

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning

EXTENDED TO NOVEMBER 15, 2017

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 b Open to Public Inspection

В	Check if applicable	C Name of organization		D Employer identific	cation number
Γ_					
늗	jchang Name			47.4	010105
누	lchang Initial		Deam (avuta		018195
늗	return Final	2025 MTIT CM	Room/suite	E Telephone number	
L_	return. termin				$\frac{384 - 2627}{2,699,723}$
_	ated Amen	City or town, state or province, country, and ZIP or foreign postal code RENO, NV 89502		G Gross receipts \$	
늗	lreturn Applic			H(a) Is this a group re	<u> </u>
L_	—Ition pendii	3025 MILL STREET, RENO, NV 89502		for subordinates	
_	Tay av	empt status X 501(c)(3)	r 527	H(b) Are all subordinates in	list (see instructions)
		te: ► EFNN • ORG	JZ1	H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Vear		State of legal domicile: NV
	art I	Summary	, L Tour	oriorination. 2015 it	d Otate of legal Conficie. 24 V
	T.	Briefly describe the organization's mission or most significant activities THE P	PURPOS	E OF THE OR	GANTZATION
Activities & Governance	'	IS TO PROVIDE SCHOLARSHIPS TO STUDENTS AT			
na	2	Check this box if the organization discontinued its operations or disposi			
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		3	6
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	6
ଦ	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	0
iŧie	6	Total number of volunteers (estimate if necessary)		6	8
흟	7.3	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ď	' h	Net unrelated business taxable income from Form-990,1, inet34		7b	0.
_	— <u> </u>			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 11 1 2 2017 75		1,910,000.	2,699,500.
	9	Program service revenue (Part VIII, line 2g) 11 1 2 2017 1	-	0.	0.
Š	10	Program service revenue (Part VIII, In 22) IN 12 (111 12) Investment income (Part VIII, column (AP, lines 3, 4, and 7d)		49.	223.
æ	10	Other revenue (Part VIII, column (A), lines 5, 6d-8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	1,910,049.	2,699,723.
				613,695.	1,023,219.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	0.13,693.	0.
	١	Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
ē	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	U •	
Ä	D		<u> </u>	1 007	1 054
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,827.	1,854.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	_	615,522.	1,025,073.
5,6	19	Revenue less expenses Subtract line 18 from line 12		1,294,527.	1,674,650.
Sico	1	Total access (Da. 4.V. Loc. 40)	Re	ginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)		1,294,527.	2,969,177.
Net Assets C	21	Total liabilities (Part X, line 26)		1 204 527	2 060 177
郶	art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block	\	1,294,527.	2,969,177.
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	anto and to the heat of m	u knowledge and belief it in
		thes of perjory, received that i have examined this return, including accompanying scriedules and complete. Designation of preparer (other than officer) is based on all information of whi			y Kilowieuge allu pellet, k is
aruc	, сопес	it, and complete. Designation of perbaler (office than officer) is based on an information of will	icii preparei	nas any knowledge.	10/17
S)g		Signature of officer		Date	»/ «
عارت.	jii 50	CHRISTOPHER BENNA, PRESIDENT			
He	re	Type or print name and title			
				Date / Check	PTIN
Pai		Print/Type preparer's name RUSSELL T. HORNING Preparer Stienature	1111	6/7//~ I" -	
	parer		//	sen-employs	26-1627825
	only		, LLP	Firm's EIN	40-104/043
Uöt	Unity	1		Dhana na / 7	75)826-5 <u>5</u> 00_
<u></u>	u the !!			T LIIOHE HO. (7	
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No Form 990 (2016)
032	001 11-1	11-16 LHA For Paperwork Reduction Act Notice, see the separate instruction	ms.		Form 350 (2016)

Form 990 (2016)

