

## 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



# Form **990-PF**

# Return of Private Foundation

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

OMB No 1545-0052
2016

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

| For                | calen          | dar year 2016 or tax year beginning  |   | , and ending              |  |  |
|--------------------|----------------|--|---|---------------------------|--|--|
| Na:                | ne of          | foundation   |   |                           | A Employer identification                            | nu mber  |
| D                  | ERI            | MODY PROPERTIES FOUNDAT  | ION                                       |                           | 94-3086271   |  |
|                    |                | nd street (or P O box number if mail is not delivered to street  |   | Room/suite                | B Telephone number                                   |  |
| _P                 | .0             | BOX 7098   |   |                           | (775) 858-   | 8080   |
|                    |                | wn, state or province, country, and ZIP or foreign p   | ostal code                                |                           | C If exemption application is pr                     | ending, check here                               |
|                    |                | all that apply: Initial return   | Initial return of a fo                    | ormer public charity      | D 1. Foreign organizations                           | s, check here                                    |
|                    |                | Final return   | Amended return                            |                           |  |  |
|                    |                | Address change   | Name change                               |                           | Foreign organizations me<br>check here and attach co | eting the 85% test, mputation                    |
| H_ (               | _              | type of organization: X Section 501(c)(3) ex   |   |                           | E If private foundation stat                         | tus was terminated                               |
| <u>_</u> _         |                |  | Other taxable private founda              |                           | under section 507(b)(1)                              | (A), check here                                  |
| _                  |                | rket value of all assets at end of year J Accounti   | •   | Accrual                   | F If the foundation is in a                          | _  |
|                    | rom ⊦<br>-\$   |  | her (specify)<br>mn (d) must be on cash l | hasis I                   | under section 507(b)(1)                              | (B), Check here                                  |
| _                  | art I          |  |   |                           | (a) Advicted not                                     | (d) Disbursements                                |
|                    |                | The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | (a) Revenue and expenses per books        | (b) Net investment income | (c) Adjusted net income                              | for charitable purposes<br>(cash basis enly)     |
|                    | 1              | Contributions, gifts, grants, etc., received   | 150,010.                                  | · <u> </u>                | N/A  |  |
|                    | 2              | Check from if the foundation is not required to attach Sch. B. Interest on savings and temporary       |   | ·                         | <del> </del>   |  |
|                    | 3              | cash investments   |   |                           |  |  |
|                    | 52             | Dividends and interest from securities  Gross rents  |   |                           |  |  |
|                    | l .            | Net rental income or (loss)  |   | <del></del>               | <del> </del>   |  |
|                    | 62             | Net gain or (loss) from sale of assets not on line 10  |   |                           |  |  |
| Revenue            | b              | Gross sales price for all assets on line 6a  |   |                           |  |  |
| eve                | 7              | Capital gain net income (from Part IV, line 2)   |   | 0                         | •  |  |
| Œ                  | 8              | Net short-term capital gain  |   |                           |  |  |
|                    | 9              | Income modifications Gross sales less returns  |   |                           | <del>_</del>   |  |
|                    | Ι.             | and allowances   |   |                           |  |  |
|                    | 1              | Less Cost of goods sold  |   |                           | <del></del>  |  |
|                    | 1              | Gross profit or (loss) Other income  |   | <u> </u>                  | <del> </del>   | <del>                                     </del> |
|                    | 12             | Total. Add lines 1 through 11  | 150,010.                                  | 0.                        |  |  |
|                    | 13             | Compensation of officers, directors, trustees, etc   | 0.  | 0.                        | <del></del>  | 0.   |
|                    | 14             | Other employee salaries and wages  |   |                           |  |  |
| 40                 | 10             | Pension plans, employee benefits   |   |                           |  | _  |
| Se                 | 16a            | Legal fees   |   |                           |  |  |
| Expense            | - <b>3</b>     | Accounting fees STMT 1   | 838.                                      | 0                         | · RECEN  | 838.   |
| í)<br>O            | Mc             | Other professional fees  |   |                           |  | (5)  |
| ativ               | 47<br>18       | Interest Taxes   |   | <del></del>               | JUL 12   | 1017   |
| Str                | 19             | Depreciation and depletion   |   |                           |  | 10   |
| and-Administrative | 20             | Occupancy  |   |                           | OGDEN  |  |
| ₩.                 | 21             | Travel, conferences, and meetings  |   |                           |  |  |
| 3                  | 22             | Printing and publications  |   |                           |  |  |
| 9                  | 23             | Other expenses STMT 2  | 4,909.                                    | 0                         | •  | 4,909.   |
| rati               | 23<br>24<br>25 | Total operating and administrative   |   | _                         |  |  |
| Spe                |                | expenses Add lines 13 through 23   | 5,747.                                    | 0                         | •  | 5,747.   |
| J                  | 1              | Contributions, gifts, grants paid  | 151,510.                                  |                           | <del> </del>   | 151,510.   |
|                    | 20             | Total expenses and disbursements. Add lines 24 and 25  | 157,257.                                  | o                         |  | 157,257.   |
| _                  | 27             | Subtract line 26 from line 12:   | 13/123/6                                  | - 0                       | <del>'</del>   | 131,431.   |
|                    |                | Excess of revenue over expenses and disbursements  | <7,247.                                   | <b>&gt;</b>               |  |  |
|                    |                | Net investment income (if negative, enter -0-)   |   | 0                         | •  |  |
|                    | C              | Adjusted net income (if negative, enter -0-)   |   |                           | N/A  |  |

|          |          |            |               | <u> </u>         |
|----------|----------|------------|---------------|------------------|
| Part III | Analysis | of Changes | in Net Assets | or Fund Balances |

27 Capital stock, trust principal, or current funds

31 Total liabilities and net assets/fund balances

30 Total net assets or fund balances

28 Paid-in or capital surplus, or land, bldg., and equipment fund

29 Retained earnings, accumulated income, endowment, or other funds

| 1 Total net assets or fund balances at beginning of year - Part II, column (a) | , line 30               |     |          |
|--|-------------------------|-----|----------|
| (must agree with end-of-year figure reported on prior year's return)           | ì                       | _ 1 | 12,592.  |
| 2 Enter amount from Part I, line 27a   |                         | 2   | <7,247.> |
| 3 Other increases not included in line 2 (itemize) ► ACCRUAL T                 | O CASH ADJUSTMENT       | 3   | 309.     |
| 4 Add lines 1, 2, and 3  |                         | 4   | 5,654.   |
| 5 Decreases not included in line 2 (itemize)                                   |                         | 5   | 0.       |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Par | II, column (b), line 30 | 6   | 5,654.   |

0.

12,592.

12,592.

12,901

0

0.

5,654

5,654

5,654

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

Add lines 5 and 6

8

97,577.

157,257.

