARCHDIOCESE OF SAN FRANCISCO 990 EDDY STREET SAN FRANCISCO,CA 94109	94-1498472	501(C)(3)	5,000				GENERAL SUPPORT
CATHOLIC CHARITIES OF NORTHERN NEVADA PO BOX 5099 RENO,NV 89513	88-0339754	501(C)(3)	3,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES OF NORTHERN NEVADA PO BOX 5099 RENO,NV 89513	88-0339754	501(C)(3)	2,500				GENERAL SUPPORT
CATHOLIC CHARITIES OF NORTHERN NEVADA PO BOX 5099 RENO,NV 89513	88-0339754	501(C)(3)	7,000				STOCKING STUFFER & FEEDING FAMILIES
CITY OF MIDLAND AQUATICS 3003 NORTH A STREET MIDLAND,TX 79705	75-1254435	501(C)(3)	58,512				EQUIPMENT FOR DIVING CENTER

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF RENO PO BOX 1900 RENO,NV 89505	88-6000201	501(A)GOV	104,235				TRF #157
CITY OF RENO PO BOX 1900 RENO,NV 89505	88-6000201	501(A)GOV	790				BELIEVE SCULPTURE ACQUISITION
CITY OF RENO PO BOX 1900 RENO,NV 89505	88-6000201	501(A)GOV	1,500				SENIOR GAMES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF RENO PO BOX 1900 RENO,NV 89505	88-6000201	501(A)GOV	77,500				TRF #164
CITY OF RENO PO BOX 1900 RENO,NV 89505	88-6000201	501(A)GOV	100,000				TRF #166
CITY OF RENO POLICE DEPARTMENT 455 EAST SECOND STREET RENO,NV 89505		501(A)GOV	5,000				K-9 UNIT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF RENO POLICE DEPARTMENT 455 EAST SECOND STREET RENO,NV 89505		501(A)GOV	20,000				SCHOLARSHIPS
COACH ART 3303 WILSHIRE BLVD SUITE1200 LOS ANGELES,CA 90010	94-3389547	501(C)(3)	5,000				GENERAL SUPPORT OF GALA
COACH ART 3303 WILSHIRE BLVD SUITE1200 LOS ANGELES,CA 90010	94-3389547	501(C)(3)	1,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DOUGLAS COUNTY COMMUNITY SERVICES FOUNDATION PO BOX 838 MINDEN,NV 89423	45-3992227	501(C)(3)	5,000				GENERAL SUPPORT
DOUGLAS COUNTY COMMUNITY SERVICES FOUNDATION PO BOX 838 MINDEN,NV 89423	45-3992227	501(C)(3)	5,000				AUDIO/VISUAL EQUIPMENT
DOUGLAS COUNTY SHERIFFS ADVISORY COUNCIL P O BOX 1002 MINDEN,NV 89423	20-1308918	501(C)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EARTHJUSTICE 50 CALIFORNIA STREET SUITE 500 SAN FRANCISCO,CA 94111	94-1730465	501(C)(3)	20,000				GENERAL PURPOSE
EAST BAY ZOOLOGICAL SOCIETY PO BOX 5238 OAKLAND,CA 94605	94-1687847	501(C)(3)	50,000				CONDOR RECOVERY PROGRAM
EDDY HOUSE PO BOX 6207 RENO,NV 89513	45-3023511	501(C)(3)	4,000				YOUTH RESOURCE CENTER

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EDDY HOUSE PO BOX 6207 RENO,NV 89513	45-3023511	501(C)(3)	500				FEMININE HYGIENE PRODUCTS FOR THE YOUTH RESOURCE CENTER
EDDY HOUSE PO BOX 6207 RENO,NV 89513	45-3023511	501(C)(3)	5,000				YOUTH RESOURCE CENTER
EDDY HOUSE PO BOX 6207 RENO,NV 89513	45-3023511	501(C)(3)	5,286				YOUTH RESOURCE CENTER

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EDDY HOUSE PO BOX 6207 RENO,NV 89513	45-3023511	501(C)(3)	500				FEMININE HYGIENE PRODUCTS FOR YOUTH RESOURCE CENTER
EDDY HOUSE PO BOX 6207 RENO,NV 89513	45-3023511	501(C)(3)	5,000				YOUTH RESOURCE CENTER
EDDY HOUSE PO BOX 6207 RENO,NV 89513	45-3023511	501(C)(3)	2,000				YOUTH RESOURCE CENTER

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EDDY HOUSE PO BOX 6207 RENO,NV 89513	45-3023511	501(C)(3)	5,000				YOUTH RESOURCE CENTER
EDDY HOUSE PO BOX 6207 RENO,NV 89513	45-3023511	501(C)(3)	2,839				YOUTH RESOURCE CENTER
EDDY HOUSE PO BOX 6207 RENO,NV 89513	45-3023511	501(C)(3)	1,000				IN MEMORY OF JAN MONROE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ELECTRONIC FRONTIER FOUNDATION INC 815 EDDY STREET SAN FRANCISCO,CA 94109	04-3091431	501(C)(3)	10,000				GENERAL SUPPORT
ELLIE'S HATS 25050 RIDING PLAZA SUITE 130-648 SOUTH RIDING,VA 20152	46-4739126	501(C)(3)	5,000				GENERAL SUPPORT
FAMILY SUPPORT COUNCIL OF DOUGLAS COUNTY PO BOX 810 MINDEN,NV 89423	88-0181824	501(C)(3)	15,000				CPG 2015-08

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

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FEATHER RIVER LAND TRUST PO BOX 1826 QUINCY,CA 95971	68-0449687	501(C)(3)	220,000				NOBLE RANCH ACQUISITION
FEDERATION OF GALAXY EXPLORERS INC 6404 IVY LANE GREENBELT,MD 20770	52-2347666	501(C)(3)	6,300				PROGRAM MATERIALS, TEACHER TRAINING AND DEVELOPMENT, OUTREACH, SUMMER CAMPS
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN,NV 89434	94-2924979	501(C)(3)	2,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN,NV 89434	94-2924979	501(C)(3)	1,000				CHILDREN'S BACK PACK
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN,NV 89434	94-2924979	501(C)(3)	1,000				GENERAL SUPPORT
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN,NV 89434	94-2924979	501(C)(3)	2,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN,NV 89434	94-2924979	501(C)(3)	5,000				HOLIDAY FOOD DRIVES
FRIENDS OF KEXP RADIO 903 FM 113 DEXTER AVENUE NORTH SEATTLE,WA 98109	91-2061474	501(C)(3)	5,000				GENERAL SUPPORT
FRIENDS OF WASHOE COUNTY LIBRARY PO BOX 7103 RENO,NV 89510	94-2747114	501(C)(3)	1,715				FINAL DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FRIENDS OF WASHOE COUNTY LIBRARY PO BOX 7103 RENO,NV 89510	94-2747114	501(C)(3)	110,150				CLOSE FUND
FUN CAMP INC PO BOX 40505 RENO,NV 89504	94-3152378	501(C)(3)	50,000				GENERAL SUPPORT
GLENBROOK FIREWORKS INC PO BOX 447 GLENBROOK,NV 89413	45-2488350	501(C)(3)	5,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GOOD LUCK MACBETH THEATRE CO 713 S VIRGINIA STREET RENO,NV 89509	26-2917012	501(C)(3)	200				"GROUNDED" PLAY
GOOD LUCK MACBETH THEATRE CO 713 S VIRGINIA STREET RENO,NV 89509	26-2917012	501(C)(3)	6,000				CPG 2015-01
GREAT BASIN NATIONAL PARK FOUNDATION PO BOX 181 BAKER,NV 89311	88-0407290	501(C)(3)	10,000				CPG 2015-11

