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FOT 990-PF

EXTENDED TO NOVEMBER 15, 2
Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

6

Repartme	ent of the Treasury	▶ Informati	Do not enter :	social security numbers or m 990-PF and its separate) this form as i	it may be ma s at www <i>ir</i> s	de public. .aov/form990of.	Open to Public Inspection
	evenue Service	or tax year beginning	on about ron	in eso-Fr and its separate	, and en	•	.gov/ioimooopi.	Open to Public Inspection
	of foundation	or tax your pogrammy					A Employer identification	number
SPE	ECIAL AS	SISTANCE F	UND FO	R ENERGY (SAF	E)		88-0341058	
Number	and street (or PO	box number if mail is not de	elivered to street	address)		Room/surte	B Telephone number	
	BOX 101				l		(775) 834-	
		ovince, country, and ZI	P or foreign p	ostal code			C If exemption application is pe	ending, check here
		89520						
G Chec	k all that apply:	Initial return		Initial return of a fo	ormer public cl	narity	D 1. Foreign organizations	, check here
		Final return		Amended return			Foreign organizations mee check here and attach cor	eting the 85% test,
L Choo	ck type of organiz	Address ch		Name change kempt private foundation	 			
) nonexempt charitable		Other taxable private found	ation		E If private foundation stat under section 507(b)(1)(
		assets at end of year	J Accounti		X Accru	ıai	F If the foundation is in a 6	•
	Part II, col. (c),	-		ther (specify)		-	under section 507(b)(1)	
_ ` \$		139,695.	(Part I, colu	mn (d) must be on cash	basis.)		(1)	
Part	(The total of ame	evenue and Expenses ounts in columns (b), (c), an al the amounts in column (a	d (d) may not	(a) Revenue and expenses per books	(b) Net inv		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions,	gifts, grants, etc., recei	ved	307,083.			N/A	
2	. $ abla$	if the foundation is not required to						
3	Interest on saving cash investments	gs and temporary s		158.		158.		STATEMENT 1
4	Dividends and	interest from securities	;					
5:	a Gross rents			777				
	b Net rental income	or (loss)	()	12 0				
일 6	Gross sales price	from sale of assets not on i	1 1				<u> </u>	
Revenue 7	D assets on line 6a	ncome (from Part IV, line 2)	lol se	100		0.		
§ 7 8			1 m	SCH III				
į 9		· •	10	The state of the s				
10	Gross sales less		١ ٠٠					
•	b Less Cost of goo	ods sold						
2 2	c Gross profit or	(loss)						
f 11				20.	 	20.		STATEMENT 2
12		es 1 through 11		307,261.		178.		
13	•	f officers, directors, trustees	s, etc	0.		0.		0.
14	`. *	e salaries and wages , employee benefits		<u> </u>				
	a Legal fees	, employee belients						
ens	b Accounting fee	es ST	MT 3	1,356.		338.	,	1,018.
101	c Other professi	•	MT 4	14,390.		0.		15,360.
<u>\$</u> 17	•							
E 18	Taxes							
.[일 19	-	nd depletion						
[20								
¥ 21	-	nces, and meetings		ļ	<u></u>		 	
Operating and Administrative 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			wm E	25,900.		0.		900.
ging 24		s ST. g and administrative	MT 5	23,300.	 			300.
e ja	-	d lines 13 through 23		41,646.		338.		17,278.
Ö ₂₅	-	gifts, grants paid		258,142.				292,394.
26		s and disbursements.						
	Add lines 24 a			299,788.		338.		309,672.
27	Subtract line 2	6 from line 12:						
1		e over expenses and disbu		7,473.				
		It income (if negative, ent		ļ		<u> </u>	37/3	ļ
1	c Adjusted net i	NCOME (if negative, enter -	·0-)	<u> </u>	L		N/A	<u> </u>

Form **990-PF** (2016)