|        | int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4  |   | 3086   |        |          | Page 4    |
|--------|--|---|--|--------|----------|-----------|
|        |  | 1940                                    | - See  | Instru | ICTIO    | ns)       |
| 18     | 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)  | ١.                                      |  |        |          | ^         |
| 0      | Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%   | 1                                       | <del> </del>                                     |        |          | 0.        |
|        | of Part I, line 27b  |   |  |        |          |           |
|        | 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                                       | <del> </del>                                     |        |          | <u>0.</u> |
| 3      | Add lines 1 and 2  Subtitle A (income) to y (demostra costron 4047(a) (1) trusts and to yold a foundations and your Colorest costron 4047(a) (1) trusts and to yold a foundations and your Colorest costron (1047(a) (1) trusts and to yold a foundation and your Colorest costron (1047(a) (1) trusts and to yold a foundation and your Colorest costron (1047(a) (1) trusts and to yold a foundation and your Colorest costron (1047(a) (1) trusts and to yold a foundation and your Colorest costron (1047(a) (1) trusts and to yold a foundation and your Colorest costron (1047(a) (1) trusts and to yold a foundation and your Colorest costron (1047(a) (1) trusts and to your Colorest costron (1047(a) (1) trusts and your Colorest costron (1047(a) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 | 3                                       | <del> </del>                                     |        |          | 0.        |
| 4      | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  | 4                                       | <del> </del>                                     |        |          | <u>0.</u> |
| 5<br>6 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-<br>Credits/Payments:   | 5                                       | <del>                                     </del> |        |          | 0.        |
| -      |  |   |  |        |          |           |
|        | <u> </u>   | _                                       |  |        |          |           |
|        |  | -                                       |  |        |          |           |
|        |  | -                                       |  |        |          |           |
|        | Backup withholding erroneously withheld  Total credits and payments. Add lines 6a through 6d   | ┨                                       |  |        |          | ^         |
| 8      | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached   | 7                                       | <del> </del>                                     |        |          | 0.        |
| 9      | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  | 8                                       |  |        |          | 0.        |
| _      | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  | 9                                       |  |        |          | <u> </u>  |
|        | Enter the amount of line 10 to be: Credited to 2017 estimated tax  | 10                                      |  |        |          |           |
|        | Int VII-A Statements Regarding Activities  | 11                                      |  |        |          |           |
|        | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene  | ın                                      |  | T      | Yes      | No        |
| -      | any political campaign?  | , ,,,                                   |  | 1a     |          | X         |
| b      | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition   | 1\2                                     |  | 1b     | <u> </u> | X         |
| _      | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis   |   | -  | "      |          |           |
|        | distributed by the foundation in connection with the activities.   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |        |          |           |
| c      | Did the foundation file Form 1120-POL for this year?   |   |  | 16     | j .      | Х         |
|        | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:   |   |  | "      |          |           |
|        | (1) On the foundation. $\blacktriangleright$ \$ 0. (2) On foundation managers. $\blacktriangleright$ \$ 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         |
| b      | If "Yes," has it filed a tax return on Form 990-T for this year?   | N                                       | /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 stat  | e law                                   |  |        |          |           |
|        | remain in the governing instrument?  |   |  | 6      | 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 XV   | /                                       | -  | 7      | X        |           |
|        |  |   |  |        |          |           |
| 8a     | Enter the states to which the foundation reports or with which it is registered (see instructions)   |   |  |        |          |           |
|        | NV   |   |  |        |          |           |
| 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)  |   |  |        |          |           |
| _      | of each state as required by General Instruction G? If "No," attach explanation  |   |  | 8b     | 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 calc  | endar                                   |  | 1      |          |           |
| 10     | year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV   | ·                                       |  | 9      |          | <u> </u>  |
| 10     | Did any persons become substantial contributors during the tax year? If "Yes" attach a schedule listing their names and addresses.   | יייאיי                                  | - ⊀  | 1 10   | ı XT     |           |

| Form 990-PP (2016) DERMODY PROPERTIES FOUNDATION   | 94-3086              | 271            |                | Page 5       |
|--|----------------------|----------------|----------------|--------------|
| Part 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                      |                      |                | ,              | ŀ            |
| 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 adv                   | isory 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             | Х              |              |
| Website address ► WWW.PARTNERWITHDP.COM/FOUNDATION   |                      |                |                |              |
| 14 The books are in care of ▶ BECKY MOODY Telephon   | e no. <b>▶</b> (775) | 858            | -80            | 80           |
| Located at ▶P.O. BOX 7098, RENO, NV  | ZIP+4 ▶89            | 510            |                |              |
| 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  | <b>▶</b> 15          | 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             | <u> </u>       | X            |
| See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the                               |                      |                |                |              |
| foreign country  |                      |                |                |              |
| Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Required   |                      |                |                |              |
| File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  |                      |                | Yes            | No           |
| 1a 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             | 1              |                |              |
| (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?   | Yes X No             | İ              | İ              | Ì            |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   | Yes X No             |                |                |              |
| (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)?  | Yes X No             |                |                |              |
| (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   |                      |                |                | ł            |
| termination of government service, if terminating within 90 days.)   | Yes X No             |                |                |              |
| b If 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)?  | N/A                  | 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 correct                | ted                  |                |                |              |
| 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 found                  | dation               |                |                |              |
| defined in section 4942(j)(3) or 4942(j)(5)):  |                      |                |                |              |
| a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) be                |                      |                |                |              |
| before 2016?   | Yes X No             | 1              |                |              |
| If "Yes," list the years 🖊,,,,,  | _                    |                |                |              |
| <b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to in | correct              |                |                |              |
| valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and                  |                      |                |                | İ            |
| statement - see instructions.)   | N/A                  | 2b             | <u> </u>       | <b> </b>     |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.                             |                      | Ì              |                |              |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time                                   |                      |                |                | 1            |
| F  |                      |                |                |              |
| during the year?   | Yes X No             |                |                | İ            |
| <b>b</b> If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified pers         |                      | 1              |                | i            |
| May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(                         |                      |                |                |              |
| of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Sche                    |                      |                | 1              |              |
| Form 4720, to determine if the foundation had excess business holdings in 2016)  | N/A                  | 3b             | <del> </del> _ | <del> </del> |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                             |                      | 4a             | ļ              | <u> </u>     |
| <b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable p           | ourpose that         |                | 1              |              |
| had not been removed from jeopardy before the first day of the tax year beginning in 2016?   |                      | 4b             |                | X            |
|  | Fo                   | rm <b>99</b> 1 | 0-PF           | (2016)       |

| Form 990-PF (2016) DERMODY PROPERTIES FOUND Part VII-B Statements Regarding Activities for Which I   | ATION   | Poguirod (seeks                   | 94-30862   | 71 Page <b>6</b>             |
|--|---|-----------------------------------|--|------------------------------|
| 5a During the year did the foundation pay or incur any amount to:  | rorm 4/20 Iviay be i                          | nequirea (contini                 | uea)   |                              |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section  | n 4045(a)\2                                   | □ v <sub>a</sub>                  | s X No   |                              |
| (2) Influence the outcome of any specific public election (see section 4955); of   | * **  |                                   | 3 (22) 110   |                              |
| any voter registration drive?  | or to carry on, ancony or man                 |                                   | s X No   |                              |
| (3) Provide a grant to an individual for travel, study, or other similar purposes  | ?   |                                   | s X No   |                              |
| (4) Provide a grant to an organization other than a charitable, etc., organization   |   |                                   |  |                              |
| 4945(d)(4)(A)? (see instructions)  | ,, 2000                                       | ☐ Ye                              | s X No   |                              |
| (5) Provide for any purpose other than religious, charitable, scientific, literary,  | or educational purposes, or i                 |                                   |  |                              |
| the prevention of cruelty to children or animals?  | , o   |                                   | s X No   |                              |
| <b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify uni   | der the exceptions described                  |                                   |  |                              |
| section 53,4945 or in a current notice regarding disaster assistance (see instru   |   | J                                 | N/A  | 5b                           |
| 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 f  |   | uned                              |  |                              |
| expenditure responsibility for the grant?  |   |                                   | s No   |                              |
| 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  | • •   |                                   |  |                              |
| a personal benefit contract?   | F-2 F   | Ye                                | s X No   |                              |
| <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a g   | personal benefit contract?                    |                                   | i i  | Sb X                         |
| If "Yes" to 6b, file Form 8870   |   |                                   | -  |                              |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s   | shelter transaction?                          | ☐ Y€                              | s X No   |                              |
| <b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attribution  |   |                                   |  | 7b                           |
| Part VIII Information About Officers, Directors, Trust   |   | anagers, Highly                   | /  |                              |
| Paid Employees, and Contractors  |   |                                   |  |                              |
| 1 List all officers, directors, trustees, foundation managers and their  | 1   | 1                                 |  |                              |
| (a) Name and address   | (b) Title, and average hours per week devoted | (c) Compensation<br>(If not paid, | (d) Contributions to<br>employee benefit plans<br>and deferred | (e) Expense account, other   |
| MICHAEL C. DERMODY   | to position FOUNDER                           | enter -0-)                        | compensation   | allowances                   |
| 226 CALIFORNIA AVENUE  | FOONDER                                       |                                   |  |                              |
| RENO, NV 89509   | 2.00  | 0.                                | 0-1  | - 0.                         |
| BRUCE STOREY   | FOUNDER                                       |                                   | •  |                              |
| P.O. BOX 7098  | LOONDER                                       |                                   |  |                              |
| RENO, NV 89510   | 2.00  | 0.                                | o .l   | 0.                           |
| MBNO, NV 03310   | 2.00  |                                   | · ·  | <u></u>                      |
|  | -   |                                   |  |                              |
| 1-   | - <br>  |                                   |  |                              |
|  |   |                                   |  |                              |
|  | ]   |                                   |  |                              |
| O Company of five highest and appleases (athough an about in the control of the c | oluded on line 4) If name                     | onter INONE II                    |  | <del> </del>                 |
| 2 Compensation of five highest-paid employees (other than those inc  | (b) Title, and average                        | , enter NONE."                    | (d) Contributions to   | (e) Expense                  |
| (a) Name and address of each employee paid more than \$50,000  | hours per week devoted to position            | (c) Compensation                  | employee benefit plans<br>and deferred<br>compensation         | account, other<br>allowances |
| NONE   |   |                                   |  |                              |
|  |   |                                   |  |                              |
|  |   |                                   |  |                              |
|  |   |                                   |  |                              |
|  | _   |                                   |  |                              |
|  |   | -                                 |  |                              |
|  |   |                                   |  |                              |
|  |   |                                   |  | <del></del>                  |
|  | 1   |                                   |  |                              |
| Total number of other employees paid over \$50,000   |   |                                   |  | 0                            |
|  |   |                                   | Form   | 990-PF (2016)                |