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

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GREAT BASIN OUTDOOR SCHOOL 5125 ESCUELA WAY RENO,NV 89502	88-0396516	501(C)(3)	5,333				SUN VALLEY ELEMENTARY SCHOOL
GREAT GRACE MINISTRIES 14913 CHAMPION ESTATES DRIVE SE YELM,WA 98597	20-3748435	501(C)(3)	15,000				GENERAL SUPPORT AND HEALING
HARTMAN STRUCTURAL ENGINEERING LLC 6180 MAE ANNE AVENUE SUITE 5 RENO,NV 89523	88-0442464	501(C)(3)	5,300				INVOICE # 3959

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HELA BIMA WORLD PO BOX 3390 STATELINE,NV 89449	46-3987940	501(C)(3)	25,000				GENERAL SUPPORT
HELA BIMA WORLD PO BOX 3390 STATELINE,NV 89449	46-3987940	501(C)(3)	35,000				GENERAL SUPPORT
HIF CORP 324 S BEVERLY DRIVE 545 BEVERLY HILLS,CA 90212	45-4156355	501(C)(3)	5,000				LA TURKISH FILM FESTIVAL

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

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HOAG HOSPITAL FOUNDATION 500 SUPERIOR AVENUE SUITE 350 NEWPORT BEACH,CA 92663	95-3222343	501(C)(3)	10,000				NEUROSCIENCE RESEARCH
HOLLAND PROJECT RENO 122 RIDGE STREET SUITE B RENO,NV 89501	71-1017805	501(C)(3)	5,000				BUILDING CAMPAIGN
HOLLAND PROJECT RENO 122 RIDGE STREET SUITE B RENO,NV 89501	71-1017805	501(C)(3)	500				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOLLAND PROJECT RENO 122 RIDGE STREET SUITE B RENO,NV 89501	71-1017805	501(C)(3)	791				CAPITAL CAMPAIGN
HOLLAND PROJECT RENO 122 RIDGE STREET SUITE B RENO,NV 89501	71-1017805	501(C)(3)	50,000				PURCHASE OF BUILDING
HOLLAND PROJECT RENO 122 RIDGE STREET SUITE B RENO,NV 89501	71-1017805	501(C)(3)	50,000				BUILDING MAINTENANCE AND/OR BUILDING ENDOWMENT FUND

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HORIZON CHRISTIAN CHURCH 4878 SPARKS BLVD SUITE 102 SPARKS,NV 89436	30-0313994	501(C)(3)	10,000				GENERAL SUPORT
HORIZON CHRISTIAN CHURCH 4878 SPARKS BLVD SUITE 102 SPARKS,NV 89436	30-0313994	501(C)(3)	1,000				MOBILE YOUTH CENTER PROGRAM
INDIANA INTERNATIONAL SCHOOL OF DIVING INC PO BOX 877 FISHERS,IN 46038	46-2803299	501(C)(3)	30,000				IUPUI NATATORIUM WATER RIGS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INDIANAPOLIS STARS DIVING CLUB INC PO BOX 576 FISHERS,IN 46038	35-2050978	501(C)(3)	39,000				RIPFEST - 2016 OLYMPIC DIVERS
INJURED MARINE SEMPER FI FUND 825 COLLEGE BLVD 102 PMB 609 OCEANSIDE,CA 92057	26-0086305	501(C)(3)	5,000				25 HOURS OF THUNDERHILL - DAVIDSON
INTERNATIONAL SWIMMING HALL OF FAME ONE HALL OF FAME DRIVE FORT LAUDERDALE,FL 33316	59-1087179	501(C)(3)	25,000				ISHOF PROGRAMS PER 2015 PROPOSAL

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KEEP MEMORY ALIVE 888 WEST BONNEVILLE AVENUE LAS VEGAS,NV 89106	88-0515534	501(C)(3)	5,500				SHAKESPEARE RANCH RODEO
KEEP TRUCKEE MEADOWS BEAUTIFUL PO BOX 7412 RENO,NV 89510	88-0254957	501(C)(3)	90,000				TRF #156
KEEP TRUCKEE MEADOWS BEAUTIFUL PO BOX 7412 RENO,NV 89510	88-0254957	501(C)(3)	400				ONE TRUCKEE RIVER PROJECT

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

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KEEP TRUCKEE MEADOWS BEAUTIFUL PO BOX 7412 RENO,NV 89510	88-0254957	501(C)(3)	1,500				GENERAL SUPPORT
KEEP TRUCKEE MEADOWS BEAUTIFUL PO BOX 7412 RENO,NV 89510	88-0254957	501(C)(3)	48,325				TRF #165
KENNY GUINN CENTER FOR POLICY PRIORITIES 6795 EDMOND STREET SUITE 300 LAS VEGAS,NV 89118	46-4075622	501(C)(3)	25,000				GENERAL PURPOSES