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

		90-PF (2016) SPECIAL ASSISTANCE FUND			03 41058 Page 2
Œ	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
_			(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing	467 400		
		Savings and temporary cash investments	167,439.	139,670.	139,670.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts ▶			
	,	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	}	disqualified persons			
	7	Other notes and toans receivable			
		Less: allowance for doubtful accounts ▶			
Assets	8	Inventories for sale or use	05		
ASS	9	Prepaid expenses and deferred charges	25.	25.	25.
1	1	Investments - U.S. and state government obligations			
	1	Investments - corporate stock		-	
	i i	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis		Ì	
		Less accumulated depreciation			
	1	Investments - mortgage loans			
		Investments - other		-	
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	1	Other assets (describe			
	16	Total assets (to be completed by all filers - see the	465.464	400 50-	444 445
_		instructions. Also, see page 1, item ()	167,464.	139,695.	<u> 139,695.</u>
	I	Accounts payable and accrued expenses			
	1	Grants payable	98,275.	64,023.	
ies	1	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
į		Mortgages and other notes payable	15 202	11.200	
_	22	Other liabilities (describe ADMIN FEES PAYABLE)	15,380.	14,390.	
			112 655	TO 442	
_	23	Total liabilities (add lines 17 through 22)	113,655.	78,413.	
		Foundations that follow SFAS 117, check here		}	
Ś		and complete lines 24 through 26 and lines 30 and 31.		1	
2	24	Unrestricted			
ala	25	Temporarily restricted			
or Fund Balances	26	Permanently restricted			
Ë		Foundations that do not follow SFAS 117, check here			
5		and complete lines 27 through 31.	04 146	04 146	
ets	27	Capital stock, trust principal, or current funds	94,146.	94,146.	
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	<40,337.>	<32,864.	
et/	29	Retained earnings, accumulated income, endowment, or other funds	53,809.		•
Ž	30	Total net assets or fund balances	33,603.	61,282.	
	, ,	Total liabilities and not seem found between	167,464.	139,695.	
=		Total liabilities and net assets/fund balances		139,033.1	
LP	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
•		it agree with end-of-year figure reported on prior year's return)		1	53,809.
2	•	amount from Part I, line 27a		2	7,473.
		r increases not included in line 2 (itemize)			0.
		lines 1, 2, and 3	· 	4	61,282.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	61,282.
_					Form 990-PF (2016)

	nd Losses for Tax on			<u> </u>	VIII	<u> </u>		0-034	1030	rayes
			(b) How acquired ((c) Date acquired (mo., day, yr.)		(d) Dat (mo., d			
	enouse, or common stock, 200	SIS. MLG CO.)	 _	D	- Don	ation	(1110., 0	ay, yi.)	(1110., 0	ay, y,
b NON		 -		+						
C 14014				†"						
d										
е										
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				(h) G (e) plus	ain or (loss) s (f) minus (g)	
a				_						
<u>b</u>										
<u>C</u>										
d e										
Complete only for assets showing	gain in column (h) and owned	by the foundation	on 12/31/69			(1)	Gains (C	ol. (h) gaın	minus	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (i) col. (j), if any				k), but r	not less than (from col. (I	-0-) or	
a										
b										
С										
<u>d</u>	·			_						
<u>e</u>				-		Т				
2 Capital gain net income or (net cap		nter in Part I, line -0- in Part I, line		}	2					
 Net short-term capital gain or (loss If gain, also enter in Part I, line 8, c If (loss), enter -0- in Part I, line 8 	olumn (c).			}	3					
Part V Qualification Un	nder Section 4940(e) f	or Reduced	Tax on Net	Inv	estn	nent Inco	me			
(For optional use by domestic private t	foundations subject to the section	on 4940(a) tax on	ı net investment ir	ncome	e.)					
If section 4940(d)(2) applies, leave this	s part blank.									
Was the foundation liable for the section	on 4942 tax on the distributable			rıod?			•		Yes	X No
If "Yes," the foundation does not qualif Enter the appropriate amount in ea				ntrias						
(a)		ie instructions de	Tore making any e		••				(d)	
Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying	distributions	Net value of no	(c) onchai	ritable	use assets	l	Dıstrıb (col. (b) dıvı	útión ratio	(c))
2015	""'/ 	77,399.			10	8,973.		(001. (0) 411		27917
2014		307,476.				5,505				69112
2013		373,183.			13	9,277.			2.6	79430
2012		35,106.				5,088.			1.9	13929
2011		<u> 193,103.</u>	·		21	7,652.	ļ		<u> </u>	<u>46659</u>
2 Total of line 1, column (d)							2		9.8	37047
3 Average distribution ratio for the 5- the foundation has been in existence		tal on line 2 by 5,	or by the number	r of ye	ars		3		1.9	<u>67409</u>
4 Enter the net value of noncharitable	e-use assets for 2016 from Part	X, line 5					4		94	,623.
5 Multiply line 4 by line 3							_5	_	186	,162.
- 6 Enter 1% of net investment income	(1% of Part I, line 27b)						6		-	0.
7 Add lines 5 and 6	, ,						7		186	,162.
8 Enter qualifying distributions from	Part XII line A						8		_	,672.
If line 8 is equal to or greater than I See the Part VI instructions.		ine 1b, and comp	lete that part usin	ng a 1	% tax	rate.			303	<u>, , , , 4 .</u>