| 3 Five highest-paid independent contractors for professional services. If none, enter  | "NONE."                                 |                  |
|--|---|------------------|
| (a) Name and address of each person paid more than \$50,000  | (b) Type of service                     | (c) Compensation |
| NONE   |   |                  |
|  |   |                  |
|  |   |                  |
|  |   |                  |
|  | 4                                       |                  |
|  |   |                  |
|  | +                                       |                  |
|  |   |                  |
|  | 7                                       |                  |
| 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 statist number of organizations and other beneficiaries served, conferences convened, research papers prod | ical information such as the uced, etc. | Expenses         |
| 1 N/A  | 1                                       |                  |
| 1  |   |                  |
|  |   |                  |
| 2  |   |                  |
|  |   |                  |
|  |   | <del></del>      |
| 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   | ines 1 and 2.                           | Amount           |
| 1 N/A  |   |                  |
|  | ····                                    |                  |
|  |   |                  |
| 2  |   |                  |
|  |   |                  |
| All other program-related investments. See instructions.   | ·                                       |                  |
| 3  |   |                  |
| -  |   |                  |
|  | 77                                      |                  |
|  |   |                  |
|  |   |                  |
|  |   |                  |
| Total. Add lines 1 through 3   | ▶                                       | 0.               |

94-3086271 Page 7

Form **990-PF** (2016)

DERMODY PROPERTIES FOUNDATION

Form 990-PF (2016)

Form 990-PF (2016) Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| 1  | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:                |              |                  |
|----|--|--------------|------------------|
| а  | Average monthly fair market value of securities  | 1a           | 0.               |
| b  | Average of monthly cash balances   | 1b           | 8,256.           |
| C  | Fair market value of all other assets  | 1c           |                  |
| d  | Total (add lines 1a, b, and c)   | 1d           | 8,256.           |
| e  | 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            | 8,256.           |
| 4  | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)                  | 4            | 124.             |
| 5  | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4                       | 5            | 8,132.           |
| 6  | Minimum investment return. Enter 5% of line 5  | 6            | 407.             |
| P  | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a              | nd certain   |                  |
|    | foreign organizations check here 🕨 🔲 and do not complete this part.)   |              |                  |
| 1  | Minimum investment return from Part X, line 6  | 1            | 407.             |
| 2a | Tax on investment income for 2016 from Part VI, line 5   |              |                  |
| b  | 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            | 407.             |
| 4  | Recoveries of amounts treated as qualifying distributions  | 4            | 0.               |
| 5  | Add lines 3 and 4  | 5            | 407.             |
| 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            | 407.             |
| P  | art XII Qualifying Distributions (see instructions)  |              |                  |
| 느  | are Ari  |              |                  |
| 1  | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                 |              |                  |
| a  | Expenses, contributions, gifts, etc total from Part I, column (d), line 26   | 1a           | <u>1.57,257.</u> |
| b  | Program-related investments - total from Part IX-B   | 1b           | 0.               |
| 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            | 157,257.         |
| 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            | 157,257.         |
|    | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation | qualifies fo | r the section    |

Form **990-PF** (2016)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

|  | (a)<br>Corpus | (b)<br>Years prior to 2015 | (c)<br>2015   | <b>(d)</b><br>2016                     |
|--|---------------|----------------------------|---------------|--|
| Distributable amount for 2016 from Part XI,<br>line 7  |               |                            |               | 407.                                   |
| 2 Undistributed income, if any, as of the end of 2016  |               |                            |               |  |
| a Enter amount for 2015 only   |               |                            | 0.            | ······································ |
| <b>b</b> Total for prior years:  |               |                            |               |  |
| 3 Excess distributions carryover, if any, to 2016:   |               | 0.                         |               | <del></del>                            |
| a From 2011 199, 290.  |               |                            |               |  |
| b From 2012 145,586.   |               |                            |               |  |
| c From 2013 140,718.   |               |                            |               |  |
| dFrom 2014 147, 563.   |               |                            |               |  |
| e From 2015 155,848.   |               |                            |               |  |
| f Total of lines 3a through e  | 789,005.      |                            |               |  |
| 4 Qualifying distributions for 2016 from   |               |                            |               |  |
| Part XII, line 4: ► \$ 157, 257.   |               |                            |               |  |
| a Applied to 2015, but not more than line 2a   |               |                            | 0.            |  |
| <b>b</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   |               | -1                         |               | 407.                                   |
| e Remaining amount distributed out of corpus   | 156,850.      |                            |               |  |
| 5 Excess distributions carryover applied to 2016<br>(If an amount appears in column (d), the same amount<br>must be shown in column (a))                                   | 0.            |                            |               | 0.                                     |
| 6 Enter the net total of each column as indicated below:   |               |                            |               |  |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5  | 945,855.      |                            |               |  |
| <b>b</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   |               |                            | <del></del> . | 0.                                     |
| 7 Amounts treated as distributions out of  |               |                            |               |  |
| corpus to satisfy requirements imposed by  |               |                            |               |  |
| section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)   | 0.            |                            |               |  |
| 8 Excess distributions carryover from 2011   |               |                            |               |  |
| not applied on line 5 or line 7  | 199,290.      |                            |               |  |
| 9 Excess distributions carryover to 2017   | 233,2301      |                            |               |  |
| Subtract lines 7 and 8 from line 6a  | 746,565.      |                            |               |  |
| 10 Analysis of line 9:   |               |                            |               |  |
| a Excess from 2012 145,586.  |               |                            |               |  |
| <b>b</b> Excess from 2013 140,718.   |               |                            |               |  |
| c Excess from 2014 147,563.  |               |                            |               |  |
| d Excess from 2015 155,848.  |               |                            |               |  |
| e Excess from 2016 156,850.  |               |                            |               |  |

| Form 990-PF (2016) <b>DERMODY</b>  | PROPERTIES                   | FOUNDATION                             | <u> </u>                  |                             | 86271 Page 10 |
|--|------------------------------|--|---------------------------|-----------------------------|---------------|
| Part XIV Private Operating F   |                              |  | -A, question 9)           | <u> N/A</u>                 |               |
| 1 a If the foundation has received a ruling of   | r determination letter that  | it is a private operating              |                           |                             |               |
| foundation, and the ruling is effective fo   |                              | -                                      | ▶                         |                             |               |
| <b>b</b> Check box to indicate whether the found                                       | dation is a private operatir | ng foundation described i              |                           | 4942(j)(3) or 49            | 942(j)(5)     |
| 2 a Enter the lesser of the adjusted net   | Tax year                     |  | Prior 3 years             |                             |               |
| income from Part I or the minimum  | (a) 2016                     | <b>(b)</b> 2015                        | (c) 2014                  | (d) 2013                    | (e) Total     |
| investment return from Part X for  |                              |  |                           |                             |               |
| each year listed   |                              |  |                           |                             |               |
| <b>b</b> 85% of line 2a  |                              |  |                           |                             |               |
| c Qualifying distributions from Part XII,  |                              |  | i                         |                             |               |
| line 4 for each year listed  |                              |  | :                         | <u> </u>                    |               |
| 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.   |                              |  |                           |                             |               |
| Subtract line 2d from line 2c  |                              |  |                           |                             |               |
| 3 Complete 3a, b, or c for the<br>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>b</b> "Endowment" alternative test - enter  |                              |  |                           |                             |               |
| 2/3 of minimum investment return   |                              |  |                           |                             |               |
| shown in Part X, line 6 for each year<br>listed  |                              |  |                           |                             |               |
| c "Support" alternative test - enter:  |                              |  |                           | -                           |               |
| (1) Total support other than gross   |                              |  |                           |                             |               |
| investment income (interest,   |                              |  |                           |                             |               |
| dividends, rents, payments on  |                              |  |                           |                             |               |
| securities loans (section<br>512(a)(5)), or royalties)                                 |                              |  |                           |                             |               |
| (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   |                              |  |                           |                             | <br>          |
| an exempt organization   |                              |  |                           | <del></del> .               |               |
| (4) Gross investment income  | 1: (0 1                      |  | 1                         | 1 105 000                   | <u> </u>      |
| Part XV Supplementary Info   |                              |  | if the foundation         | nad \$5,000 or me           | ore in assets |
|  |                              | uctions.j                              |                           |                             |               |
| 1 Information Regarding Foundation   | _                            |  |                           |                             |               |
| a List any managers of the foundation why<br>year (but only if they have contributed r |                              |  | ributions received by the | foundation before the clo   | se of any tax |
| , , , , ,  | note than wo,000). (See 3    | 6011011 307 (4)(2).)                   |                           |                             |               |
| MICHAEL C. DERMODY   | 400/                         |  | /                         |                             | <del></del>   |
| b List any managers of the foundation wh<br>other entity) of which the foundation ha   |                              |  | or an equally large porti | on or the ownership of a p  | artnersnip or |
| NONE   |                              |  |                           |                             |               |
| 2 Information Regarding Contribut  | ion, Grant, Gift, Loan,      | Scholarship, etc., Pr                  | ograms:                   |                             |               |
|  |                              |  |                           | not accept unsolicited requ |               |
| the foundation makes gifts, grants, etc.   | (see instructions) to indiv  | viduals or organizations u             | nder other conditions, c  | omplete items 2a, b, c, and | 1 d.          |
| a The name, address, and telephone num   | ber or e-mail address of t   | he person to whom appl                 | cations should be addre   | ssed:                       |               |
| SEE STATEMENT 4  |                              |  |                           |                             |               |
| <b>b</b> The form in which applications should l                                       | oe submitted and informa     | tion and materials they s              | nould include:            | <del> </del>                |               |
| c Any submission deadlines:  |                              |  |                           | - ··· -                     |               |
|  |                              |  |                           |                             |               |
| d Any restrictions or limitations on award   | s, such as by geographica    | al areas, charitable fields,           | kinds of institutions, or | other factors:              |               |