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		<u>X</u>
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			77
	Part VI	11a		X
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	440		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		Α_
ū	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>x</u>
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f		116		
'	the organization's siability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
	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		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or Other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
		Form	990	(2016)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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	ļi	х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		i	
	Schedule L, Part I	25b		X
ne	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	250	l	
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		06		х
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	_30_		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	İ		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		_
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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?	1		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	L	<u>x</u>
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	X	
		Form	990	(2016)

	t V Statements Regarding Other IRS Filings and Tax Compliance	<u>,,,,,</u>		aye o
- ai	Check if Schedule O contains a response or note to any line in this Part V			
	Oncom concessor a contains a responde of note to any mile in any		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Established annihas connected in Pay 2 of Form 1000 Fator 0 of not conclusible	·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a	7		
b		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	 	├
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			
	,	٩		ł
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	├	
٥-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	<u> </u>
	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	١.		 ₩
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country		1	1
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	1_		٦,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>	├──	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	├	
6a			1	
	any contributions that were not tax deductible as charitable contributions?	6a	├	X.
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts]	1	1
_	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?		 	X
b		7b	├	├
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1_		v
	to file Form 8282?	7c		X
đ	,	┥_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	┼	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	_	├
h		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		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	+	+
40		9b		-
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 Green receipts, included on Form 999. Part VIII, line 13, for public use of club facilities.	\dashv		
. b	· · · · · · · · · · · · · · · · · · ·	-	Ì	
11	Section 501(c)(12) organizations. Enter	1	ì	1
a		┪	ļ	
b			İ	
10-	amounts due or received from them) 11b Section 4947(a)(1) non-exempt charitable trusts is the organization filing Form 990 in liqu of Form 10412	40-		1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of the exempt interest received or account during the year.	12a	 	+
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]	4	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40	+	+-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	+	+
	Note. See the instructions for additional information the organization must report on Schedule O		}	1
D	Enter the amount of reserves the organization is required to maintain by the states in which the		1	1
_	organization is licensed to issue qualified health plans Enter the amount of records on head	┥		
140	——————————————————————————————————————	+	+	+-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2016) EDUCATION FUND OF NORTHERN NEVADA 47-4018195 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below 7b below 7b below 7b below 7b below 7b below 7b below 7b below 7b below 7b belo to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	, , , , , , , , , , , , , , , , , , ,			
	Check if Schedule O contains a response or note to any line in this Part VI			X)
Sec	tion 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 6			
	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 0			
	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_	47	
_	officer, director, trustee, or key employee?	_2_	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			37
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	_6_		
7a		7.	X	!
L	more members of the governing body? Are any opportuning degrees of the exposuration recoved to (or subject to entrained by) members, steakholders, or	7a	Λ.	
0	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	76		Х
0		<u>7b</u>		Α
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?	0.	X	
	Each committee with authority to act on behalf of the governing body?	8a 8b	X	<u></u> -
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	90		-
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			- 42
	deri Er exerce (Timb decision Brequeste information about poils to not required by the internal foreign code)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
_	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	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		_X_
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
þ	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		i	
	taxable entity during the year?	16a		_ <u>X</u> _
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			ļ
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE Section 5104 requires on accompation to make the Forms 1003 (or 1004 if analyzable), 200, and 200 If (Section 501(a)(3)), and 3)		10	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ivaliat	IÐ	
	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)			
10		lfinan	oral	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	man.	udi	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	CHRISTOPHER BENNA - 775-329-8842			
	3025 MILL STREET RENO NV 89502			

Form 990 (2016)	EDUCATION	FUND	OF	NORTHERN	NEVADA	

<u>47-4018195</u>

202 7

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per week	(do box offii	not c	(C Posi heck ss pe	c) ition more rson		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	individual trustee or director	Institutional trustee	Отпсет	Key employee	Highest compensated employee	Former	the organization (W·2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CHRISTOPHER BENNA	0.50									
PRESIDENT/TRUSTEE		X		X	L_	<u></u>		0.	0.	0.
(2) MARC MARKWELL	0.50	ļ				ļ	ļ			ı
SECRETARY/TRUSTEE		Х	L	X		L_	L	0.	0.	0.
(3) RAYMOND GONZALEZ	0.50) ')		_	_	_
TREASURER/TRUSTEE		X		X		<u> </u>		0.	0.	0.
(4) RICHARD REVIGLIO	0.50	x						0.	0.	0.
TRUSTEE (5) CHRISTOPHER DIANDA	0.50	Λ				┢╌		0.		
TRUSTEE	0.30	X						0.	0.	0
(6) MATTHEW WOODHEAD	0.50	-		-		\vdash				
TRUSTEE		x		ļ		İ		0.	0.	0.
		_								
		_								

Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d H	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)	_ · · _ _ · ·					(E)			(F)			
	Name and title	Average	(do		Pos		1 than		Reportable	Reportable		Es	timate	∍d
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		an	nount	of
		week	<u></u>	ceran	nd a d	irecto	or/trus	tee)	from	from related			other	
		(list any	Individual trustee or director	1			1		the	organization			pensa	ition
		hours for	, g			ļ	豆		organization	(W-2/1099-MIS	SC)	fr	om th	е
		related	ste	Institutional trustee			Highest compensated employee		(W·2/1099-MISC)			org	anızat	ion
		organizations	al tru	ag a		oyee	E					an	d relat	ed
		below	Mgc	ig i	Officer	кеу етріоуее	hest of	Гогшег				orga	anızatı	ons
		line)	릴	E	₩	Key	운동	ᅙ						
			ļ			1		ŀ						
		1			Ì		1							
		1					Ţ							
				Γ~			†							
			1	ŀ		l					İ			
		 	<u> </u>			├─	 		 					——
			1			l		1						
		 		\vdash	-	-	-							
		 	1		ļ	l		l						
		ļ		<u> </u>	_	<u> </u>	1	<u> </u>	<u> </u>					
					}			1			ļ	ı		
				<u> </u>	<u>L</u>	<u></u>				 				
			1		ĺ		ļ	l						
		 	一	╁		<u> </u>	╁	 —						
		ļ	{	ļ	ļ		}	ĺ			i			
			<u> </u>	L	<u> </u>	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	<u> </u>			_			
	sub-total								0.		0.			<u>0.</u>
	otal from continuation sheets to Part V	II, Section A							0.		0.			0.
	otal (add lines 1b and 1c)							<u> </u>	<u> </u>		0.			0.
2 T	otal number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportab	le			
C	ompensation from the organization													0
													Yes	No
3 D	ed the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	yee.	, or	highest compensated ei	mployee on				
fu	ne 1a? If "Yes," complete Schedule J for s	such individual					•				Í	3		Х
	or any individual listed on line 1a, is the si		le co	amo	ensa	atior	าลถด	to b	her compensation from t	the organization	l			
	nd related organizations greater than \$15	•							•	and organization	Ì	4		x
	-									dual for convec	.			
	and any person listed on line 1a receive or					-		eiai	ed organization of indivi	dual for Services	' I	_		v
	endered to the organization? If "Yes," com	<u>ipiete Scheaul</u>	<u>e J f</u>	or se	ucn	pers	son					5		X
	on B. Independent Contractors													
	complete this table for your five highest co	•									npens	ation f	rom	
t	ne organization. Report compensation for	the calendar y	ear (<u>endı</u>	ng v	vith	or w	ıthır	the organization's tax	/ear				
	(A)								(B)		_	(0		
	Name and business	address	N	<u>INC</u>	₹			_	Description of s	ervices	C	ompe	nsatio	n
								- 1		Ì				
								\neg						
								ŀ						
								ᅱ					_	
								i						
	otal number of independent contractors (-	ot la	mite	d to	tho	se li	stec	d above) who received m	ore than				
\$	100,000 of compensation from the organ	zation >					U							
														~~~

EDUCATION FUND OF NORTHERN NEVADA 47-4018195 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns b Membership dues 1b c Fundraising events 1c d Related organizations 1d Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1f 2,699,500 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ ,699,500 Total. Add lines 1a-1f Business Code f All other program service revenue Total, Add lines 2a-2f Investment income (including dividends, interest, and 223. 223. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue

223

699,723.

e Total, Add lines 11a-11d

Total revenue See instructions.