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_	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see	nstr	ICTIO	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		}			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%	1				0.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	1			0.
3	Add lines 1 and 2	3				<u> </u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
6	Credits/Payments:					
	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 25					
	Exempt foreign organizations - tax withheld at source	4	ł			
	Tax paid with application for extension of time to file (Form 8868) 6c 6c	4				
		4				
	Backup withholding erroneously withheld 6d	١,				25.
_	Total credits and payments. Add lines 6a through 6d	7	 			<u> 23.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	┼──			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	 			~=
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	 			<u>25.</u>
	Enter the amount of line 10 to be: Credited to 2017 estimated tax	11				<u>0.</u>
	art VII-A Statements Regarding Activities					A • •
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in			Yes	
	any political campaign?			<u>1a</u>		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	n)?		_1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis	shed or	•			
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0	•_				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ▶ \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities.			_		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	1/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_		5		X
•	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
·	By language in the governing instrument, or					
,	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the sta 	ta law]
	remain in the governing instrument?	ic iam		6	X	
7		1/		7	X	-
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part X	V		-'-		
۰.	Cates the states to which the foundation reports or with which it is registered (see instructions)					
Вa	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	If the appropriate Very to line 7, has the foundation formation approach a converted to the Atternative Congressive description					1
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				v	
_	of each state as required by General Instruction G? If "No," attach explanation			<u>8b</u>	X	 -
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	endar		_		
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10	<u> </u>	X
			Fo	rm 99 (J-PF	(2016)

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Pa	art VII-A Statements Regarding Activities (continued)			
•		[Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► KATIE NANNINI Telephone no. ► 775-83	34-5	544	
	Located at ▶PO BOX 10100, RENO, NV ZIP+4 ▶89			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	-"		
	foreign country			
Ps	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
		7	Yes	No
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		163	140
18	a During the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after	}		
	termination of government service, if terminating within 90 days.)			
b	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	-		
•	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	-		
	before the first day of the tax year beginning in 2016?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2016?			
	If "Yes," list the years - , , , , , , , ,	1		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
3a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	of "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2016) N/A	3b		
42	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
•	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		Х
_				