| Part XV Supplementary Information              | · · · · · · · · · · · · · · · · · · ·  |                      |                                  |          |
|--|--|----------------------|----------------------------------|----------|
| 3 Grants and Contributions Paid During the Ye  | ear or Approved for Future F   | Payment              |                                  |          |
| Recipient  Name and address (home or business) | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount   |
|  | or substantial contributor   | recipient            | **                               |          |
| a Paid during the year                         |  |                      |                                  |          |
|  |  |                      |                                  |          |
|  |  |                      |                                  |          |
|  |  |                      |                                  |          |
| SEE ATTACHED SCHEDULE                          |  |                      |                                  |          |
|  |  |                      |                                  | 150,010. |
|  |  |                      |                                  |          |
| BOYS & GIRLS CLUB OF TRUCKEE MEADOWS           | i  |                      | TO ENABLE ALL YOUNG              |          |
| 1300 FOSTER DRIVE                              |  |                      | PEOPLE, ESPECIALLY               |          |
| RENO, NV 89509                                 |  |                      | THOSE WHO NEED US MOST           |          |
|  |  |                      | TO REACH THEIR FULL              | 1 500    |
|  |  |                      | POTENTIAL AS                     | 1,500.   |
|  |  |                      |                                  |          |
|  |  |                      |                                  |          |
|  |  |                      | -                                |          |
|  |  |                      |                                  |          |
| ······································         |  |                      |                                  |          |
|  |  |                      |                                  |          |
|  |  |                      |                                  |          |
|  |  |                      |                                  |          |
|  |  |                      |                                  | _        |
|  |  |                      |                                  |          |
|  |  |                      |                                  | -        |
|  |  |                      | :                                |          |
|  |  |                      |                                  |          |
|  |  |                      |                                  |          |
|  |  |                      |                                  |          |
| Total  |  |                      | ▶ 3a                             | 151,510  |
| b Approved for future payment                  |  |                      | 54                               | 151,510. |
| . ,,,  |  |                      |                                  |          |
|  |  |                      |                                  |          |
| NONE   |  |                      |                                  |          |
|  | 1  |                      |                                  |          |
|  |  |                      |                                  |          |
|  |  |                      |                                  |          |
|  |  |                      |                                  |          |
|  |  |                      |                                  |          |
|  |  |                      |                                  |          |
|  |  |                      |                                  |          |
|  |  |                      |                                  |          |
|  |  |                      |                                  |          |
|  |  |                      |                                  |          |
|  |  |                      |                                  |          |
|  |  |                      |                                  |          |
|  |  |                      |                                  |          |
|  | 1  |                      |                                  |          |

| כ | 2 | α | Δ  | 1 | 2 |
|---|---|---|----|---|---|
| _ | d | u | Ħ. |   | / |

| Part XVI-A  | Analy | sis of Inc  | ome-Prod    | lucina A        | Activities       |
|-------------|-------|-------------|-------------|-----------------|------------------|
| 1 416 76 71 | ,     | 0.0 O. 1110 | OIIIC 1 100 | iuonig <i>r</i> | 10 ti 4 i ti C 3 |

| enter gross amounts unless otherwise indicated.               | Unrelated               | business income                         | Exclu                         | ded by section 512, 513, or 514                    | (e)                                   |
|---|-------------------------|---|-------------------------------|--|---------------------------------------|
| Program service revenue:                                      | (a)<br>Business<br>code | (b)<br>Amount                           | (c)<br>Exclu-<br>sion<br>code | (d)<br>Amount                                      | Related or exempt function income     |
| •   | code                    |   | code                          |  |                                       |
| ab  | _                       |   |                               |  |                                       |
| c   |                         |   |                               |  | · · · · · · · · · · · · · · · · · · · |
| d   |                         |   |                               | · · · · · ·  |                                       |
| e   |                         | * · · · · · · · · · · · · · · · · · · · |                               | ·····  |                                       |
|   |                         |   |                               | <del></del>  |                                       |
| g Fees and contracts from government agencies                 |                         |   |                               | *  | <del></del>                           |
| 2 Membership dues and assessments                             |                         |   |                               |  |                                       |
| 3 Interest on savings and temporary cash                      |                         |   |                               |  |                                       |
| investments   |                         |   |                               |  |                                       |
| 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                                     |                         |   |                               |  |                                       |
| 8 Gain or (loss) from sales of assets other                   |                         |   |                               |  |                                       |
| than inventory  |                         |   |                               |  |                                       |
| 9 Net income or (loss) from special events                    |                         |   |                               |  |                                       |
| O Gross profit or (loss) from sales of inventory              |                         |   |                               |  |                                       |
| 1 Other revenue:  |                         |   |                               |  |                                       |
| <u></u>   | -                       |   |                               | ·  | _                                     |
| b   |                         |   | <u> </u>                      |  | <u> </u>                              |
| <u> </u>  |                         |   |                               |  |                                       |
| d   |                         |   |                               |  |                                       |
| e   | -                       | 0.                                      | <u> </u>                      | 0.   | 0.                                    |
| 3 Total. Add line 12, columns (b), (d), and (e)               | 1                       | <u> </u>                                | <u> </u>                      | 13_  | 0.                                    |
| See worksheet in line 13 instructions to verify calculations. | ١                       |   |                               | 10 _   |                                       |
|   | •                       |   |                               | . D  |                                       |
| Part XVI-B Relationship of Activities                         | s to the Acco           | mplishment of Ex                        | emp                           | t Purposes   |                                       |
| Line No. Explain below how each activity for which in         | come is reported in     | column (e) of Part XVI-A                | contrit                       | outed importantly to the accor                     | nplishment of                         |
| ▼ the foundation's exempt purposes (other the                 |                         |   |                               | , ,  | •                                     |
| N/A   |                         |   |                               |  |                                       |
|   |                         |   |                               |  |                                       |
|   |                         |   |                               |  |                                       |
|   |                         |   |                               |  |                                       |
|   | . —                     |   |                               |  |                                       |
|   |                         |   |                               |  |                                       |
|   |                         |   |                               |  |                                       |
|   |                         |   |                               |  |                                       |
|   | <del></del>             |   |                               |  | <del></del>                           |
|   |                         |   |                               |  |                                       |
|   | <u> </u>                |   |                               |  | <del></del>                           |
|   |                         |   |                               |  |                                       |
|   |                         |   |                               |  |                                       |
| -   |                         |   |                               |  |                                       |
|   |                         | <u> </u>                                |                               |  |                                       |
|   |                         |   |                               | <del></del>  |                                       |
|   |                         | · · · · · · · · · · · · · · · · · · ·   |                               |  | <del></del>                           |
|   |                         |   |                               | · <del>- · · · · · · · · · · · · · · · · · ·</del> |                                       |
|   |                         |   |                               |  |                                       |