	t IX Statement of Functional Expense				<del></del>
Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			mplete column (A).	
	not include amounts reported on lines 6b, 3b, 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	1,023,219.	1,023,219.		
2	Grants and other assistance to domestic			}	
	individuals See Part IV, line 22				<del></del> _
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	Individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members  Compensation of current officers, directors,				
5	trustees, and key employees				
6	Compensation not included above, to disqualified		<del></del>	<del>-</del>	
٠	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	-			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	_			
9	Other employee benefits				
10	Payroll taxes	<u>-</u>			_ <del></del>
11	Fees for services (non employees)				
а	Management				·
þ	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees			<del></del>	
g	Other (If line 11g amount exceeds 10% of line 25,				
10	column (A) amount, list line 11g expenses on Sch 0.)  Advertising and promotion				
12 13	Office expenses		<del></del>		
14	Information technology				
15	Royalties	· · · · · · · · · · · · · · · · · · ·			
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,854.	1,854.	<del></del>	
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			<del></del>		
b				<del></del>	
c d			<del></del>	<del></del>	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,025,073.	1,025,073.	0.	0.
26	Joint costs. Complete this line only if the organization				<del></del>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here		1	į.	

	•	Check if Schedule O contains a response or note to any line in this Part			
		Check in deneable of contains a response of note to any line in this Part	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	1,294,527.	2	2,969,177.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	1	trustees, key employees, and highest compensated employees. Complete	ete		
		Part II of Schedule L	L	5	
	6	Loans and other receivables from other disqualified persons (as defined	under		
	ł	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and cont	ributing		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ŧ		employees' beneficiary organizations (see instr) Complete Part II of Sch	L	_6	
Assets	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
	1	basis Complete Part VI of Schedule D 10a		l i	
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	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)	1,294,527.	16	2,969,177.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	<u></u>
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	<del></del>
es	22	Loans and other payables to current and former officers, directors, trust	ees,		
Liabilíties	ļ	key employees, highest compensated employees, and disqualified personal	ons.		
<del>1</del> ab		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	<del></del>
	25	Other liabilities (including federal income tax, payables to related third		i	
		parties, and other liabilities not included on lines 17-24) Complete Part 2	( of	)	
	ĺ	Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
	İ	Organizations that follow SFAS 117 (ASC 958), check here ► X	and		
Ses	{	complete lines 27 through 29, and lines 33 and 34.	4 224 525		0 0 6 0 4 7 7
auc	27	Unrestricted net assets	1,294,527.	27	2,969,177.
Bal	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets	<u></u>	29	
Ē	Ì	Organizations that do not follow SFAS 117 (ASC 958), check here	· []	ìì	
Net Assets or Fund Balances		and complete lines 30 through 34.		_	
set	30	Capital stock or trust principal, or current funds		30	
AS	31	Paid in or capital surplus, or land, building, or equipment fund	<del> </del>	31	
Vet	32	Retained earnings, endowment, accumulated income, or other funds	1 204 525	32	2 0 6 0 1 7 7
_	33	Total net assets or fund balances	1,294,527.	33	2,969,177.
	34_	Total liabilities and net assets/fund balances	1,294,527.	34	<u>2,969,177.</u>

-OIII	990 (2016) EDUCATION FUND OF NORTHERN NEVADA	4/-4	FOTOTAD	Pag	<u>je 12</u>
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,699		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,025		
3	Revenue less expenses Subtract line 2 from line 1	3	1,674		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,294	5:	<u> 27.</u>
5	Net unrealized gains (losses) on investments	5			
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			<u>0.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,969	1,1	<u>77.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u> _
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		- 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1 1	ĺ	
	separate basis, consolidated basis, or both		( (	- {	
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	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		1 1	í	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		] ]	}	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t		
	Act and OMB Circular A-133?		3a		<u>X</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	1 1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	<del>1</del> 90 (	2016)

#### SCHEDULE A

Department of the Treasury

Name of the organization

Internal Revenue Service

**Total** 

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

47-4018195 EDUCATION FUND OF NORTHERN NEVADA Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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, 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),  $\perp X \perp$ 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g J 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (II) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other our governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990 EZ) 2016 EDUCATION FUND OF NORTHERN NEVADA 47-4018195 Page 2