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Part·VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:				1	ł
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	es X No		
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indir				
any voter registration drive?		Ye	es X No	[
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es 🗓 No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		1		
4945(d)(4)(A)? (see instructions)		Ye	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or	for			
the prevention of cruelty to children or animals?	_		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uno	der the exceptions described	in Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru		· ·	N/A	5b	ł
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined			-
expenditure responsibility for the grant?		I/A 🔲 Ye	es No	ĺ	
If "Yes," attach the statement required by Regulations section 53 494	•				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to			1	į	
a personal benefit contract?	pu) promiumo on		es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	nersonal henefit contract?			6ь	x
If "Yes" to 6b, file Form 8870.	organia bonont contract:			-	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	ehelter transaction?		es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	· ·			7b	_
Part VIII Information About Officers, Directors, Trust		nagers Highly		, o	
Paid Employees, and Contractors	cos, i candadori me	inagero, riiging	,		
List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Ex	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exp account allows	t, other
·····	to position	enter -0-)	compensation	allowe	11003
SEE STATEMENT 6		0.	0.		0.
DIATEMENT O					
		 			
	-				
					
					
Compensation of five highest-paid employees (other than those inc	huded on line d\ If mane	antes IINONE II	<u></u>		
Compensation of five nignest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	(e) Ex	20000
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	accoun	t, other
	devoted to position		compensation	allowa	nces
NONE			ļ		
			ļ		
	-		1		
		-	 		
		<u> </u>			
	1	1			
		Į			
		L	L		
otal number of other employees paid over \$50,000					0
			Form	990-PF	(2016)

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NO	NE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
		
Total number of others receiving over \$50,000 for professional services	>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information number of organizations and other beneficiaries served, conferences convened, research papers produced,	formation such as the	Expenses
1 N/A	0101	
1		
2		
3		
4		
·		
		·
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1	and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
		
Total. Add lines 1 through 3	<u> </u>	0.
	For	rm 990-PF (2016)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а		1a	0.
b		1b	96,064.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	96,064.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	96,064.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,441.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	94,623.
6_	Minimum investment return. Enter 5% of line 5	6	4,731.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	4,731.
2a	Tax on investment income for 2016 from Part VI, line 5		
ь	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,731.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	4,731.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	4,731.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	309,672.
b	· ·	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	309,672.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	309,672.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for t	he section

Form **990-PF** (2016)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
Distributable amount for 2016 from Part XI,				
line 7				4,731.
2 Undistributed income, if any, as of the end of 2018	·			
a Enter amount for 2015 only			0.	
b Total for prior years:		•		
		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011 282, 228.				
b From 2012 326,358. c From 2013 366,220.				
d From 2013 366, 220. d From 2014 300, 701.				
e From 2015 171, 950.				
f Total of lines 3a through e	1,447,457.			
4 Qualifying distributions for 2016 from	1,447,4574			
Part XII, line 4: ▶\$ 309,672.				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				4,731.
e Remaining amount distributed out of corpus	304,941.			
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				:
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,752,398.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b	-	0.		
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable	•		:	
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)	<u></u>			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7	282,228.			
	202,220.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	1,470,170.			
10 Analysis of line 9:				
a Excess from 2012 326, 358.				-
b Excess from 2013 366, 220.				
c Excess from 2014 300,701.				
d Excess from 2015 171,950.				
e Excess from 2016 304,941.				5000 DE (02.12)
802504 44 22.48				Form 990-PF (2016)

			NERGY (SAFE)		341058 Page 10
Part XIV Private Operating Fo	<u>`</u> `		-A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for			▶ └──	4040(1)(0) ==	4040(-)(5)
b Check box to indicate whether the found		ng toundation described	Prior 3 years	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
income from Part I or the minimum	(a) 2010	(0) 2010	(6) 2014	(0) 2010	(c) rotar
investment return from Part X for					
each year listed			 		
b 85% of line 2a	.				
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.			1		
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)			1		
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from	_				
an exempt organization					
(4) Gross investment income		-			
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or n	nore in assets
at any time during t	he year-see inst	ructions.)		. ,	
1 Information Regarding Foundatio					
a List any managers of the foundation who		than 2% of the total con-	ributions received by the	foundation before the o	close of any tax
year (but only if they have contributed m					
NONE					
b List any managers of the foundation who	o own 10% or more of th	ne stock of a corporation	(or an equally large portion	on of the ownership of a	partnership or
other entity) of which the foundation has			(, p
NONE					
2 Information Regarding Contributi	on Grant Gift Loan	Scholarship, etc., P	rograms:		
Check here ► if the foundation o				ot accept unsolicited re	auests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	<u> </u>				
a The hame, address, and telephone ham	ber or a man address or	the person to mion app			
SEE STATEMENT 7					
b The form in which applications should b	e submitted and informa	ition and materials they s	hould include:		
c Any submission deadlines:					
V Any submission doddinos.					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields	, kinds of institutions, or o	other factors:	