| orm <u>990-PF</u>  | (2016) <b>DERMO</b> :  | <u>DY PROPER</u>         | TIES FO           | OUNDATION                             |            |                    | <u>94-308</u>                         | <u> 36271</u>                               | <u>Pa</u>                                     | ge <b>13</b> |
|--------------------|--|--------------------------|-------------------|---------------------------------------|------------|--------------------|---------------------------------------|---|---|--------------|
| Part XVI           |  | garding Trans            |                   |                                       | ns an      | d Relations        | hips With Nonch                       | aritable                                    |   |              |
| 1 Did the          | organization directly or indir                                 | ectly engage in any      | of the following  | with any other organ                  | nızatıon   | described in sect  | ion 501(c) of                         |   | Yes   | No           |
|                    | e (other than section 501(c)                                   |                          |                   |                                       |            |                    | (-)                                   |   |   |              |
|                    | rs from the reporting founda                                   |                          |                   |                                       | J-         |                    |                                       |   |   |              |
| (1) Cas            |  |                          |                   |                                       |            |                    |                                       | 1a(1)                                       |   | X            |
|                    | er assets  |                          |                   |                                       |            |                    | •                                     | 1a(2)                                       |   | Х            |
| <b>b</b> Other tr  |  |                          |                   |                                       |            |                    | •                                     | 13.2  |   |              |
|                    | es of assets to a noncharital                                  | ble exempt organizat     | tion              |                                       |            |                    |                                       | 16(1)                                       |   | Х            |
| ٠,,                | chases of assets from a nor                                    |                          |                   |                                       |            |                    |                                       | 1b(2)                                       |   | Х            |
| ٠.                 | ntal of facilities, equipment, (                               |                          | a gameanon        |                                       |            |                    |                                       | 1b(3)                                       |   | X            |
| V-1                | mbursement arrangements  | or other about           |                   |                                       |            |                    |                                       | 1b(4)                                       |   | X            |
| ٠,                 | ans or loan guarantees   |                          |                   |                                       |            |                    |                                       | 1b(5)                                       |   | X            |
|                    | formance of services or me                                     | mbershin or fundrais     | sına solicitation | ıç.                                   |            |                    | •                                     | 1b(6)                                       |   | X            |
|                    | of facilities, equipment, mai                                  |                          |                   |                                       |            |                    |                                       | 1c  |   | X            |
|                    | iswer to any of the above is                                   |                          |                   |                                       | uld alwa   | ve chow the fair r | narket value of the goods             |   | L   |              |
|                    | ces given by the reporting fo                                  |                          |                   |                                       |            |                    |                                       |   | 5615,   |              |
|                    | (d) the value of the goods, (                                  |                          |                   | u icas tilali idii ilidikt            | St Value   | in any transaction | tor Straining arrangement             | SHOW III                                    |   |              |
| (a) Line no        | (b) Amount involved  |                          |                   | exempt organization                   |            | (d) Description    | of transfers, transactions, an        | d charge a                                  |   |              |
| (a) Line no        | (b) / iiiioaiit iiivoivod                                      | (b) Name of              | N/A               | oxompt organization                   |            | (u) Description    | TOT IT ATTSIETS, IT ATTSACTIONS, AT   | u snamy a                                   |   | IIIS         |
| <del></del> +      |  | <u></u>                  | N/A               | · ·                                   |            |                    | · · · · · · · · · · · · · · · · · · · |   |   |              |
| +                  |  |                          |                   | · · · · · · · · · · · · · · · · · · · |            |                    |                                       |   |   |              |
|                    |  |                          |                   | <del></del>                           |            |                    | <del></del>                           |   |   |              |
|                    | <del></del>  |                          |                   | <del></del>                           |            |                    |                                       |   |   |              |
|                    | <del></del>  |                          |                   |                                       |            |                    |                                       |   |   |              |
|                    |  | <del></del>              |                   |                                       |            | 1                  |                                       |   |   |              |
| <del></del>        |  |                          |                   |                                       |            |                    |                                       |   |   |              |
|                    |  |                          |                   |                                       |            |                    | <u> </u>                              |   |   |              |
|                    |  |                          |                   | · · ·                                 |            |                    |                                       |   |   |              |
|                    | <del>-</del>   |                          |                   |                                       |            |                    |                                       |   |   |              |
|                    |  |                          |                   |                                       |            |                    |                                       |   |   |              |
|                    |  |                          | _                 | <del></del>                           |            |                    |                                       |   |   |              |
|                    |  |                          |                   |                                       |            |                    |                                       |   |   |              |
|                    | <u></u>  |                          |                   |                                       |            |                    |                                       | _   |   |              |
|                    |  |                          |                   |                                       |            |                    |                                       |   |   |              |
|                    |  |                          |                   |                                       |            | <u> </u>           |                                       |   |   |              |
| ın sectio          | oundation directly or indirect<br>on 501(c) of the Code (other | than section 501(c)      | •                 | •                                     | organiza   | tions described    |                                       | Yes   | X   | ] No         |
| b If "Yes,"        | complete the following sche                                    |                          |                   | (h) Tong of annual                    | T          |                    | (-) D                                 |   |   |              |
|                    | (a) Name of org  | anization                |                   | (b) Type of organiza                  | tion       |                    | (c) Description of relation           | isnip                                       |   |              |
|                    | N/A  |                          | _                 |                                       |            |                    |                                       |   |   |              |
|                    | ·  | <del>_</del> -           |                   |                                       |            | -                  |                                       |   |   | _            |
|                    |  |                          |                   |                                       |            |                    | <del>_</del>                          |   |   |              |
|                    |  |                          |                   |                                       | +          |                    |                                       |   |   |              |
|                    | <del> </del>   | A                        |                   |                                       |            |                    | <del></del>                           |   |   |              |
| Sign Here          | Morin  | nplete Deolaration of pr |                   | Jaxpayer) is based on al              | l informat | TRUSTI             | r has any knowledge                   | lay the IRS<br>eturn with the<br>hown below | e prepar<br>(see ins                          | er           |
|                    | ignature of officer or trustee                                 |                          | I Drana           | Date                                  | 7-         | Title              | Chook Tit Day                         |   |   |              |
|                    | Print/Type preparer's na                                       | ımye                     | Preparer's sig    | inature                               | ļ          | Date               | Check if PTIN                         | ı   |   |              |
| Paid               | JOHN THAYE   | R                        | 19                | 1 GA                                  | <u></u>    | 7-5-17             | self- employed P                      | 00943                                       | 719   |              |
| Prepare<br>Use Onl |  | N B. THAY                | ER, CP            | A, APC                                |            | • —                | Firm's EIN ► 88-                      | 14458                                       | 26  |              |
|                    | Firm's address ▶ 65  | 60 S. MCC<br>NO, NV 89   |                   | BLVD. SUIT                            | re b       | 3                  | Phone no. 775-4                       | 1/2-9                                       | 700   |              |
|                    |  | 10, 11 V 03              | <u> </u>          |                                       |            |                    | THE HOLE HO. 113                      | = = 0 - 3                                   | , <u>, , , , , , , , , , , , , , , , , , </u> |              |

Phone no. 775-448-9700 Form **990-PF** (2016)

| DERMODY PROPERTIES FOUNDATION   | 94-3086271                            |
|---|---------------------------------------|
| Part XV. Supplementary Information  |                                       |
| 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution |                                       |
| NAME OF RECIPIENT - BOYS & GIRLS CLUB OF TRUCKEE MEADOWS  |                                       |
| TO ENABLE ALL YOUNG PEOPLE, ESPECIALLY THOSE WHO NEED US MO                                       | OST TO REACH                          |
| THEIR FULL POTENTIAL AS PRODUCTIVE, CARING, RESPONSIBLE CIT                                       | TIZENS.                               |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
|   | _ ·                                   |
|   |                                       |
|   |                                       |
|   | · · · · · · · · · · · · · · · · · · · |
|   |                                       |
|   |                                       |
|   |                                       |
|   | <del></del>                           |
|   | · · · · · · · · · · · · · · · · · · · |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |

623655 04-01-16

#### 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.

OMB No 1545-0047

Name of the organization

Employer identification number

| Dì  | ERMODY PROPERTIES FOUNDATION  | 94-3086271   |  |  |  |  |
|---|---|--|--|--|--|--|
| Organization type (check of   | 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 <b>General Rule</b> or a <b>Special Rule.</b><br>c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F   | tule See instructions.                                 |  |  |  |  |
| General Rule  |   |  |  |  |  |  |
|   | 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 contributor   | •  |  |  |  |  |
| Special Rules   |   |  |  |  |  |  |
| sections 509(a)(1)<br>any one contribut                               | on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16c for, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount of the complete Parts I and II.  | a, or 16b, and that received from                      |  |  |  |  |
| year, total contrib   | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from<br>outions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educruelty to children or animals. Complete Parts I, II, and III   |  |  |  |  |  |
| year, contribution<br>is checked, enter<br>purpose. Don't co          | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from its exclusively for religious, charitable, etc., purposes, but no such contributions totaled it here the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the <b>General Rule</b> applies to this organization because it lie, etc., contributions totaling \$5,000 or more during the year | more than \$1,000 If this box<br>us, charitable, etc., |  |  |  |  |
| but it must answer "No" o   | that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).   |  |  |  |  |  |