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)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and					T	
	membership fees received (Do not						
	include any "unusual grants ")		<u> </u>	<u> </u>	1,910,000,	2,699,500.	4,609,500,
2	Tax revenues levied for the organ-					ļ	
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to				1		
	the organization without charge						
4	Total. Add lines 1 through 3				1,910,000,	2,699,500.	4,609,500,
5	The portion of total contributions						
	by each person (other than a		1				
	governmental unit or publicly				1		
	supported organization) included		Ì			Ì	
	on line 1 that exceeds 2% of the	}					
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4	<u></u>		<u> </u>			4 609 500.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4				1,910,000.	2,699,500.	4,609,500.
8	Gross income from interest,				]	Ĭ	
	dividends, payments received on		1				
	securities loans, rents, royalties						
	and income from similar sources				49.	223.	272.
9	Net income from unrelated business						
	activities, whether or not the				i		
	business is regularly carried on	L					
10	Other income Do not include gain		Ì		Ì		
	or loss from the sale of capital						
	assets (Explain in Part VI)		ļ				
11	Total support. Add lines 7 through 10						4,609,772.
12	Gross receipts from related activities,	etc. (see instruct	ions)			12	<u> </u>
13	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth ta	ax year as a section	501(c)(3)	
	organization, check this box and stor						<b>▶</b> X
Se	ction C. Computation of Publ	ic Support Pe	ercentage		<del></del>		
14	Public support percentage for 2016 (	ine 6, column (f) o	divided by line 11,	column (f))		14	%
15	Public support percentage from 2015	Schedule A, Parl	t II, line 14		Ŀ	15	%
168	33 1/3% support test - 2016. If the o	organization did n	ot check the box o	on line 13, and line	14 is 33 1/3% or mo	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	ported organizatioi	n	•		
Ł	33 1/3% support test - 2015. If the	organization did n	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶
17 <i>a</i>	10% -facts-and-circumstances tes	<b>t - 2016.</b> If the org	ganization did not	check a box on line	e 13, 16a, or 16b, ar	nd line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	his box and stop h	nere. Explain in Part	VI how the organiz	zation
	meets the "facts-and-circumstances"	test The organization	ation qualifies as a	publicly supported	d organization .		▶∟_
ŧ	10% -facts-and-circumstances tes	t - 2015. If the org	ganization did not	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	ne "facts-and-circi	umstances" test, c	theck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test	. The organization	qualifies as a publi	cly supported organ	nization .	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17b	b, check this box an	id see instructions	▶□
					Sched	dule A (Form 990 d	or 990-EZ) 2016

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

Section A. Public Support	ow, picase com	pieto i art ii j	<del></del>			
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
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 organ- ization'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					<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</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		t				
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 t	he organization	's first, second, thir	d. fourth, or fifth t	ax vear as a section	on 501(c)(3) organiz	zation,
check this box and stop here						▶□
Section C. Computation of Public	Support Pe	ercentage				
15 Public support percentage for 2016 (lin	e 8, column (f) o	divided by line 13, o	column (f))		15	%
16 Public support percentage from 2015 S					16	%
Section D. Computation of Invest				<del></del>	<del>, , , , , , , , , , , , , , , , , , , </del>	
17 Investment income percentage for 201		•	ne 13, column (f))		17	%
18 Investment income percentage from 20					18	%
19a 33 1/3% support tests - 2016. If the o	-					17 is not
more than 33 1/3%, check this box and b 33 1/3% support tests - 2015. If the o	•	•	•	•	***	▶ [] and
line 18 is not more than 33 1/3%, chec	-					
20 Private foundation. If the organization				-	=	

### Schedule A (Form 990 or 990-EZ) 2016 EDUCATION FUND OF NORTHERN NEVADA

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supportin	a Organizations
--------------------------	-----------------

- 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.
   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)

  3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer
- (b) and (c) below
  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
- 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
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b 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
- 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
- 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)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - 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)