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

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KENNY GUINN CENTER FOR POLICY PRIORITIES 6795 EDMOND STREET SUITE 300 LAS VEGAS,NV 89118	46-4075622	501(C)(3)	25,000				GENERAL PURPOSES
KENNY GUINN CENTER FOR POLICY PRIORITIES 6795 EDMOND STREET SUITE 300 LAS VEGAS,NV 89118	46-4075622	501(C)(3)	25,000				GENERAL OPERATING
KNPB - CHANNEL 5 1670 N VIRGINIA STREET RENO,NV 89503	88-0172215	501(C)(3)	3,000				SILVER CIRCLE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KNPB - CHANNEL 5 1670 N VIRGINIA STREET RENO,NV 89503	88-0172215	501(C)(3)	10,000				2016 SILVER CIRCLE MEMBERSHIP
KNPB - CHANNEL 5 1670 N VIRGINIA STREET RENO,NV 89503	88-0172215	501(C)(3)	5,000				ANNUAL CAMPAIGN
KNPB - CHANNEL 5 1670 N VIRGINIA STREET RENO,NV 89503	88-0172215	501(C)(3)	5,000				AGED TO PERFECTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KNPB - CHANNEL 5 1670 N VIRGINIA STREET RENO,NV 89503	88-0172215	501(C)(3)	200				GENERAL SUPPORT
LEMELSON STEM ACADEMY ELEMENTARY SCHOOL 2001 SOARING EAGLE DRIVE RENO,NV 89512		501(A) GOVERNMENT /	10,000				LEMELSON STEM ACADEMY ELEMENTARY SCHOOL
LUTHERAN CHURCH OF THE GOOD SHEPHERD 357 CLAY STREET RENO,NV 89501	88-0069965	501(C)(3)	1,400				WEEKEND RETREAT & YOUTH GATHERING

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

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LUTHERAN CHURCH OF THE GOOD SHEPHERD 357 CLAY STREET RENO,NV 89501	88-0069965	501(C)(3)	5,658				GENERAL SUPPORT
LUTHERAN CHURCH OF THE GOOD SHEPHERD 357 CLAY STREET RENO,NV 89501	88-0069965	501(C)(3)	5,000				SEMINARY SCHOLARSHIP FUND
LUTHERAN CHURCH OF THE GOOD SHEPHERD 357 CLAY STREET RENO,NV 89501	88-0069965	501(C)(3)	1,100				COLLEGE SCHOLARSHIP FUND

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

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LUTHERAN CHURCH OF THE GOOD SHEPHERD 357 CLAY STREET RENO,NV 89501	88-0069965	501(C)(3)	20,000				CAPITAL CAMPAIGN DONATION
MAPLIGHTORG 2223 SHATTUCK AVENUE BERKELEY,CA 94704	33-1094233	501(C)(3)	25,000				GENERAL SUPPORT
MASON VALLEY CONSERVATION DISTRICT 215 WEST BRIDGE STREET SUITE 11A YERINGTON,NV 89447	88-0158729	501(C)(3)	20,000				DT #35

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

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MOUNTAINSIDE COMMUNITY CHURCH 59 DAMONTE RANCH PARKWAY B-312 RENO,NV 89521	20-5051011	501(C)(3)	11,460				GENERAL SUPPORT
MOUNTAINSIDE COMMUNITY CHURCH 59 DAMONTE RANCH PARKWAY B-312 RENO,NV 89521	20-5051011	501(C)(3)	3,060				GENERAL SUPPORT
MOUNTAINSIDE COMMUNITY CHURCH 59 DAMONTE RANCH PARKWAY B-312 RENO,NV 89521	20-5051011	501(C)(3)	3,467				GENERAL SUPPORT

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

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MOUNTAINSIDE COMMUNITY CHURCH 59 DAMONTE RANCH PARKWAY B-312 RENO,NV 89521	20-5051011	501(C)(3)	3,060				GENERAL SUPPORT
MOUNTAINSIDE COMMUNITY CHURCH 59 DAMONTE RANCH PARKWAY B-312 RENO,NV 89521	20-5051011	501(C)(3)	3,367				GENERAL SUPPORT & CARE FUND CHRISTMAS
MOUNTAINSIDE COMMUNITY CHURCH 59 DAMONTE RANCH PARKWAY B-312 RENO,NV 89521	20-5051011	501(C)(3)	3,073				GENERAL SUPPORT

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

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MOUNTAINSIDE COMMUNITY CHURCH 59 DAMONTE RANCH PARKWAY B-312 RENO,NV 89521	20-5051011	501(C)(3)	3,060				GENERAL SUPPORT
MOUNTAINSIDE COMMUNITY CHURCH 59 DAMONTE RANCH PARKWAY B-312 RENO,NV 89521	20-5051011	501(C)(3)	3,073				GENERAL SUPPORT
NATHAN ADELSON HOSPICE FOUNDATION INC 3391 NORTH BUFFALO ROAD LAS VEGAS,NV 89129	88-0197147	501(C)(3)	10,000				UNCOMPENSATED CARE PROGRAM

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

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NATIONAL AUTOMOBILE MUSEUM 10 LAKE STREET SOUTH RENO,NV 89501	94-2777978	501(C)(3)	27,000				GRAPHIC DESIGN SERVICES
NATIONAL AUTOMOBILE MUSEUM 10 LAKE STREET SOUTH RENO,NV 89501	94-2777978	501(C)(3)	500				RANSON AND NORMA WEBSTER MATCHING FUND
NATIONAL JUDICIAL COLLEGE MS 358 JUDICIAL COLLEGE BLDG 1664 N VIRGINIA STREET RENO,NV 89557	94-2427596	501(C)(3)	5,000				WILLIAM J RAGGIO ENDOWMENT FUND

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

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NATIONAL JUDICIAL COLLEGE MS 358 JUDICIAL COLLEGE BLDG 1664 N VIRGINIA STREET RENO,NV 89557	94-2427596	501(C)(3)	1,000				GENERAL SUPPORT
NATIONAL TRUST FOR THE HUMANITIES 232 7TH STREET NE WASHINGTON,DC 20002	52-1990577	501(C)(3)	5,000				GENERAL SUPPORT
NATIONAL WORLD WAR II MUSEUM 945 MAGAZINE STREET NEW ORLEANS,LA 70130	72-1200790	501(C)(3)	10,000				PATRIOT'S CIRCLE MEMBERSHIP

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

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NAVY LEAGUE OF THE UNITED STATES CARSON CITY COUNCIL NO 347 PO BOX 4404 CARSON CITY,NV 89702	53-0116710	501(C)(3)	5,000				SHIP'S GIFT AND MINTING OF COINS
NEVADA DIVING CENTER 11260 MESSINA WAY RENO,NV 89521	45-3941312	501(C)(3)	10,000				NEVADA DIVING
NEVADA HISTORICAL SOCIETY 1650 N VIRGINIA STREET RENO,NV 89503	94-2957524	501(C)(3)	5,500				GENERAL SUPPORT

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

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NEVADA HUMANE SOCIETY INC 2825 LONGLEY LANE SUITE B RENO,NV 89502	88-0072720	501(C)(3)	10,000				SPAY AND NEUTER CLINICS AND PETICAID
NEVADA HUMANE SOCIETY INC 2825 LONGLEY LANE SUITE B RENO,NV 89502	88-0072720	501(C)(3)	314,322				ANNUAL GRANT PER 2015 PROPOSAL
NEVADA HUMANE SOCIETY INC 2825 LONGLEY LANE SUITE B RENO,NV 89502	88-0072720	501(C)(3)	286				GENERAL SUPPORT