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

Name of organization

Employer identification number

#### DERMODY PROPERTIES FOUNDATION

94-3086271

| Part I     | Contributors (See instructions) Use duplicate copies of Part I if addition | al space is needed         |   |
|------------|--|----------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d) Type of contribution  |
| 1          | MICHAEL C. DERMODY  226 CALIFORNIA AVENUE  RENO, NV 89509                  | \$ <u>150,010</u> .        | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution  |
|            |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d)<br>Type of contribution   |
|            |  | \$ <u> </u>                | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d) Type of contribution  |
|            |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d) Type of contribution  |
|            |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution  |
|            |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions) |

Name of organization

Employer identification number

#### <u>DERMODY PROPERTIES FOUNDATION</u>

94-3086271

| Part II                      | Noncash Property (See instructions). Use duplicate copies of P | t II if additional space is needed             |                      |  |  |  |
|------------------------------|--|--|----------------------|--|--|--|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c) FMV (or estimate) (See instructions)       | (d)<br>Date received |  |  |  |
|                              |  |  |                      |  |  |  |
|                              |  |  |                      |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given                      | (c) FMV (or estimate) (See instructions)       | (d)<br>Date received |  |  |  |
|                              |  |  |                      |  |  |  |
| ,                            |  | \$   |                      |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |  |  |  |
|                              | ,  |  |                      |  |  |  |
|                              |  | <br> <br>\$                                    |                      |  |  |  |
|                              |  |  |                      |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c) FMV (or estimate) (See instructions)       | (d)<br>Date received |  |  |  |
|                              |  |  |                      |  |  |  |
|                              |  | <del></del>                                    |                      |  |  |  |
|                              |  | \$   |                      |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c) FMV (or estimate) (See instructions)       | (d)<br>Date received |  |  |  |
|                              |  |  |                      |  |  |  |
| <del></del>                  |  | <u> </u>                                       |                      |  |  |  |
|                              |  |  |                      |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c) FMV (or estimate) (See instructions)       | (d)<br>Date received |  |  |  |
|                              |  |  |                      |  |  |  |
|                              |  |  |                      |  |  |  |
|                              |  |  |                      |  |  |  |

Name of organization **Employer identification number** DERMODY PROPERTIES FOUNDATION 94-3086271 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once ) Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# Dermody Properties Foundation Award Worksheet Form 990-PF Part XV, No. 3 - Grants and Contributions Paid During the Year December 31, 2016

| Organization Name                              | 2016 Amount | Description of Use of Funds Requested  | Address                               | City, State & Zlp       |
|--|-------------|--|---------------------------------------|-------------------------|
| Nevada Woodchucks                              | 2,000 00    | Supplies and materials for teaching of toy making  | PO Box 20285                          | Reno, NV 89515          |
| Reno Pops Orchestra                            | 200 00      | Music purchases, printing of programs & venue rental for 2016/2017 season                      | PO Box 20952                          | Reno, NV 89515          |
| Sierra Association of Foster Families          | 200 00      | Pay for foster children to attend local theatre productions                                    | 1301 Cordone Avenue                   | Reno, NV 89502          |
| Sierra Music Society (Opera Bel Canto)         | 1,000 00    | Travel expenses, printing, costumes, scenery etc for Storybook Opera on Tour                   | O Box 18931                           | Reno, NV 89511          |
| Sterra School of Performing Arts               | 1,000 00    | Expenses to assist with cost for performances for seniors and low income youth                 | PO Box 17214                          | Reno, NV 89511          |
| ACCEPT   | 1,000 00    | Curriculum and supplies for the Positive Action Class  | 2400 West 7th Street                  | Reno, NV 89503          |
| Big Brothers Big Sisters of Northern Nevada    | 1,500 00    | Mid year school supplies for "littles"   | 1300 Foster Drive, Suite 210          | Reno, NV 89509          |
| Boys & Guts Club of Truckee Meadows            | 1,500 00    | Gym equipment such as voltyball, soccer, tennis, basketball etc                                | 2680 East 9th Street                  | Reno, NV 89512          |
| Child Abuse and Neglect Prevention Task Force  | 1,500 00    | Nutritional Snacks for children at the facility  | 2655 Enterprise Road                  | Reno, NV 89512          |
| Child Assault Preventon Project (CAP)          | 1,500 00    | Workshop packets at a cost of \$16 00 per packet   | 122 Ridge Street, Suite B             | Reno, NV 89501          |
| Girl Scouts of the Sierra Nevada               | 200 00      | Pool cover for Camp Wasiu II   | 605 Washington Street                 | Reno, NV 89503          |
| Nevada Youth Empowerment Project               | 1,500 00    | Purchase computers for residents to use  | 1369 Faland Way                       | Reno, NV 89503          |
| Terry Lee Wells Nevada Discovery Museum        | 1,000 00    | Field trip transportation costs for K-7th Washoe County School students                        | 490 S Center Street                   | Reno, NV 89501          |
| Think First Northern Nevada                    | 2,500 00    | Support presentations and helmet giveaways a local high schools                                | 75 Pringle Way, Suite 1007            | Reno, NV 89502          |
| TruVista Foundation                            | 1,500 00    | Purchases of food, diapers, formula, clothing, household, pharmacy emergencies                 | PO Box 2446                           | Reno, NV 89505          |
| Accesss to Healthcare Network                  | 200 00      | Subsidize low income women and children for dental care,                                       | 4001 S Virginia Street, Suite F       | Reno, NV 89502          |
| Adopt a Vet Dental Program                     | 2,000 00    | Emergency Dental Care for veterans in hardship   | 680 S Rock Blvd                       | Reno, NV 89502          |
| Assistance League of Reno-Sparks               | 1,500 00    | Help support operation School Bell providing clothing and supplies to children in need         | 1701 Vassar Street                    | Reno, NV 89502          |
| Catholic Chantes of Northern Nevada            | 1,500 00    | Support the Resource Network, emergency financial assit to families, transportation passes etc | 500 E Fourth Street                   | Reno, NV 89512          |
| Community Chest, Inc                           | 1,000 00    | Support the Food Closet and provide bus passes   | PO Box 980                            | Virginia City, NV 89440 |
| Destroy Community Outreach Center              | 200 009     | Purchase fumiture and equipment for food pantry  | 1176 Tobago Court                     | Sparks, NV 89436        |
| Good Shepherd's Clothes Closet, Inc            | 200 00      | Support the Clothes Closet for those in need in Washoe County                                  | 335 Record Street                     | Reno, NV 89502          |
| Minden Rotary - Backback Buddles               | 1.500 00    | Purchase of food for weekend backpack project for school children.                             | 1295 Bridle Wav                       | Minden NV 89423         |
| Nevada Health Centers                          | 1.250 00    | Provide fuel and generator for Mammovan  | 3325 Research Way                     | Carson City NV 89706    |
| Saint Francis of Assisi Food Pantry            | 200 00      | Purchase food for distribution to families in need   | 160 Hubbard Way, Suite F              | Reno. NV 89502          |
| The Capital City C I R C L E S Initiative      | 1,250 00    | Purchase parts for vehicles for families in need   | 2621 Northgate Lane, Surte 10         | Carson City, NV 89706   |
| The Community Cabinet                          | 2,000 00    | Purchase supplies, computer maintenance, website and reimbursement of volunteers               | 644 Donner Drive                      | Benn NV 89509           |
| Washoe Legal Services                          | 200 00      | Technology upgrades to assist the child advoccacy attorney                                     | 299 S. Artmaton Avenue                | Beno NV 89501           |
| Women and Children's Center of the Sierra      | 200 00      | Fingerprinting costs, equipment and supplies   | 3905 Neil Road, Suite 2               | Beno. NV 89502          |
| No Nevada Women's Fund - Amy Biehl Scholarship | 2,500 00    | Annual Scholarship Agreement   | PO Box 50428                          | Reno, NV 89513          |
| Reno Rodeo Foundation                          | 1,000 00    | Books and supplies for Reading Round up program  | 559 Damonte Ranch Pkwy, Suite B441    | Reno, NV 89531          |
| Ronald McDonald House Chantes, Northern Nevada | 2,000 00    | Scholarship program for Northern Nevada High School students                                   | 323 Maine Street                      | Reno, NV 89502          |
| Soroptimust International of Truckee Meadows   | 1,500 00    | Fund scholarships for local youth  | PO Box 20125                          | Reno, NV 89515          |
| TMCC Foundation                                | 2,010 00    | Annual Scholarship Agreement   | 7000 Dandini Blvd , RDMT 200          | Reno, NV 89512          |
| UNR Foundation                                 | 1,000 00    | Annual Scholarship Agreement   | 900 N Virginia Street                 | Reno, NV 89512          |
| Seniors in Service/Senior Companion Program    | 3,500 00    | Reimburse volunteer expenses for In-Home Support Program                                       | 1380 Greg Street #212                 | Reno, NV 89431          |
| AMBUCS - Reno Sparks                           | 2,500 00    | Providing special needs children with AmTrykes   | PO Box 51881                          | Sparks, NV 89435        |
| Community Health Alliance                      | 2,500 00    | Purchase food for the pantry at the health center on Wells Avenue                              | 680 S Rock Blvd                       | Reno, NV 89502          |
| Disability Resources, Inc                      | 2,500 00    | Purchase Tools for clients to learn how to work on computers                                   | 50 E                                  | Reno, NV 89511          |
| Hosanna Home                                   | 1,500 00    | Purchase tood, diapers & toiletries for residents and children of Leah's House                 | PO Box 51316                          | Sparks, NV 89435        |
| Special Recreation Services (Camp Lotsafun)    | 2,500 00    | Camper scholarships, transportation and camper subsidies                                       | PO Box 7178                           | Reno, NV 89510          |
| STEP2, Inc                                     | 2,500 00    | Childcare services, transportation and health service etc                                      | 3700 Safe Harbor Way                  | Reno, NV 89512          |
| Tahoe Youth and Family Services                | 2,500 00    | Rent, Utilities and supplies for center  | 1512 Hwy 395 N                        | Gardnerville, NV 89410  |
| Baby's Bounty                                  | 300 00      | Purchase, Prepare and distribute five Baby Bundles   | 2295 Renaissance Drive, Suite D       | Las Vegas, NV 89119     |
| Foster Kinship                                 | 250 00      | To pay for expenses of the Fall Family Event for foster families                               | 4344 West Cheyenne Avenue             | Las Vegas, NV 89032     |
| Mrade Fights for Kids                          | 200 00      | Flight requests for the 12 month period  | 5740 S. Eastern Avenue, Suite 240     | Las Vegas, NV 89119     |
| Rebuilding Together Southern Nevada            | 200 00      | Emergency home repairs for elderly and Veterans  | 611 South 9th Street                  | Las Vegas, NV 89401     |
| S.A.F.E. House                                 | 150.00      | Victim service assistance, i.e. bus passes & transportation expenses, document fees etc.       | 921 American Pacific Drive, Suite 300 | Henderson, NV 89014     |
| Three Square Food Bank                         | 1,000 00    | Purchase food for the Back Pack for Kids Program   | 4190 N. Pecos Road                    | Las Vegas, NV 89115     |
| Boys Town Nevada, Inc                          | 1,000 00    | Cost of uniforms, class fees, school supplies, etc   | 821 N Mojave Road                     | Las Vegas, NV 89101     |
| Olive Crest                                    | 1,000 00    | Provide emergency financial assistance, safe days for endangered children, etc.                | 4285 N Rancho Drive, Suite 160        | Las Vegas 89130         |
| First Nevada                                   | 300 00      | Purchase of robotics equipment, parts, tools etc   | 2620 Golfside Drive                   | Las Vegas, NV 89134     |
|  |             |  |                                       |                         |