_		Yes	No
	1_	:	
			!
	2		
,	3a_		
1	3b		
	3c		
i	4a		
	4b		
i			
	40		
	4c	-	
			•
	5a_		
	5b		
	5c		
	6		
	7		
	8		
	_ <del>_</del> _		
	9a		
į			
	9b		<del></del>
	9c		
	į		
	10a		
	10b		
~ a	90 or 99	10-F7	2016

Par	t IV   Supporting Organizations (continued)	1013	J Pa	ige 5
, al	rt IV   Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>	res	INO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		
_	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
	tion 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	İ		
	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	}	1 1	
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	ł		
	supervised, or controlled the supporting organization	2	$oxed{oxed}$	
<u>Sec</u>	tion C. Type II Supporting Organizations		r	
			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	<b>\</b>	1 1	
	or management of the supporting organization was vested in the same persons that controlled or managed			
-	the supported organization(s)	11	<u></u>	
sec	tion D. All Type III Supporting Organizations		1,,	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1	1 1	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		
2	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	1	1 1	
	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		!
Sec	tion 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 yea(see instructions).			-
а	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.			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	ructions		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	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,	ļ		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	<u>2</u> a		
þ	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	1		
	activities but for the organization's involvement	2b	<b>  </b>	
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	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	ı i	Ì

_	edule A (Form 990 or 990-EZ) 2016 EDUCATION FUND OF NORTH			47-4018195 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	_		ı ın Part VI ) <b>See ınstructions.</b> Al
Soci	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E  (A) Prior Year	(B) Current Year
	Hom A - Adjusted Net income		(A) Filor real	(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	<del></del>	
_7_	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion 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)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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	<del></del>	
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion 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-functiona	ily integrat	ed Type III supporting	organization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2016

	t V Type III Non-Functionally Integrated 509			7-4018195 Page 7
Sect	on D - Distributions	(a)(o) cupporting orgi	anizationio (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
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	ne organization is responsive	e	
	(provide details in Part VI) See instructions		<u></u>	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(II) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
_	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
<u>i</u>	Carryover from 2011 not applied (see instructions)			
_1_	Remainder. Subtract lines 3g, 3h, and 3i from 3f	<del></del>		
4	Distributions for 2016 from Section D, line 7 \$			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c		<u></u>	
8	Breakdown of line 7			
а				
	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Schedu							ION F								47-4018		⊃age <b>8</b> _
Part	VI 🗀	Supp	lement	tal Infor	matio	n. Pr	ovide the ex	kplanation:	s requ	ired by F	Part II,	line 10, Pa	rt II, line	17a or 1	7b, Part III, line	12,	
	•	Part IV.	Section	A, lines 1.	, 2, 3b, 3	3c, 4ł	o, 4c, 5a, 6,	9a, 9b, 9c	, 11a.	11b. an	d 11c.	Part IV, Se	ection B. I	ines 1 ai	nd 2, Part IV, 9 Section B, line	Section (	C, V
		Section	n D, lines	5, 6, and	8, and F	art V	, Fait IV, Se /, Section E,	lines 2, 5,	and 6	, za, zb, 6. Also c	omplet	e this part	for any a	dditiona	Information	ie, rait	٧,
		(See in	struction	s)			<del></del>							<del></del>			
חממת			ti O D M	VEAD	מעם:	T 7. N	TA MIT (NI										
PART	<u> </u>	., 5	HOKT	ILAK	EAP.	TAT	NATION	<u>:</u>					<del></del>				
янт	RET	מאווי	FOR	2015	WAS	Δ	SHORT	YEAR	AS	тнт	ORG	ANT 7.A	иотт	WAS	FORMED	TN	
							<u> </u>										
MAY,	20	15.															
					_									<del>-</del>			
						-	<del>.</del>		-								
				<del>-</del>													
			<del></del>											<del></del> .			
				-	•												
										-							
															<u>, , , , , , , , , , , , , , , , , , , </u>		
															<del></del>		
				<del></del>									<del></del>		<del></del>		
					_		_		-								
											_						
			<del></del>												-		
													<del></del> -				
			<del></del>	<del></del>	<del></del> -		<del></del>										
													<del></del>				
												<del></del>					
										_			_				