Part XV Supplementary Information				
3 Grants and Contributions Paid During the		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
FISH	NONE	PC	UTILITY VOUCHERS	
138 E. LONG ST.				
CARSON CITY, NV 89706				30,086
CHURCHILL COUNTY SOCIAL SERVICES	NONE	PC	UTILITY VOUCHERS	
485 W.B ST STE. 105				1 461
FALLON, NV 89406				1,461,
DEPARTMENT OF SOCIAL SERVICES	NONE	GOV	UTILITY VOUCHERS	
P.O. BOX 218				
MINDEN, NV 89423				9,648,
ELKO COUNTY SOCIAL SERVICES DEPARTMENT	NONE	GOV	UTILITY VOUCHERS	
571 IDAHO STREET				
ELKO, NV 89801				14,720.
INDIGENT SERVICES	NONE	gov	UTILITY VOUCHERS	
801 FAIRGROUNDS ROAD				
WINNEMUCCA NV 89445	<u> </u>	<u> </u>	1	5 976.
	NTINUATION SHE	ET(S)	▶ 3a	292,394,
b Approved for future payment				
2016 ACCRUED AMOUNTS PAYABLE IN 2017				
				64,023,
•				
Total			▶ 3b	64,023,

Part XVI-A	Analysis of	Income-Producing	Activities
------------	-------------	------------------	-------------------

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ed by section 512, 513, or 514	(e)
	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a			_ _ .		
b					
c	_				
d	_		\rightarrow		
e	_				
f	_				
g Fees and contracts from government agencies			\rightarrow		
2 Membership dues and assessments	<u> </u>				
3 Interest on savings and temporary cash investments			14	158.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			01	20.	
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a				<u> </u>	<u> </u>
b					
c	_				
d	_				
e	_				.
12 Subtotal. Add columns (b), (d), and (e)			0.		0.
13 Total. Add line 12, columns (b), (d), and (e)				13	178.
(See worksheet in line 13 instructions to verify calculations.)	·			<u> </u>	

Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

	Exempt Organ	izations					
Did th	ne organization directly or indi	rectly engage in any of the f	following with any other organization	described in section 501(c) of	_	Yes	No
the C	ode (other than section 501(c)(3) organizations) or in sec	ction 527, relating to political organiz	ations?			
a Trans	fers from the reporting found	ation to a noncharitable exe	mpt organization of:				
(1) (Cash				1a(1)		X
(2)	Other assets			• •	1a(2)		X
Other	transactions:						
(1) 8	Sales of assets to a noncharita	ble exempt organization			1b(1)		X
(2) F	Purchases of assets from a no	ncharitable exempt organiza	ation		1b(2)		X
(3) F	Rental of facilities, equipment,	or other assets			1b(3)		X
(4) F	Reimbursement arrangements	,			1b(4)		X
(5) L	oans or loan guarantees				1b(5)		X
(6) F	Performance of services or me	mbership or fundraising so	licitations		1b(6)		X
Sharı	ng of facilities, equipment, ma	uling lists, other assets, or p	aid employees		1c	<u> </u>	X
I If the	answer to any of the above is	"Yes," complete the following	ng schedule. Column (b) should alwa	lys show the fair market value of the goo	ds, other ass	sets,	
or se	rvices given by the reporting f	oundation. If the foundation	received less than fair market value	in any transaction or sharing arrangeme	nt, show in		
colun	nn (d) the value of the goods,	other assets, or services re-	ceived.				
Line no	(b) Amount involved	(c) Name of nonch	aritable exempt organization	(d) Description of transfers, transactions,	and sharing an	rangeme	nts
		N	/A				
		-					
		· · · · · · · · · · · · · · · · · · ·					
	<u> </u>	 		· · · · · · · · · · · · · · · · · · ·			
		<u> </u>			·		
_							
	l .		 				
		L	to one or more tay-exempt organiza	tions described			
a le tho	foundation directly or indirec	the affiliated with or related	to, one or more tax-exempt organiza	tions described	Yes	v] N
	foundation directly or indirectly or following 501(a) of the Code (ethal	•	un agotion E070		162	ــــــــــــــــــــــــــــــــــــــ	ואור
ın sec	ction 501(c) of the Code (othe	r than section 501(c)(3)) or	in section 527?	•••			
ın sec	tion 501(c) of the Code (othe s," complete the following sch	r than section 501(c)(3)) or edule.		(a) Description of color			
ın sec	tion 501(c) of the Code (othe s," complete the following sch (a) Name of org	r than section 501(c)(3)) or edule.	(b) Type of organization	(c) Description of relati	onship		
ın sec	tion 501(c) of the Code (othe s," complete the following sch	r than section 501(c)(3)) or edule.		(c) Description of relati	onship		
ın sec	tion 501(c) of the Code (othe s," complete the following sch (a) Name of org	r than section 501(c)(3)) or edule.		(c) Description of relati	onship		
ın sec	tion 501(c) of the Code (othe s," complete the following sch (a) Name of org	r than section 501(c)(3)) or edule.		(c) Description of relati	onship		

ın	section 501(c) of the Code (other than section 501(c)(3)	•		Yes	X No
b If	Yes," complete the following schedule.				
	(a) Name of organization	(b) Type of organization	(c) Description of re	lationship	
	N/A				
	Under penalties of perjury, I declare that I have examined this re			May the IRS da	scuse this
Sign	and belief, it is true, correct, and complete Declaration of prepa	1 1 1 1	hich preparer has any knowledge	return with the shown below (s	preparer

11616		JULY TO STANKE	TREASU	RER	LXLlYes LLL N∈
	Signature of officer or trustee	Date	Title		
	Print/Type preparer's name	Preparer's signature / /	Date	Check I If P	ΓIN
		KI XI	フ	self- employed	
Paid	KIRK GARDNER, CPA	KIRK GARDNER, CP	A 08/21/17	1	P00225248
Prepar	rer Firm's name ► EIDE BAILL	Y LLP		Firm's EIN ▶ 45	-0250958
Use O					
	Firm's address ▶ 5441 KIET	ZKE LN, STE 150			
		89511-2094		Phone no. 775	-689-9100

Form **990-PF** (2016)

SPECIAL ASSISTANCE FUND FOR ENERGY(SAFE) 88-0341058

Part.XV Supplementary Information				
3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
TAHOE SAFE ALLIANCE	NONE	PC	UTILITY VOUCHERS	
948 INCLINE WAY		ļ		150.
INCLINE VILLAGE, NV 89451			<u> </u>	
LYON COUNTY DEPARTMENT OF SOCIAL SERVICES	NONE	gov	UTILITY VOUCHERS	
P.O. BOX 1141				
SILVER SPRINGS, NV 89429		 	<u> </u>	18,873.
CONSOLIDATED AGENCIES OF HUMAN SERVICES	NONE	GOV	UTILITY VOUCHERS	
P.O. BOX 331				
HAWTHORNE, NV 89415		 	ļ ————————————————————————————————————	2,320.
NYE COUNTY HEALTH & HUMAN SERVICES	NONE	GOV	UTILITY VOUCHERS	
P.O. BOX 926				
TONOPAH, NV 89049		ļ		2,100.
PERSHING COUNTY CLERK TREASURER	NONE	GOV	UTILITY VOUCHERS	
P.O. BOX 820	NONE	GOV	UIILIII VOOCHERS	
LOVELOCK, NV 89419				1.143.
COMMISSIONER'S OFFICE STOREY COUNTY DRAWER D	NONE	GOV	UTILITY VOUCHERS	
VIRGINIA CITY, NV 89440				296
<u> </u>				250.
WASHOE COUNTY SENIOR CENTERS	NONE	GOV	UTILITY VOUCHERS	
1155 E NINTH STREET RENO, NV 89512				771.
				7/24
WASHOE COUNTY FAMILY RESOURCE CENTERS	NONE	GOV	UTILITY VOUCHERS	
1755 S. WELLS AVE				150 500
RENO, NV 89502	 			170,598.
LESS ACCRUED 2015 AMOUNTS PAID IN				
2016		 	 	98,275.
LESS ACCRUED 2016 AMOUNTS PAYABLE IN				<u> </u>
2017 Total from continuation sheets	<u> </u>		<u> </u>	<64,023,>
Total Hom communation succes				230 503

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2016

OMB No 1545-0047

Name of the organization

Employer identification number

S	PECIAL ASSISTANCE FUND FOR ENERGY(SAFE)	88-0341058
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
· -	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II See instructions for determining a contributo	
Special Rules		
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount II.	, or 16b, and that received from
year, total contri	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from outions of more than \$1,000 exclusively for religious, chantable, scientific, literary, or edu foruelty to children or animals. Complete Parts I, II, and III.	
year, contribution is checked, ente purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from as exclusively for religious, charitable, etc., purposes, but no such contributions totaled refer the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the General Rule applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box is, charitable, etc.,
but it must answer "No" of certify that it doesn't mee	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its lit the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

Name of organization

Employer identification number

SPECIAL ASSISTANCE FUND FOR ENERGY (SAFE)

88-0341058

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NV ENERGY CHARITABLE FOUNDATION P.O. BOX 10100 RENO, NV 89520	\$300,000.	Person X Payroll Noncash (Complete Part If for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
• • • • • • • • • • • • • • • • • • • •			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

SPECIAL ASSISTANCE FUND FOR ENERGY (SAFE)

88-0341058

Part II	Noncash Property (See instructions)	Use duplicate copies of Part II if additional space is needed.
ганы	INDICASII FIODELLY (See instructions).	. Use auplicate copies of Fart II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. rom eart I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

	Form 990, 990-EZ, or 990-PF) (2016)		Pag
lame of organ	ization		Employer identification number
SPECIAL	ASSISTANCE FUND FOR	ENERGY (SAFE)	88-0341058
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religious duplicate copies of Part III if addition	tributions to organizations described columns (a) through (e) and the follow us, charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAVI	NGS AND TE	MPORARY	CASH	INVESTMENTS	STATEMENT	1
SOURCE	REV	A) ENUE BOOKS	NET	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME	E
FIRST INDEPENDENT BANK OF NEVADA		158.		158.		
TOTAL TO PART I, LINE 3		158.		158.		
FORM 990-PF	OTHER	INCOME			STATEMENT	2
DESCRIPTION		(A) REVEN PER BO		(B) NET INVEST- MENT INCOME		
MISCELLANEOUS INCOME	_		20.	20	•	
TOTAL TO FORM 990-PF, PART I,	LINE 11 =		20.	20	•	
FORM 990-PF	A CCOLINIT			······································		
. 0 330 11	ACCOUNT	ING FEE	S		STATEMENT	3
	(A) EXPENSES PER BOOKS	(1 NET II	B) NVEST-		(D) CHARITAE	BLE
DESCRIPTION	(A) EXPENSES	NET II MENT I	B) NVEST-	ADJUSTED NET INCOM	(D) CHARITAE	S
DESCRIPTION ACCOUNTING FEE	(A) EXPENSES PER BOOKS 1,356	NET II MENT	B) NVEST- INCOME	ADJUSTED NET INCOM	(D) CHARITAE E PURPOSE	BLE
DESCRIPTION ACCOUNTING FEE TO FORM 990-PF, PG 1, LN 16B	(A) EXPENSES PER BOOKS 1,356	NET II MENT	B) NVEST- INCOME 338	ADJUSTED NET INCOM	(D) CHARITAE PURPOSE	8.8.
DESCRIPTION ACCOUNTING FEE TO FORM 990-PF, PG 1, LN 16B	(A) EXPENSES PER BOOKS 1,356	NET II MENT :	B) NVEST- INCOME 338 338 FEES B) NVEST-	ADJUSTED NET INCOMI 3. (C) ADJUSTED	(D) CHARITAE E PURPOSE 1,01 1,01 STATEMENT (D) CHARITAE	SLES.8.8.4
DESCRIPTION ACCOUNTING FEE TO FORM 990-PF, PG 1, LN 16B FORM 990-PF	(A) EXPENSES PER BOOKS 1,356 1,356 THER PROFE (A) EXPENSES	NET II MENT	B) NVEST- INCOME 338 FEES B) NVEST- INCOME	ADJUSTED NET INCOMI 3. (C) ADJUSTED	(D) CHARITAE E PURPOSE 1,01 1,01 STATEMENT (D) CHARITAE	BLE 4

FORM 990-PF	OTHER EXPENSES				STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(C) ADJUSTED NET INCOME		(D) CHARITABLE PURPOSES	
INSURANCE RETURN OF CONTRIBUTION	900. 25,000.		0.			900.	
TO FORM 990-PF, PG 1, LN	23 25,900.		0.			900.	
	II - LIST OF OF TEES AND FOUNDA			ORS	STAT	EMENT 6	
NAME AND ADDRESS		LE AND HRS/WK		IPEN- PION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
CAROL MARIN P.O. BOX 10100 RENO, NV 89520	CHAIR 1	.00		0.	0.	0.	
LINDA ELLSWORTH P.O. BOX 10100 RENO, NV 89520		SECRETARY 1.00		0.	0.	0.	
KATIE NANNINI P.O. BOX 10100 RENO, NV 89520		TREASURER 1.00		0.	0.	0.	
BOB JONES P.O. BOX 10100 RENO, NV 89520	DIREC 1	TOR .00	0.		0.	0.	
CLOYD PHILLIPS P.O. BOX 10100 RENO, NV 89520	DIREC 1	TOR .00		0.	0.	0.	
TOTALS INCLUDED ON 990-PF	, PAGE 6, PART	VIII		0 -	0.	0.	

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

LINDA ELLSWORTH P.O. BOX 10100 RENO. NV 89520

TELEPHONE NUMBER

(775) 834-5544

FORM AND CONTENT OF APPLICATIONS

NO SPECIFIC FORM NECESSARY

ANY SUBMISSION DEADLINES

NONE

71 77 7 .

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RESTRICTIONS AND LIMITATIONS ON AWARDS

SAFE PROVIDES UTILITY PAYMENT VOUCHERS TO SOCIAL WELFARE ORGANIZATIONS IN THE SERVICE AREA OF SIERRA PACIFIC POWER COMPANY, D/B/A NV ENERGY, IN NEVADA. THE VOUCHERS ARE DISTRIBUTED BY THE WELFARE ORGANIZATIONS TO THOSEE WHO NEED FINANCIAL ASSISTANCE TO PAY UTILITY BILLS BECAUSE OF ILLNESS, FAMILY CRISIS, UNEMPLOYMENT, OR LOW INCOME. SAFE WILL ONLY MAKE CONTRIBUTIONS TO WELFARE ORGANIZATIONS AND NOT TO INDIVIDUALS.