|  |          |  | ;                                   |                                       |
|--|----------|--|-------------------------------------|---------------------------------------|
| Las Vegas Natural History Museum   | 250.00   | Field trip admission for disadvantaged students  | 900 Las Vegas Bivd , North          | Las Vegas, NV 89101                   |
| Contain Charten of Southern Nameds   | 400 00   | Cinned the Meets on Wheele pressure  | 1504   as Vegas Boulevard North     | Las Vegas, IVV 09134                  |
| Carlotte Origines of Southern Nevada   | 90 00    | Cover costs for documents to both certificates etc to enable clients to obtain SSUSSDI   | 2540 S. Mandand Parkway, Suite 197  | Las Vegas, NV 89109                   |
| Edward Kine Memonal Veterans Fund  | 200 00   | Food and shelter for homeless female veterans  | 2232 Sun Cliffs Street              | Las Vegas, NV 89134                   |
| Nevada Partnership for Homeless Youth  | 1,000 00 | Purchase grocery cards and bus passes  | 4981 Shirley Street                 | Las Vegas, NV 89119                   |
| Opportunity Village  | 450 00   | Gardening supplies, i.e. plants, dirt, mulch, gloves, etc  | 6300 West Oakey Blvd                | Las Vegas, NV 89146                   |
| Birch Community Services Inc   | 2,500 00 | Tools for workshops and supplies for classrooms  | 17780 San Rafael Street             | Portland, OR 97230                    |
| Food Lifetine  | 2,500 00 | Purchase food for distribution at Northgate Elementary School during the 2016/17 school yr   | 815 S 96th Street                   | Seattle, WA 98108                     |
| Gleaners of Clackamas County, Inc  | 2,500 00 | Help provide food assistance for low income families   | PO Box 1660                         | Oregon City, OR 97045                 |
| Raphael House of Portland  | 2,500 00 | Supplies for the emergency center such as food and pantry staples  | 4110 SE Hawathorne Blvd , Suite 503 | Portland, OR 97214                    |
| Boys & Girls Clubs of Bellevue   | 2,500 00 | Scholarship for girls with inability to pay program lees   | 209 100th Avenue NE                 | Bellevue, WA 98004                    |
| Portland YouthBuilders   | 2,500 00 | Install safety railing along rooflop, thus allowing student instruction in view of the solar array   | 4816 S E 92nd Avenue                | Portland, OR 97266                    |
| Portand State University   | 0,000,1  | Annual Scholarship Grant Agreement   | Julie Serote, School of Business    | Portland, OH 97207-0751               |
| Meals on Wheels  | 2,500 00 | Purchase rood for the program at the Elm Court Center  | 7710 SW 31st Avenue                 | Portland, OH 97219                    |
| Youth Eastside Services (YES)  | 2,500 00 | השונים אחודה של השנים אחודה אחודה של אחודה של אחודה אחודה אחודה של אחודה אחודה אחודה אחודה אחודה אחודה אחודה א<br>האיר היווחווים אחוד האחודה אחודה | 999 164th Avenue, NE                | Bellevue, WA 98008                    |
| Duite City<br>Bandala Emindation   | 1,000 00 | Att Supplies and profituations.<br>Art supplies for chidoots   | 1760 W Agonguin hoad                | Palatine, IL buub/                    |
| Ann & Robert H. Line Children's Hospital of Chicago  | 000001   | Car seat program for patient families  | 225 East Chicago Avenue. Box 4      | Chicago II 60611                      |
| Christopher Hause  | 1.500 00 | Purchase food for students and clients   | 1611 W Division Ave. Surte 210      | Chicago, IL 60622                     |
| Lutheran Social Services of Illinois   | 1,500 00 | Christmas party food, venue rental, supplies   | 1001 Touhy Ave                      | Des Plaines, IL 60018                 |
| Open Heart Magic   | 3,000 00 | Training supplies for the volunteers   | 53 W Jackson Blvd Suite 835         | Chicago, IL 60604                     |
| PrimCare Community Health  | 1,000 00 | Purchase books for Reach Out and Read program  | 1431 N Western Ave , Suite 401      | Chicago, IL 60622                     |
| The Center for Women and Families (Louisville)   | 2,000 00 | Purchase of cleaning supplies and care items for shelter clients   | PO Box 2048                         | Louisville, KY 40201-2048             |
| The Little Bear Foundation   | 2,000 00 | Letterhead, silicone brackets and business cards   | 1020 Park Drive, Suite 396          | Flossmoore, IL 60422                  |
| Better Boys Foundation (BBF)   | 1,000 00 | Marketing expenses, ie computer, software etc  | 1512 South Pulaskı Road             | Chicago, IL 60623                     |
| Big Brothers Big Sisters of Kentuckana (Louisville)  | 1,000 00 | Printing of enrollment forms, session handouts, surveys and training manuals   | 1519 Gardiner Lane                  | Louisville, KY 40218                  |
| Big Brothers Big Sisters of Metropolitan Chicago   | 00000    | Background checks, transportation and supplies for mentor program  | 560 West Lake Street, 5th Floor     | Chicago, IL 60661                     |
| Home of Hope   | 1,000 00 | Supplies and materials for Campus Care program   | 1637 Plock Road                     | Dixon, IL 61021                       |
| TMCA Safe Place Services (Louisville)  | 00 000'1 | Assist with power bill at facility   | 2400 Crittenden Drive               | Louisville, KY 40217                  |
| Ene Neighborhood House   | 1,000 00 | Furchase books, supplies, assessement tools and tood for summer and school year programs   | 1701 W Superior Street              | Chicago, IL 60622                     |
| Cienwood Academy<br>Roceland Training Conter   | 00,000,1 | Workhooks for the Decent and Child Educational Tutoring Program  | 300 W 18/III Street                 | Glenwood, IL 60425<br>Change II 60607 |
| Little Brothers - Friends of the Elderty   | 15000    | Food transcondation before to avente ate for Course time   | 355 N Ashland Ave                   | Chicago, IL 60627                     |
| Volunteer Services of frogues County   | 1.000 00 | Subscription to electronic visit documentation system for aids visiting seniors  | 1001 East Grant Street              | Watsaka II 60970                      |
| Lazarus House  | 3,000 00 | Provide 5 months of shelter one one child and parent.  | 214 Walnut Street                   | St Charles. II. 60174                 |
| North Side Housing and Supportive Servies  | 200 00   | Food and supplies for the men's interim housing program  | 4410 N Ravenswood, Surte 101        | Chicago, IL 60640                     |
| Respond Now  | 1,500 00 | Purchase food for pantry   | 1439 Emerald Ave                    | Chicago Heights, IL 60411             |
| Appel Farm Arts & Music Center   | 250 00   | Production of the 2017 Earth Day at Appel Farm (printing & advertising costs)  | PO Box 888                          | Elmer, NJ 08318                       |
| The Performance Garage   | 1,500 00 | Support the after school dance program   | 1515 Brandywine Street              | Philadelphia, PA 19130                |
| Cattin's Smiles  | 500.00   | Craft Kits for distribution in the Greater Philadelphia area   | 3303 N 6th Street                   | Harnsburg, PA 17110                   |
| Children's Cancer Recovery Foundation  | 200 00   | Gifts to children in hospitals receiving treatment and financial assistance to families  | 6380 Flank Drive, Suite 400         | Harrisburg, PA 17112                  |
| Domestic Violence Services of Cumberland & Perry (   | 200 00   | Education materials, and displays  | PO Box 1039                         | Carlisle, PA 17013                    |
| Ecumenical Food Pantry   | 200 00   | Purchase food for distribution   | 901 N Sixth Street                  | Harrisburg, PA 17102-1700             |
| Gloucester County Habitat for Humanity   | 200 00   | Materials for siding of 1,144 st home  | 425 South Broadway                  | Pitman, NJ 08071                      |
| HEAUSTrong Foundation  | 20000    | rinandal assistance for patients, families, and volunteers during treatment<br>Emorrance Esouth Eurid of dothing household and mins poude  | 232 Green Avenue                    | Holmes, PA 19043                      |
| Old Savannah Ody Mission   | 3,000 00 | Costs in designing a greated problem and distribution the dract mail   | 2414 Bull Street, Duile A           | Filiadelphia, AP 19123                |
| Philabundance  | 200 00   | Support the non-profit grocery store in Chester, PA  | 3616 South Galloway Street          | Philadelphia PA 19148                 |
| Rebuilding Together Greater Harnsburg  | 200 00   | Purchase supplies & materials including for home repairs   | 251 Verbere Street                  | Harrisburg, PA 17102                  |
| Tn County Community Action   | 200 00   | Purchase supplies & materials including for home repairs   | 1514 Derry Street                   | Harrisburg, PA 17104                  |
| Urban Promise Ministries, Inc  | 200 00   | Support their "Emergency Family Fund" (food, utilities, medical bills, tuition holiday meals)  | PO Box 1479                         | Camden, NJ 08105                      |
| Beat the Streets Philadelphia  | 1,000 00 | Student transportation costs to the mentoring center and purchase computers for mentoring  | 3700 Market Street, Suite 300       | Philadephia, PA 19104                 |
| Big Brothers Big Sisters Independence Region   | 1,000 00 | Costs incurred from recruiting, screening and training mentors   | 100 Dobbs Lane, Suite 202           | Cherry Hill, NJ 08034                 |
| Boys & Girls Clubs of Gloucester County  | 1,000 00 | Furchase equipmet and supplies for the Multimedia & Leadership Program   | 2 Center Street                     | Glassboro, NJ 08028                   |
| Frank Callen Boys & Girls Ciuds (Savannan)<br>Fallowebin House of South Compan   | 2,000 00 | Supplies such as paper, pencils, computer printer inknoner, tolders etc.<br>Field time for participants of the House   | FO Box 8727                         | Savannah, GA 31412                    |
| Setebard Services  | 2000     | Campership program scholarships  | PO Box 106 1157 Weethranch Highway  | Markeld OA 17990 0106                 |
| Vanety - The Children's Chanty   | 200 00   | Purchase equioment for Autism patients   | 2950 Potshop Boad                   | Winneld, PA 17889-0196                |
| fundamental formation of the formation o | ;        | arranad  | בפסס ו מיפוסף ווסמם                 | Wolcesiel, FA 10400                   |