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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

OMB No 1545-0047

Inspection

Employer identification number 47-4018195 X Yes 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 Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. EDUCATION FUND OF NORTHERN NEVADA General Information on Grants and Assistance critena used to award the grants or assistance? Name of the organization Part

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

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

Part II

**%** 

(h) Purpose of grant or assistance	SCHOLARSHIPS FOR QUALIFYING INDIVIDUALS			51.	•
(g) Description of noncash assistance	SCHOLAR				_
(f) Method of valuation (book, no FMV, appraisal, other)					
(e) Amount of non-cash assistance	0				
(d) Amount of cash grant	1,023,219,			line 1 table	
(f applicable)				anizations listed in the	4245
(b) EIN				d government org	Local of the Local
1 (a) Name and address of organization or government (if applicable) cash grant	SEE LISTING ATTACHED				3 Enter fotal number of other organizations listed in the line 1 table

Schedule I (Form 990) (2016)

Page 2 47-4018195 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 EDUCATION FUND OF NORTHERN NEVADA Schedule I (Form 990) (2016)

Part III

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) SEE EXHIBIT B ATTACHED - FROM BYLAWS OF EDUCATION FUND OF NORTHERN NEVADA. GRANTS Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information DURING 2016, 494 SCHOLARSHIPS WERE GIVEN OUT BY THE GRANT RECEIPIENT SCHOOLS AND 494 INDIVIDUAL STUDENTS EXHIBIT B EXPLAINS PROCEEDURES FOR MONITORING USE OF GRANT FUNDS. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients ARE ALL UTILIZED FOR SCHOLARSHIPS. (a) Type of grant or assistance IN NEVADA WERE BENEFITED. PART I, LINE Part IV

Schedule I (Form 990) (2016)

632102 11-01-16

# SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

## 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 Open to Public Inspection

Employer identification number

EDUCATION FUND OF NORTHERN NEVADA 47-4018195 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE SCHOLARSHIPS ARE PURSUANT TO THE EDUCATIONAL CHOICE SCHOLARSHIP PROGRAM UNDER ASSEMBLY BILL 165 OF THE 2015 NEVADA LEGISLATURE. DURING 2016, 494 SCHOLARSHIPS WERE AWARDED.. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PURSUANT TO ASSEMBLY BILL 165 OF THE 2015 NEVADA LEGISLATURE. FORM 990, PART VI, SECTION A, LINE 2: RICHARD REVIGLIO AND MATTHEW WOODHEAD HAVE A FAMILY RELATIONSHIP. MATTHEW WOODHEAD IS MARRIED TO RICHARD REVIGLIO'S SISTER, KARI REVIGLIO WOODHEAD. RICHARD REVIGLIO, CHRISTOPHER BENNA AND MARC MARKWELL HAVE BUSINESS RELATIONSHIPS WITH EACH OTHER DUE TO COMMON OWNERSHIP INTERESTS IN VARIOUS

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION HAS 6 TRUSTEES WHO ARE RESPONSIBLE FOR ELECTING THE OFFICERS OF THE ORGANIZATION.

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

THE GOVERNING BOARD WAS PROVIDED A COPY OF THIS FORM 990 FOR APPROVAL BEFORE FILING.

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

THE TRUSTEES ARE EACH RESPONSIBLE FOR ENSURING THEY ARE IN COMPLIANCE WITH LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

BUSINESSES.

Name of the organization  EDUCATION FUND OF NORTHERN NEVADA	Employer identification number 47 - 4018195					
THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.						
FORM 990, PART VI, SECTION C, LINE 19:	<u></u>					
THE ORGANIZATION WILL PROVIDE COPIES OF THE CONFLICT OF I	NTEREST	POLICY	AND			
FINANCIAL STATEMENTS UPON REASONABLE REQUEST.						
		···				
	<del></del>					
	<u> </u>					
		<del></del>	<u>.                                    </u>			
			<del></del>			
			_			
	·					
			<del></del> -			
			-			
		·				
	· · · · · · · · · · · · · · · · · · ·					