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

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NEVADA HUMANITIES PO BOX 8029 RENO,NV 89507	23-7358959	501(C)(3)	5,000				GENERAL OPERATIONS
NEVADA HUMANITIES PO BOX 8029 RENO,NV 89507	23-7358959	501(C)(3)	10,000				GENERAL SUPPORT
NEVADA MILITARY SUPPORT ALLIANCE 985 DAMONTE RANCH PKWY SUITE 310 RENO,NV 89521	27-1095956	501(C)(3)	25,000				GENERAL SUPPORT OF THE NMSA GALA

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

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NEVADA MUSEUM OF ART 160 W LIBERTY STREET RENO,NV 89501	88-6003042	501(C)(3)	1,000				SIERRA CIRCLE
NEVADA MUSEUM OF ART 160 W LIBERTY STREET RENO,NV 89501	88-6003042	501(C)(3)	10,000				DIRECTOR'S CIRCLE MEMBERSHIP
NEVADA MUSEUM OF ART 160 W LIBERTY STREET RENO,NV 89501	88-6003042	501(C)(3)	100,000				TAHOE A VISUAL HISTORY

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

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NEVADA MUSEUM OF ART 160 W LIBERTY STREET RENO,NV 89501	88-6003042	501(C)(3)	7,500				STATE OF THE ARTS REGIONAL GATHERING
NEVADA MUSEUM OF ART 160 W LIBERTY STREET RENO,NV 89501	88-6003042	501(C)(3)	500				MEMBERSHIP
NEVADA MUSEUM OF ART 160 W LIBERTY STREET RENO,NV 89501	88-6003042	501(C)(3)	500				MEMBERSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEVADA MUSEUM OF ART 160 W LIBERTY STREET RENO,NV 89501	88-6003042	501(C)(3)	25,000				ANNUAL MEMBERSHIP
NEVADA MUSEUM OF ART 160 W LIBERTY STREET RENO,NV 89501	88-6003042	501(C)(3)	1,000				MEMBERSHIP
NEVADA MUSEUM OF ART 160 W LIBERTY STREET RENO,NV 89501	88-6003042	501(C)(3)	10,000				SKY ROOM BUILDING PROJECT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEVADA TAHOE CONSERVATION DISTRICT PO BOX 915 ZEPHYR COVE,NV 89451		501(A) GOV	7,350				ENVIRONMENT & ANIMALS
NEVADA WOMEN'S FUND 770 SMITHRIDGE DRIVE SUITE 300 RENO,NV 89502	94-2860375	501(C)(3)	20,000				EWB SCHOLARSHIP FUND AT NWF
NEVADA WOMEN'S FUND 770 SMITHRIDGE DRIVE SUITE 300 RENO,NV 89502	94-2860375	501(C)(3)	200				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEVADA WOMEN'S FUND 770 SMITHRIDGE DRIVE SUITE 300 RENO,NV 89502	94-2860375	501(C)(3)	1,250				NWF LUNCHEON
NEVADA YOUTH EMPOWERMENT PROJECT 1369 FALAND WAY RENO,NV 89503	26-1118584	501(C)(3)	1,000				GENERAL SUPPORT
NEVADA YOUTH EMPOWERMENT PROJECT 1369 FALAND WAY RENO,NV 89503	26-1118584	501(C)(3)	5,000				COMMUNITY LIVING PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEVADA YOUTH EMPOWERMENT PROJECT 1369 FALAND WAY RENO,NV 89503	26-1118584	501(C)(3)	3,000				PROGRAM SUPPORT
NEVADA YOUTH EMPOWERMENT PROJECT 1369 FALAND WAY RENO,NV 89503	26-1118584	501(C)(3)	200				MATCHING GRANT FROM CFWN
NEVADA YOUTH EMPOWERMENT PROJECT 1369 FALAND WAY RENO,NV 89503	26-1118584	501(C)(3)	15,000				CPG 2015-09

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTHERN NEVADA HOPES 467 RALSTON STREET RENO,NV 89503	86-0865357	501(C)(3)	3,000				CHRISTMAS PARTY FOR THE CHILDREN
NORTHERN NEVADA HOPES 467 RALSTON STREET RENO,NV 89503	86-0865357	501(C)(3)	2,000				RECUPERATIVE CARE AND EDUCATION & OUTREACH PROGRAMS
NORTHERN NEVADA HOPES 467 RALSTON STREET RENO,NV 89503	86-0865357	501(C)(3)	2,500				IMAGING MACHINE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PERSHING COUNTY SCHOOL DISTRICT PO BOX 389 LOVELOCK,NV 89419	88-0263854	501(A)GOV	1,000				REUPHOLSTER THE WEIGHT ROOM
PERSHING COUNTY SCHOOL DISTRICT PO BOX 389 LOVELOCK,NV 89419	88-0263854	501(A)GOV	4,000				GIRLS & BOYS SPORTS
PERSHING COUNTY SCHOOL DISTRICT PO BOX 389 LOVELOCK,NV 89419	88-0263854	501(A)GOV	1,000				REUPHOLSTER HS WEIGHT ROOM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PERSHING COUNTY SCHOOL DISTRICT PO BOX 389 LOVELOCK,NV 89419	88-0263854	501(A)GOV	10,000				CPG 2015-05
PRIMAVERA FOUNDATION INC 702 SOUTH SIXTH AVENUE TUCSON,AZ 85701	86-0733182	501(C)(3)	2,000				GENERAL SUPPORT
PRIMAVERA FOUNDATION INC 702 SOUTH SIXTH AVENUE TUCSON,AZ 85701	86-0733182	501(C)(3)	7,500				HOMELESS INTERVENTION AND PREVENTION PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PRIMAVERA FOUNDATION INC 702 SOUTH SIXTH AVENUE TUCSON,AZ 85701	86-0733182	501(C)(3)	7,500				VETERAN'S SERVICES
PROJECT GREAT OUTDOORS INC P O BOX 50524 SUITE C SPARKS,NV 89435	94-3368163	501(C)(3)	5,000				PROGRAM SUPPORT
Q & D CONSTRUCTION PO BOX 10865 RENO,NV 89510	88-0101010	BUSINESS / INDIVIDUA	5,000				INVOICE #13947-001

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Q & D CONSTRUCTION PO BOX 10865 RENO,NV 89510	88-0101010	BUSINESS / INDIVIDUA	15,000				INVOICE #13947-001
Q & D CONSTRUCTION PO BOX 10865 RENO,NV 89510	88-0101010	BUSINESS / INDIVIDUA	11,000				INVOICE #13947-001
REALM OF CARING FOUNDATION INC 3515 N CHESTNUT STREET SUITE A COLORADO SPRINGS,CO 80907	46-3371348	501(C)(3)	5,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RENO AIR RACING FOUNDATION 14501 MT ANDERSON STREET RENO,NV 89506	81-0578379	501(C)(3)	5,000				AVIATION LEARNING CENTER
RENO CHAMBER ORCHESTRA 925 RIVERSIDE DRIVE SUITE 5 RENO,NV 89503	88-0134278	501(C)(3)	11,754				GENERAL SUPPORT
RENO LITTLE THEATER 147 E PUEBLO STREET RENO,NV 89502	88-0054639	501(C)(3)	200				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RENO LITTLE THEATER 147 E PUEBLO STREET RENO,NV 89502	88-0054639	501(C)(3)	5,000				CPG 2015-02
RENO LITTLE THEATER 147 E PUEBLO STREET RENO,NV 89502	88-0054639	501(C)(3)	500				RLT'S 80TH ANNIVERSARY
RENO PHILHARMONIC ASSOCIATION 925 RIVERSIDE DRIVE SUITE 3 RENO,NV 89503	94-2762076	501(C)(3)	500				ENDOWMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RENO PHILHARMONIC ASSOCIATION 925 RIVERSIDE DRIVE SUITE 3 RENO,NV 89503	94-2762076	501(C)(3)	5,000				ANNUAL GIFT
RENO REBUILD PROJECT 945 N UNIVERSITY PARK LOOP RENO,NV 89512	46-3737537	501(C)(3)	20,205				CLOSING THE FUND
RENOWN HEALTH PO BOX 844134 LOS ANGELES,CA 90084	88-0213754	501(C)(3)	500,000				ESTABLISHMENT OF RESIDENCY PROGRAM AT CHILD HEALTH INSTITUTE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RENOWN HEALTH FOUNDATION 1155 MILL STREET 02 RENO,NV 89502	94-2972749	501(C)(3)	5,000				CHILDREN'S INSTITUTE
RENOWN HEALTH FOUNDATION 1155 MILL STREET 02 RENO,NV 89502	94-2972749	501(C)(3)	300				IN MEMORY OF ARTHUR J LURIE MD
ROSIES PLACE INC 889 HARRISON AVENUE BOSTON,MA 02118	04-2582187	501(C)(3)	60,000				FOOD PANTRY, DINING ROOM, & COMMUNITY COLLABORATIVE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAGE RIDGE SCHOOL 2515 CROSSBOW COURT RENO,NV 89511	86-0852480	501(C)(3)	5,000				OPPORTUNITY FUND
SAGE RIDGE SCHOOL 2515 CROSSBOW COURT RENO,NV 89511	86-0852480	501(C)(3)	2,000				ANNUAL FUND
SAGE RIDGE SCHOOL 2515 CROSSBOW COURT RENO,NV 89511	86-0852480	501(C)(3)	10,000				ANNUAL FUND

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAGE RIDGE SCHOOL 2515 CROSSBOW COURT RENO,NV 89511	86-0852480	501(C)(3)	6,000				ANNUAL FUND
SAGE RIDGE SCHOOL 2515 CROSSBOW COURT RENO,NV 89511	86-0852480	501(C)(3)	2,500				ANNUAL FUND
SAGE RIDGE SCHOOL 2515 CROSSBOW COURT RENO,NV 89511	86-0852480	501(C)(3)	10,000				2015 GALA AS A CHALLENGE MATCH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAGE RIDGE SCHOOL 2515 CROSSBOW COURT RENO,NV 89511	86-0852480	501(C)(3)	10,000				GENERAL PURPOSE
SAGE RIDGE SCHOOL 2515 CROSSBOW COURT RENO,NV 89511	86-0852480	501(C)(3)	9,500				GENERAL SUPPORT
SAGE RIDGE SCHOOL 2515 CROSSBOW COURT RENO,NV 89511	86-0852480	501(C)(3)	4,025				SAGE RIDGE SCHOOL ANNUAL FUND

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAINT GREGORY THE GREAT CATHOLIC CHURCH 333 FORDING ISLAND ROAD BLUFFTON,SC 29909	57-1071592	501(C)(3)	1,000				SAINT GREGORY THE GREAT ELEMENTARY SCHOOL
SAINT GREGORY THE GREAT CATHOLIC CHURCH 333 FORDING ISLAND ROAD BLUFFTON,SC 29909	57-1071592	501(C)(3)	6,000				SAINT GREGORY THE GREAT ELEMENTARY SCHOOL
SAINT MARY'S MEDICAL CENTER 235 WEST SIXTH STREET RENO,NV 89503		BUSINESS / INDIVIDUA	40,139				SIMNEWB FOR ST MARY'S NICU

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAINT TERESA OF AVILA CATHOLIC SCHOOL 567 SOUTH RICHMOND STREET CARSON CITY,NV 89703	27-4337666	501(C)(3)	3,000				2015 - 2016 SCHOLARSHIPS
SAINT TERESA OF AVILA CATHOLIC SCHOOL 567 SOUTH RICHMOND STREET CARSON CITY,NV 89703	27-4337666	501(C)(3)	3,000				2015 SCHOLARSHIPS
SANTA CLARA UNIVERSITY 500 EL CAMINO REAL SANTA CLARA,CA 95053	94-1156617	501(C)(3)	200,000				GLOBAL SOCIAL BENEFIT INCUBATOR ENDOWMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SANTA CLARA UNIVERSITY 500 EL CAMINO REAL SANTA CLARA,CA 95053	94-1156617	501(C)(3)	50,000				BERGMANN ENDOWED SCHOLARSHIP
SANTA CLARA UNIVERSITY 500 EL CAMINO REAL SANTA CLARA,CA 95053	94-1156617	501(C)(3)	25,000				BERGMANN ENDOWED SCHOLARSHIP
SERTOMA INTERNATIONAL SPONSORSHIP FUND PO BOX 1546 MINDEN,NV 89423	20-1318250	501(C)(3)	5,000				CARSON VALLEY SERTOMA 2015 SCHOLARSHIPS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SIERRA ARTS FOUNDATION 17 S VIRGINIA STREET SUITE 120 RENO,NV 89501	88-0113398	501(C)(3)	250				GENERAL SUPPORT
SIERRA ARTS FOUNDATION 17 S VIRGINIA STREET SUITE 120 RENO,NV 89501	88-0113398	501(C)(3)	2,500				ARTS ALTERNATIVES PROGRAM
SIERRA ARTS FOUNDATION 17 S VIRGINIA STREET SUITE 120 RENO,NV 89501	88-0113398	501(C)(3)	200				MATCHING GRANT FROM CFWN PARTNERSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SIERRA ARTS FOUNDATION 17 S VIRGINIA STREET SUITE 120 RENO,NV 89501	88-0113398	501(C)(3)	13,000				CPG 2015-03
SIERRA BIBLE CHURCH 3195 EVERETT DRIVE RENO,NV 89503	88-0191493	501(C)(3)	3,282				GENERAL SUPPORT
SIERRA BIBLE CHURCH 3195 EVERETT DRIVE RENO,NV 89503	88-0191493	501(C)(3)	3,059				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SIERRA NEVADA COLLEGE 999 TAHOE BLVD INCLINE VILLAGE,NV 89451	88-0121831	501(C)(3)	5,000				SUPPORT SNC'S CULTURE OF COMPETITION AND PERFORMANCE
SIERRA NEVADA COMMUNITY AQUATICS PO BOX 11301 RENO,NV 89510	26-2259705	501(C)(3)	10,000				PROMOTION PLANNING AND PROJECT DEVELOPMENT
SIERRA NEVADA JOURNEYS 190 EAST LIBERTY STREET RENO,NV 89501	01-0881587	501(C)(3)	28,484				TRF #158

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SIERRA NEVADA JOURNEYS 190 EAST LIBERTY STREET RENO,NV 89501	01-0881587	501(C)(3)	10,000				CPG 2015-06
SIERRA NEVADA JOURNEYS 190 EAST LIBERTY STREET RENO,NV 89501	01-0881587	501(C)(3)	400				MATCHING GRANT FROM CFWN
SMITHSONIAN NATIONAL MUSEUM OF NATURAL HISTORY PO BOX 37012 MRC 135 WASHINGTON,DC 20013	53-0206027	501(C)(3)	17,250				GENERAL FUND

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SMITHSONIAN NATIONAL MUSEUM OF NATURAL HISTORY PO BOX 37012 MRC 135 WASHINGTON,DC 20013	53-0206027	501(C)(3)	18,000				GENERAL FUND
SOROPTIMIST INTERNATIONAL OF TRUCKEE MEADOWS PO BOX 20125 RENO,NV 89515	94-2342761	501(C)(3)	12,000				GRADUATE SCHOLARSHIPS
SOROPTIMIST INTERNATIONAL OF TRUCKEE MEADOWS PO BOX 20125 RENO,NV 89515	94-2342761	501(C)(3)	2,100				EARTHQUAKE RELIEF

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOROPTIMIST INTERNATIONAL OF TRUCKEE MEADOWS PO BOX 20125 RENO,NV 89515	94-2342761	501(C)(3)	3,465				MAKING A DIFFERENCE FOR WOMEN GRANTS
SOROPTIMIST INTERNATIONAL OF TRUCKEE MEADOWS PO BOX 20125 RENO,NV 89515	94-2342761	501(C)(3)	2,103				ANIMAL ASSISTANCE
SOROPTIMIST INTERNATIONAL OF TRUCKEE MEADOWS PO BOX 20125 RENO,NV 89515	94-2342761	501(C)(3)	1,500				THANKS TO YOUTH EVENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOROPTIMIST INTERNATIONAL OF TRUCKEE MEADOWS PO BOX 20125 RENO,NV 89515	94-2342761	501(C)(3)	8,000				SPRING 2015 SCHOLARSHIPS
SOROPTIMIST INTERNATIONAL OF TRUCKEE MEADOWS PO BOX 20125 RENO,NV 89515	94-2342761	501(C)(3)	12,500				FALL TERM 2015 SCHOLARSHIPS
SOROPTIMIST INTERNATIONAL OF TRUCKEE MEADOWS PO BOX 20125 RENO,NV 89515	94-2342761	501(C)(3)	6,851				NEPAL EARTHQUAKE RELIEF

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOROPTIMIST INTERNATIONAL OF TRUCKEE MEADOWS PO BOX 20125 RENO,NV 89515	94-2342761	501(C)(3)	556				MAKING A DIFFERENCE FOR WOMEN SUPPORT
SOROPTIMIST INTERNATIONAL OF TRUCKEE MEADOWS PO BOX 20125 RENO,NV 89515	94-2342761	501(C)(3)	6,000				THANKS TO YOUTH SCHOLARSHIPS
SOUTH RENO BAPTIST CHURCH 6780 SOUTH MCCARRAN BLVD RENO,NV 89509	23-7335754	E 501(D) RELIGIOUS O	1,734				IN APPRECIATION OF HOSTING BIBLE STUDY FELLOWSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOUTH RENO BAPTIST CHURCH 6780 SOUTH MCCARRAN BLVD RENO,NV 89509	23-7335754	E 501(D) RELIGIOUS O	1,530				IN APPRECIATION OF HOSTING BIBLE STUDY FELLOWSHIP
SOUTH RENO BAPTIST CHURCH 6780 SOUTH MCCARRAN BLVD RENO,NV 89509	23-7335754	E 501(D) RELIGIOUS O	5,900				IN APPRECIATION OF HOSTING BIBLE STUDY FELLOWSHIP
SPARKS HIGH SCHOOL 820 15TH STREET SPARKS,NV 89431	88-6000919	501(A) GOV	5,000				CHEMISTRY DEPARTMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SPECIAL ASSISTANCE FUND FOR ENERGY PO BOX 10100 RENO,NV 89520	88-0341058	501(C)(3)	25,000				GENERAL SUPPORT
SPECIAL OPERATIONS WARRIOR FOUNDATION PO BOX 13483 TAMPA,FL 33681	52-1183585	501(C)(3)	5,000				GENERAL SUPPORT
SPECIAL OPERATIONS WARRIOR FOUNDATION PO BOX 13483 TAMPA,FL 33681	52-1183585	501(C)(3)	15,000				"TRIBUTE TO SPECIAL OPERATIONS FORCES"

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
STANFORD UNIVERSITY - OFFICE OF DEVELOPMENT 326 GALVEZ STREET STANFORD,CA 94305	94-1156365	501(C)(3)	100,000				MCMURTRY BUILDING
STEP 2 PO BOX 40674 RENO,NV 89504	94-3025207	501(C)(3)	6,000				GENERAL SUPPORT
SUNRISE ELEMENTARY SCHOOL 401 MATT WALLER DRIVE RICHMOND,MO 64085	44-6001494	501(C)(3)	10,000				ON BEHALF OF NICOLE YAMADA

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SUSANNE AND GLORIA YOUNG FOUNDATION 4260 MEADOWGATE TRAIL RENO,NV 89519	26-3617880	501(C)(3)	50,000				GENERAL SUPPORT
SUSANNE AND GLORIA YOUNG FOUNDATION 4260 MEADOWGATE TRAIL RENO,NV 89519	26-3617880	501(C)(3)	30,000				GENERAL SUPPORT
TAHOE RESOURCE CONSERVATION DISTRICT 870 EMERALD BAY ROAD SUITE 108 SOUTH LAKE TAHOE,CA 96150	94-2355693	501(A) GOV	57,256				TRF #133 AND 150

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TAHOE-PYRAMID BIKEWAY 4790 CAUGHLIN PARKWAY SUITE 138 RENO,NV 89519	55-0895667	501(C)(3)	7,000				CPG 2015-12
TAHOE-PYRAMID BIKEWAY 4790 CAUGHLIN PARKWAY SUITE 138 RENO,NV 89519	55-0895667	501(C)(3)	500				GENERAL SUPPORT
TAHOE-PYRAMID BIKEWAY 4790 CAUGHLIN PARKWAY SUITE 138 RENO,NV 89519	55-0895667	501(C)(3)	1,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TAHOE-PYRAMID BIKEWAY 4790 CAUGHLIN PARKWAY SUITE 138 RENO,NV 89519	55-0895667	501(C)(3)	200				GENERAL SUPPORT
TANZANIA WILDLIFE & CONSERVATION FUND INC 1913 RR 620 SOUTH STE 100 LAKEWAY,TX 78734	47-1982274	501(C)(3)	5,000				KITCHEN FOR OLORASH SCHOOL
TANZANIA WILDLIFE & CONSERVATION FUND INC 1913 RR 620 SOUTH STE 100 LAKEWAY,TX 78734	47-1982274	501(C)(3)	2,000				SUPPLIES AT BARIKIWA SCHOOL

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE CHILDREN'S CABINET INC 1090 SOUTH ROCK BLVD MAIN OFFICE RENO,NV 89502	77-0097156	501(C)(3)	2,500				GENERAL SUPPORT
THE CHILDREN'S CABINET INC 1090 SOUTH ROCK BLVD MAIN OFFICE RENO,NV 89502	77-0097156	501(C)(3)	2,839				15-BED TRANSITIONAL LIVING CENTER
THE CHILDREN'S CABINET INC 1090 SOUTH ROCK BLVD MAIN OFFICE RENO,NV 89502	77-0097156	501(C)(3)	1,000				PIPHI TURKEY BASKETS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE HARRAH AUTOMOBILE FOUNDATION 10 LAKE STREET SOUTH RENO,NV 89501	94-2777978	501(C)(3)	200				STAFF & VOLUNTEER PARTY
THE HARRAH AUTOMOBILE FOUNDATION 10 LAKE STREET SOUTH RENO,NV 89501	94-2777978	501(C)(3)	1,000				GENERAL SUPPORT
THE HARRAH AUTOMOBILE FOUNDATION 10 LAKE STREET SOUTH RENO,NV 89501	94-2777978	501(C)(3)	25,000				NAT'L AUTO MUSEUM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE HARRAH AUTOMOBILE FOUNDATION 10 LAKE STREET SOUTH RENO,NV 89501	94-2777978	501(C)(3)	22,000				GRAPHIC DESIGN FOR NAT'L AUTO MUSEUM
THE HARRAH AUTOMOBILE FOUNDATION 10 LAKE STREET SOUTH RENO,NV 89501	94-2777978	501(C)(3)	23,760				NATIONAL AUTO MUSEUM
THE HARRAH AUTOMOBILE FOUNDATION 10 LAKE STREET SOUTH RENO,NV 89501	94-2777978	501(C)(3)	26,240				NATIONAL AUTOMOBILE MUSEUM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE HARRAH AUTOMOBILE FOUNDATION 10 LAKE STREET SOUTH RENO,NV 89501	94-2777978	501(C)(3)	1,000				DRIVING FORCE MEMBERSHIP
THE HARRAH AUTOMOBILE FOUNDATION 10 LAKE STREET SOUTH RENO,NV 89501	94-2777978	501(C)(3)	2,000				NATIONAL AUTO MUSEUM
THE NATURE CONSERVANCY OF NEVADA ONE EAST 1ST STREET 1007 RENO,NV 89501	53-0242652	501(C)(3)	2,500				GENERAL OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE NATURE CONSERVANCY OF NEVADA ONE EAST 1ST STREET 1007 RENO,NV 89501	53-0242652	501(C)(3)	10,000				GENERAL SUPPORT
THE RIDGE HOUSE 944 WEST FIRST STREET RENO,NV 89503	94-2838340	501(C)(3)	15,000				CPG 2015-10
THE RIDGE HOUSE 944 WEST FIRST STREET RENO,NV 89503	94-2838340	501(C)(3)	200				MATCHING GRANT FROM CFWN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE SALVATION ARMY - RENO NV 1931 SUTRO STREET RENO,NV 89512	94-1156347	501(C)(3)	2,500				FOOD PURCHASES FOR HOLIDAYS
THE SALVATION ARMY - RENO NV 1931 SUTRO STREET RENO,NV 89512	94-1156347	501(C)(3)	3,000				SILVER ANGEL TREE PROGRAM
THEATREWORKS OF NORTHERN NEVADA INC PO BOX 7172 RENO,NV 89510	32-0167731	501(C)(3)	5,000				CPG 2015-04

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THUNDERBIRD LODGE PRESERVATION SOCIETY PO BOX 6812 INCLINE VILLAGE,NV 89450	88-0434866	501(C)(3)	50,000				HANDS-ON-HISTORY EDUCATION AND HISTORIC PRESERVATION
TRINITY EPISCOPAL CHURCH PO BOX 2246 RENO,NV 89505	88-0073425	501(C)(3)	13,392				CONCRETE ACCESSIBILITY PROJECT
TRUCKEE RIVER WATERSHED COUNCIL PO BOX 8568 TRUCKEE,CA 96162	91-1818748	501(C)(3)	25,000				TRF #160

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TURKISH EDUCATIONAL FOUNDATION PO BOX 391165 MOUNTAIN VIEW,CA 94039	23-7050060	501(C)(3)	50,000				GENERAL SUPPORT
TURKISH PHILANTHROPY FUNDS INC 216 EAST 45TH STREET 7TH FLOOR NEW YORK,NY 10017	20-8392006	501(C)(3)	5,000				GENERAL SUPPORT
UNITED STATES DIVING FOUNDATION PO BOX 4352 CARMEL,IN 46082	31-1153995	501(C)(3)	418,778				PER AGREEMENT LETTER

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF NORTHERN NEVADA & THE SIERRA 639 ISBELL ROAD SUITE 460 RENO,NV 89509	88-0059327	501(C)(3)	172				ANNUAL DISTRIBUTION
UNITED WAY OF NORTHERN NEVADA & THE SIERRA 639 ISBELL ROAD SUITE 460 RENO,NV 89509	88-0059327	501(C)(3)	295				GENERAL SUPPORT
UNITED WAY OF NORTHERN NEVADA & THE SIERRA 639 ISBELL ROAD SUITE 460 RENO,NV 89509	88-0059327	501(C)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA DAVIS FOUNDATION - LAW SCHOOL DEVELOPMENT ALUMNI RELATIONS 400 MRAK HALL DRIVE DAVIS,CA 95616	94-6036494	501(C)(3)	5,000				UC DAVIS SCHOOL OF LAW
UNIVERSITY OF NEVADA RENO - BOARD OF REGENTS UNR-OFFICE OF STUDENT FINANCIAL AID SCHOLARSHIPS MAIL STOP 0076 RENO,NV 89557	88-6000024	501(C)(3)	20,000				BERGMANN ATHLETIC SCHOLARSHIP
UNIVERSITY OF NEVADA RENO - BOARD OF REGENTS UNR-OFFICE OF STUDENT FINANCIAL AID SCHOLARSHIPS MAIL STOP 0076 RENO,NV 89557	88-6000024	501(C)(3)	4,200				BERGMANN ATHLETIC SCHOLARSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNR FOUNDATION-MORRILL HALL ALUMNI CENTER MAIL STOP 0007 RENO,NV 89557	94-2781749	501(C)(3)	10,000				JAMES C (JACK) AND MARY A DAVIS SCHOLARSHIP ENDOWMENT
UNR FOUNDATION-MORRILL HALL ALUMNI CENTER MAIL STOP 0007 RENO,NV 89557	94-2781749	501(C)(3)	1,500				SKYBOX 408 IMPROVEMENTS
UNR FOUNDATION-MORRILL HALL ALUMNI CENTER MAIL STOP 0007 RENO,NV 89557	94-2781749	501(C)(3)	2,500				UNR ATHLETICS PACK EDUCATIONAL FUND GIVING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNR FOUNDATION-MORRILL HALL ALUMNI CENTER MAIL STOP 0007 RENO,NV 89557	94-2781749	501(C)(3)	8,000				UNIVERSITY OF NEVADA DIVING
UNR FOUNDATION-MORRILL HALL ALUMNI CENTER MAIL STOP 0007 RENO,NV 89557	94-2781749	501(C)(3)	5,000				NESLIHAN AYBEK MEMORIAL SCHOLARSHIP
UNR FOUNDATION-MORRILL HALL ALUMNI CENTER MAIL STOP 0007 RENO,NV 89557	94-2781749	501(C)(3)	8,000				WOMEN'S TENNIS TEAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNR FOUNDATION- MORRILL HALL ALUMNI CENTER MAIL STOP 0007 RENO,NV 89557	94-2781749	501(C)(3)	1,000				COLLEGE OF LIBERAL ARTS
UNR FOUNDATION- MORRILL HALL ALUMNI CENTER MAIL STOP 0007 RENO,NV 89557	94-2781749	501(C)(3)	1,000				BIG BONANZA OPERA
UNR FOUNDATION- MORRILL HALL ALUMNI CENTER MAIL STOP 0007 RENO,NV 89557	94-2781749	501(C)(3)	10,000				SILVER & BLUE SOCIETY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VOLUNTEERS OF AMERICA 335 RECORD STREET SUITE 227 RENO,NV 89512	13-1692595	501(C)(3)	3,000				GIFTS FOR CHILDREN & HYGIENE KITS
VOLUNTEERS OF AMERICA 335 RECORD STREET SUITE 227 RENO,NV 89512	13-1692595	501(C)(3)	20,000				GENERAL OPERATIONS OF THE RENO FAMILY SHELTER
WASHOE COUNTY SCHOOL DISTRICT PO BOX 30425 RENO,NV 89520	88-6000919	501(A)GOV	485				FAMILY RESOURCE CENTER

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WASHOE COUNTY SCHOOL DISTRICT PO BOX 30425 RENO,NV 89520	88-6000919	501(A)GOV	5,000				OPERATION BLAST
WASHOE COUNTY SEARCH AND RESCUE INC PO BOX 20012 RENO,NV 89515	23-7007538	501(C)(3)	6,000				50TH ANNIVERSARY CELEBRATION
WASHOE COUNTY SEARCH AND RESCUE INC PO BOX 20012 RENO,NV 89515	23-7007538	501(C)(3)	5,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WASHOE COUNTY SENIOR SERVICES 1155 E NINTH STREET RENO,NV 89512	88-6000138	501(A)GOV	1,593				WATER HEATER FOR B BUTCHKO
WASHOE COUNTY SENIOR SERVICES 1155 E NINTH STREET RENO,NV 89512	88-6000138	501(A)GOV	2,500				MEALS ON WHEELS PROGRAM
WASHOE COUNTY SENIOR SERVICES 1155 E NINTH STREET RENO,NV 89512	88-6000138	501(A)GOV	1,000				SENIOR CENTER

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WASHOE COUNTY SENIOR SERVICES 1155 E NINTH STREET RENO,NV 89512	88-6000138	501(A)GOV	1,000				MEALS ON WHEELS
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON,DC 20090	20-0049703	501(C)(3)	5,000				GENERAL SUPPORT
WORLD ACROBATICS SOCIETY 2632 FOREST DRIVE MAYPORT,PA 16240	52-2065710	501(C)(3)	6,038				GALLERY OF LEGENDS AND GOLDEN ACHIEVEMENT ASSISTANCE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ZAWADISHA FUND PO BOX 1517 TRUCKEE,CA 96160	46-0583426	501(C)(3)	500				GENERAL SUPPORT
ZAWADISHA FUND PO BOX 1517 TRUCKEE,CA 96160	46-0583426	501(C)(3)	5,000				HIGH IMPACT QUALITY OF LIFE ITEMS IN KENYA

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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.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF WESTERN NEVADA

Employer identification number
88-0370179

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	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 non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHRIS ASKIN PRESIDENT AND CEO	(i)	144,912	0	0	8,093	0	153,005	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990.

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

Name of the organization
COMMUNITY FOUNDATION OF WESTERN NEVADA

Employer identification number
88-0370179

Part I Types of Property

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

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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

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

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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