| Cleaning equipment to clean to cheep the page to cheep for page 104 Vote Board State 108 | Center for Champions Centel Penn College Education Foundation Habitat for Humanuy Philadelphia Homeland Center Pennsylvania Behavioral Health & Aging Coalition Raiston Center Covenant House New Jersey Kelly Anne Dalan Memonal Fund | 00 005<br>00 006<br>00 006<br>00 005<br>00 006<br>00 000'1 | Computer purchases for Achievers Club and Mentoring plus books Ongoing annual grant recipient Purchase of safety equipment for installation in the homes of seniors Purchase music and equipment for Music & Memory program Purchase brochures and swag for marketing the program Handiman services to low-income seniors, and free classes to seniors Computers, software, research material, video equipment for instruction etc. Financial support for families caring for senious/finjured/disabled children Cleaning examples. | 251 Verbeke Street PO Box 309 1829 N. 19th Street 1901 North Fifth Street 525 S. 29th Street 3615 Chesthut Street 330 Washington Street 580 Virginia Drive, Suite 110 | Harrsburg, PA 17102 Summerdale, PA 17093 Philadelphia, PA 19121 Harrsburg, PA 17102 Harrsburg, PA 17104 Philadelphia, PA 19104 Newark, NJ 07102 Forth Washington, PA 19034 |
|--|--|--|---|---|--|
| ספרו סוות הספת, סחוות הספר   | Paurways to Housing  | 00.067   | Crealing eqipristin to creat used furniture etc. to be given to creatis for new mousing   | Scot our role noad, saile 105   | rilliadelphia, r.A. 19141  |

150,010 00

Total 2016 DP Foundation Awarded

| FORM 990-PF                                  | ACCOUNTI                        | NG FEES                           | S                             | STATEMENT 1                     |  |  |
|--|---------------------------------|-----------------------------------|-------------------------------|---------------------------------|--|--|
| DESCRIPTION                                  | (A)<br>EXPENSES<br>PER BOOKS    | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES   |  |  |
| TAX PREPARATION FEES                         | 838.                            | 0.                                |                               | 838.                            |  |  |
| TO FORM 990-PF, PG 1, LN 16B                 | 838.                            | 0.                                |                               | 838.                            |  |  |
| FORM 990-PF                                  | OTHER E                         | XPENSES                           | S                             | TATEMENT 2                      |  |  |
| DESCRIPTION                                  | (A)<br>EXPENSES<br>PER BOOKS    | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES   |  |  |
| POSTAGE INSURANCE OFFICE EXPENSE ADVERTISING | 39.<br>1,419.<br>2,792.<br>659. | 0.<br>0.<br>0.                    |                               | 39.<br>1,419.<br>2,792.<br>659. |  |  |
| TO FORM 990-PF, PG 1, LN 23                  | 4,909.                          | 0.                                |                               | 4,909.                          |  |  |
|  |                                 |                                   |                               |                                 |  |  |
|  | F SUBSTANTIA<br>PART VII-A,     | L CONTRIBUTORS                    | S S'                          | IATEMENT 3                      |  |  |
| NAME OF CONTRIBUTOR                          | ADDR                            | ESS                               |                               |                                 |  |  |
| MICHAEL C. DERMODY                           | 226                             | <br>CALIFORNIA AVE                | INUE                          |                                 |  |  |

RENO, NV 89509

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

MICHAEL C. DERMODY P.O. BOX 7098 **RENO, NV 89510** 

TELEPHONE NUMBER

775-858-8080

FORM AND CONTENT OF APPLICATIONS

APPLICATIONS MUST BE IN WRITING. INCLUDE THE NAME AND DESCRIPTION OF THE APPLICATION ORGANIZATION AND A DETERMINATION LETTER.

ANY SUBMISSION DEADLINES

OCTOBER 1

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE