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SCANNED NOV 1 4 2017

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

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

OMB No 1545-0052

FOL	aien	idar year 2016 or tax year beginning		, and ending		
Nai	ne of	foundation			A Employer identification	n number
С	HA.	RLES N. MATHEWSON FOUND	ATION		94-3179777	,
		nd street (or P O box number if mail is not delivered to street		Room/suite	B Telephone number	
P	.0	. BOX 6448			775-348-18	344
City	or to	own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
R	EN	O, NV 89513			}	
G	heck	all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization:	s, check here 🕨 🗔
		Final return	Amended return			
		Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test, omputation
H C	heck	type of organization: X Section 501(c)(3) ex	xempt private foundation		E If private foundation sta	tus was terminated
	Se		Other taxable private founda	ition	under section 507(b)(1)(A), check here 🕨 🗔
1 Fa	ır ma	arket value of all assets at end of year J Accounti	ing method: X Cash	Accrual	F If the foundation is in a	60-month termination
(fr	om I		ther (specify)		under section 507(b)(1)	
	\$	18,997,378. (Part I, colu	ımn (d) must be on cash b	pasis)		
Pa	rt I	(The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a)	SAPERIOUS PER DOUNG			(cash basis only)
	1	Contributions, gifts, grants, etc., received Check X if the foundation is not required to attach Sch B			N/A	
	3	Interest on savings and temporary	476.	476.		STATEMENT 1
İ	4	cash investments Dividends and interest from securities	387,184.	387,184.	 	STATEMENT 2
		Gross rents	367,104.	307,104.	 	SIKIEMENI Z
		Net rental income or (loss)				
		Net gain or (loss) from sale of assets not on line 10	<982,192.	<u> </u>		
일	h	Gross sales price for all 2 602 657	750272521	~		
Revenue	7	assets on line 6a S, 002, 037. Capital gain net income (from Part IV, line 2)		0.		
8	8	Net short-term capital gain			RECE	IVED
	9	Income modifications			m	18
	10a	Gross sales less returns and allowances			8 NOV 1	4 2017 9
	Ь	Less Cost of goods sold				- S
	C	Gross profit or (loss)			OGDE	N, UT
	11	Other income			<u> </u>	
	12	Total Add lines 1 through 11	<594,532.			
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
ý	15	Pension plans, employee benefits				<u> </u>
nse		Legal fees	0.000			0.000
ē		Accounting fees STMT 3	9,800.	9,800.		9,800.
Ü		Other professional fees				
ŧ	17 18	Interest Taxes STMT 4	30,000.	30,000.		30,000.
stra	19	Depreciation and depletion	30,000.	30,000.		30,000.
Ē	20	Occupancy				
Ad	21	Travel, conferences, and meetings	<u> </u>			
힏	22	Printing and publications				
g	23	Other expenses STMT 5	150.	150.		150.
Operating and Administrative Expenses		Total operating and administrative				
per		expenses. Add lines 13 through 23	39,950.	39,950.		39,950.
Ō	25	Contributions, gifts, grants paid	1,089,988.			1,089,988.
	26	Total expenses and disbursements.				
_		Add lines 24 and 25	1,129,938.	<u>39,950.</u>		1,129,938.
	27	Subtract line 26 from line 12:				
	a	Excess of revenue over expenses and disbursements	<1,724,470.	>		· · · · · · · · · · · · · · · · · · ·
	b	Net investment income (if negative, enter -0-)		347,710.	N/A	
		Adjusted not income (financial onto 0)	: 1		ι Ν Ι/Δ	I

623501 11-23-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2016)

<u>Fo</u>	rm 99	0-PF (2016) CHARLES N. MATHEWSON FO	UNDATION	94-	3179777 Page 2
	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	f year
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	28,089.	18,126.	18,126.
	2	Şavıngs and temporary cash investments	2,282,002.	1,951,533.	1,951,533.
	3	Accounts receivable		_	
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	ļ	disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 6	18,074,529.	16,690,491.	17,027,719.
		Investments - corporate bonds			
	1	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans		,	
	13	Investments - other			
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
	•	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	20,384,620.	18,660,150.	18,997,378.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ŝ	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
Ţ	22	Other liabilities (describe)			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
	ļ	Foundations that follow SFAS 117, check here			
'n	ĺ	and complete lines 24 through 26 and lines 30 and 31.			
ĕ	24	Unrestricted	20,384,620.	18,660,150.	
lan	25	Temporarily restricted			
Net Assets or Fund Balances	26	Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here			
ř	Ì	and complete lines 27 through 31			
ts	27	Capital stock, trust principal, or current funds		 	
sse	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
ţ	29	Retained earnings, accumulated income, endowment, or other funds			
Š	30	Total net assets or fund balances	20,384,620.	18,660,150.	
				10 550 170	
_	31	Total liabilities and net assets/fund balances	20,384,620.	18,660,150.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		it agree with end-of-year figure reported on prior year's return)		1	20,384,620.
2	Ente	amount from Part I, line 27a		2	<1,724,470.>
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	ines 1, 2, and 3		4	18,660,150.
		eases not included in line 2 (itemize)		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		18,660,150.

6

7

8

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1,657,493.

1,129,938.

3,477.

7 Add lines 5 and 6

See the Part VI instructions.

Enter 1% of net investment income (1% of Part I, line 27b)

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.

Form 9 Part		179777 see instru		Page 4
1a E:	xempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
D	ate of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b D	omestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%		6,9	954.
0	f Part I, line 27b			
c A	Il other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Ta	ax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3 A	dd lines 1 and 2		<u>6,9</u>	954.
4 S	ubtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
	ax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		<u>6,9</u>	954.
	redits/Payments:			
	016 estimated tax payments and 2015 overpayment credited to 2016 6a 24,744.			
	xempt foreign organizations - tax withheld at source			
	ax paid with application for extension of time to file (Form 8868)			
	ackup withholding erroneously withheld	_		
	otal credits and payments. Add lines 6a through 6d	2	4,7	744.
	nter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
	ax due If the total of lines 5 and 8 is more than line 7, enter amount owed			
	verpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1	7,7	790.
	nter the amount of line 10 to be: Credited to 2017 estimated tax 17,790 Refunded 11			<u>0.</u>
	VII-A Statements Regarding Activities		V	TAT-
	uring the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	-	res	No
	ny political campaign?	1a	<u> </u>	X
	id it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		<u> </u>
	the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	Ì	ĺ	
	istributed by the foundation in connection with the activities.			
	id the foundation file Form 1120-POL for this year?	1c	 	<u> </u>
	nter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	1) On the foundation. ▶ \$ 0.			
	nter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	nanagers. > \$0 . as the foundation engaged in any activities that have not previously been reported to the IRS?			
	as the foundation engaged in any activities that have not previously been reported to the instruction of the activities.	2		X
	as the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	ylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	ĺ	x
	id the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		$\frac{\mathbf{x}}{\mathbf{x}}$
	"Yes," has it filed a tax return on Form 990-T for this year? N/A	1		
	/as there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	"Yes," attach the statement required by General Instruction T.			
	re the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		ı	
	By language in the governing instrument, or		ı	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		ı	}
	emain in the governing instrument?	6	X	
	id 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	
	nter the states to which the foundation reports or with which it is registered (see instructions)			
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	f 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 calendar			
уe	ear 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
10 D	id any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
		Form 990	-PF	(2016)

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Х

3b

4a

Yes X No

during the year?

b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2016)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (find to paid, enter-0-) (a) Name ATTACHED 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Combustions to enter than \$60,000 (e) Expense account, other allowances (e) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours be week devoted to position (c) Compensation (d) Combustions (d) Combustions (d) Combustions (d) Combustions (d) Combustions (e) Compensation (find to paid, enter-0-0-) (find to paid, enter-0-0-) (d) Combustions (d) Combustions (d) Combustions (e) Compensation (find to paid, enter-0-0-) (find to paid, enter-0-0-) (find to paid, enter-0-0-) (d) Combustions (e) Compensation (find to paid, enter-0-0-) (g) Compensation (g) C	orm 990-PF (2016) CHARLES N. MATHEWSON FOU			94-31797	77 Page 6
(1) Carry on propaganta, or otherwas attempt to milusnose legislation (section 4945(s))? (2) Influence the outcomer of any specific public election (see section 4955); or to carry on, deectly or indirectly, any veter registration drive? (3) Provide a grant to an organization often than a chantable, see, organization described in section (4) Provide a grant to an organization often than a chantable, see, organization described in section (4) Provide a grant to an organization often than a chantable, see, organization described in section (4) Provide a grant to an organization often than a chantable, see, organization described in section (4) Provide a grant to an organization often than a chantable, see, organization described in section (4) Provide a grant to an organization often than a chantable, see influence organization seed to a section of crue the exceptions described in Regulations (5) Provide to refer to 50, 11(-5), due sy of the transactions fail to qualify under the exceptions described an Regulations (6) If the section of crue the organization described sees in section of the regulation of the seed of the section of the seed of the section of the crue of the section of the seed of the section of	Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be I	Required (contin	ued)	
(3) Provide a grant to an individual for tavel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(0)(4)(A)? (see instructions) (5) Provide for any purpose other than a charitable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animate? b) If any answer is "Ves' to Scit)*(.5), did any of the transactions fail to qualify under the exceptions described in Regulations section \$5.495 or in a current notice regarding disaster assistance check here of the answer is "Ves' to scit)*(.5), did any of the transactions fail to qualify under the exceptions described in Regulations section \$5.495 or in a current notice regarding disaster assistance check here of the answer is "Ves' to scit)*(.5), did any of the transactions? Organizations relying on a current notice regarding disaster assistance check here of the answers is ves' to scit)*(.5), did any of the transactions of the scit the statement required by Regulations section \$3.4945-5(d) 5a Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If 'Yes' and the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If 'Yes' to 6b, the Form 8970. 7a Arvany time during the tax year, was the foundation a party to a prohibited tax sheller transaction? Yes X No Sb X Yes X No Sb X Yes X No Sb X If 'Yes' to the did the scit that the statement required by Pagulations section \$3.4945-5(d) School the foundation, during the year, and year, and year premiums, directly or indirectly, to pay premiums on a personal benefit contract? Part Yill Information About Officers, Directors, Trustees, Foundation Mancy, Jes X, No N/A 7b Part Yill Information About Officers, Directors, Trustees, Foundation Mancy, Jes X, No O NO O O O O O O O O O O O O O O O O O	(1) Carry on propaganda, or otherwise attempt to influence legislation (section		ectly,		
4945(d)(4)/A) (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? b If any answer is "se's to \$3(1)(5), did any of the transactions fail to qualify under the exceptions described in Regulations section \$5.495 for in a current notice regarding diseaster assistance (see instructions)? Organizations relying on a current notice regarding diseaster assistance check here If the answer is "se's to question \$3(4), does the foundation diam exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section \$3.4945-5(d) 5 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes," to 6b, the Form 8870. If "Yes," to 6b, the Form 8870. If "Yes," the foundation for the year, was the foundation a party to a prohibited tax sheller transaction? If "Yes," the foundation receive any proceeds or have any not income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Mancyers, Highly Paid Employees, and Contractors 1. List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Tide, and average (c) Compensation (d) Compensatio	(3) Provide a grant to an individual for travel, study, or other similar purposes?				
b If any answer is "Yes" to 50, (1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53,4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here If we have the set of the	4945(d)(4)(A)? (see instructions)			es 🗶 No	
section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here of it the answer is "Yes" to question 53.49, does the foundation diam exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Flegulations section 53.4945-5(d) 8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, the Form 8870. If "Yes" to 6b, the Form 8870. If "Yes" did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Manic Jers, Highly If I List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation of five highest-paid employees (other than those included on line 1), If none, enter "NONE." (e) Expense (a) Name and address of each employee paid more than \$50,000 NONE (e) Expense (c) Compensation of the remarkable of the paid expense of the paid expe				es X No	
e If the answer is "Yes" to question 5al(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 8b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Brown About Part VIII Information Managers, Highly Compensation (a) Name and address O . 0 O . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0	section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?	in Regulations	N/A 5	5 b
# "Yes", attach the statement required by Regulations section \$3.4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? # "Yes" to bit, the Form \$870. 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Manac Jers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (a) Name and address CHARLES N. MATHEWSON O.00 O.00 O.0. CCHEDULE ATTACHED O.00 O.0. COmpensation Compen	c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta		P No	
a personal benefit contract? D Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" 165, the Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Maneuers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (a) Name and address O . 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. 7 At Arity time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If I Arity time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Manaz Jers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (In or paid, enter -0-) (a) Name and address (b) Titls, and average hours per week devoted to position O.00		pay premiums on			
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Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Trite, and average hours per week devoted to position (d) Compensation	•	helter transaction?	Ye	_	
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (ff not paid, enter -0-) (g) Combustons to express the proper benefit plants of the proper benefit for position and to position (h) Title, and average enter -0-) (a) Name and address of each employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoted to position (c) Compensation (d) Combustons to except account, other allowances (e) Expense account, other allowances (find paid, enter -0-) (if not paid, en					'b
(a) Name and address (b) Trite, and average hours per week devoted to position (c) Compensation (c) Contrabilities account, other all contrabilities account, other allowances (c) Compensation (c) Contrabilities account, other account, other allowances (e) Expense account, other allowances (e) Expense account, other allowances (e) Compensation (c) Contrabilities account, other allowances (e) Expense account, other allowances (e) Compensation (c) Contrabilities account, other allowances (e) Contrabilities account, other allowances (e) Compensation (c) Contrabilities account, other allowances (e) Contrabilities account, other allowances (e) Compensation (c) Contrabilities account, other account, other allowances (e) Compensation (c) Contrabilities account, other allowances (e) Contrabilities account, other account, other account, other account, other account, other account, other account,	Paid Employees, and Contractors		inayers, Highl	y 	
CHARLES N. MATHEWSON O.00 O.000 O.000 O.000 O.000 O.000 O.000 O.000 O.000	1 List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(a) Eynanga
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (c) Compensation (d) Contributions to employee add more than \$50,000 (e) Expense account, other allowances (c) Compensation (d) Contributions to employee paid more than \$50,000 (e) Expense account, other allowances (c) Compensation		hours per week devoted to position	(If not paid,	employee benefit plans and deferred compensation	account, other allowances
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and eaverage hours per week devoted to position (c) Compensation (d) Contributions to employee the entit plans account, other allowances (r) (r)	CHARLES N. MATHEWSON				
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee thentit plans account, other allowances (e) Expense account, other allowances		0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances	SCHEDULE ATTACHED				
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances		0.00	0.	0.	0.
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances					
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances					
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances	2. Companyation of five highest paid ampleyees (ather than these inc	luded on line 1) If none	anter "NONE "		
NONE		(b) Title, and average hours per week		employee benefit plans and deferred	account, other
	NONE	govotog ta position		Companduon	<u> </u>
Total number of other employees paid over \$50,000					
Total number of other employees paid over \$50,000					<u>-</u> _
Total number of other employees paid over \$50,000					
	Total number of other employees hald over \$50,000				<u>_</u>

Form 990-PF (2016) CHARLES N. MATHEWSON FOUNDATION	94-3	179777 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NC	NE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced,	nformation such as the , etc.	Expenses
1 <u>N/A</u>		
2		
3		
4		
		····
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2.	Amount
1N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.
		Form 990-PF (2016)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions)
<u></u>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	15,650,811.
	Average of monthly cash balances	1b	2,310,125.
	Fair market value of all other assets	10	= 7020 / 2200
-	Total (add lines 1a, b, and c)	1d	17,960,936.
	Reduction claimed for blockage or other factors reported on lines 1a and	14	
	1c (attach detailed explanation) 1e 0 .		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	17,960,936.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	269,414.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	17,691,522.
6	Minimum investment return. Enter 5% of line 5	6	884,576.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	3327373
1	Minimum investment return from Part X, line 6	1	884,576.
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	6,954.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	877,622.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	877,622.
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	877,622.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,129,938.
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	1,129,938.
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	1,129,938.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies fo	r the section
	4040(a) dualization of the control		

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,	· -			
line 7				877,622.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2015 only			0.	·
b Total for prior years;				
		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011 366,719.				
b From 2012 1,196,758.				
c From 2013 867,547.				
dFrom 2014 1,192,676. eFrom 2015 1,245,711.				
	4,869,411.			
f Total of lines 3a through e 4 Qualifying distributions for 2016 from	4,003,411.			
Part XII, line 4: ▶\$ 1,129,938.				
a Applied to 2015, but not more than line 2a			0.	•
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				877,622.
e Remaining amount distributed out of corpus	252,316.			
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	5,121,727.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable		•		
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must				
be distributed in 2017				_ 0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	366,719.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	4,755,008.			
10 Analysis of line 9:				
a Excess from 2012 1,196,758.				
b Excess from 2013 867,547.				
c Excess from 2014 1,192,676.				
d Excess from 2015 1,245,711.				
e Excess from 2016 252, 316.			<u> </u>	Form 990-DE (2016)

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Form **990-PF** (2016

Form 990-PF (2016) CHARLES Part XIV Private Operating Form		SON FOUNDATI			31/9/// Page 10
			-A, question 9)	N/A	<u> </u>
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for			n control	4042(1)(2) or] 4942(j)(5)
b Check box to indicate whether the found		Ing toundation described in	Prior 3 years	4942(j)(3) or	<u> </u>
2 a Enter the lesser of the adjusted net	Tax year (a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
income from Part I or the minimum	(a) 2010	(0) 2013	(0) 2014	(4) 2010	(0) 10(8)
investment return from Part X for	1				
each year listed					
b 85% of line 2a		-	-		
c Qualifying distributions from Part XII,					
line 4 for each year listed		 			
d Amounts included in line 2c not					
used directly for active conduct of					1
exempt activities	· ····-	 			
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c		<u> </u>		 	
3 Complete 3a, b, or c for the alternative test relied upon:				1	,
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:	- 11				
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
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					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	n had \$5,000 or	more in assets
at any time during t	he year-see inst	tructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			tributions received by the	e foundation before the	e close of any tax
year (but only if they have contributed n	nore than \$5,000). (See	section 507(d)(2).)			
CHARLES N. MATHEWSON					.
b List any managers of the foundation wh other entity) of which the foundation ha			(or an equally large port	on of the ownership o	f a partnership or
NONE					
2 Information Regarding Contribut	ion, Grant, Gıft, Loar	n, Scholarship, etc., P	rograms:		
Check here ► ☐ If the foundation of the foundation makes gifts, grants, etc.	only makes contributions	s to preselected charitable	organizations and does	not accept unsolicited omplete items 2a, b, c	requests for funds. If
a The name, address, and telephone num					
CHARLES N. MATHEWSON			loanono snobla bo adore		
PO BOX 6448, RENO, C		1011			
b The form in which applications should be		ation and materials they s	hould include:		
THE CHARLES N. MATHE				R GRANT FO	RMS
c Any submission deadlines:	MBOIL TOOLS.				
NONE					
d Any restrictions or limitations on award	s, such as by geographi	cal areas, charitable fields	, kinds of institutions, or	other factors:	
NONE	,, 5	,	•		
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3 Grants and Contributions Paid During th	e Year or Approved for Future F	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
SCHEDULE ATTACHED				
SCREDULE ATTACKED				1,089,988
		**		1,009,988
		<u>.</u>		
		•		
Total		 	► 3a	1,089,988
b Approved for future payment				
NONE				
HOME				
Total			▶ 3b	0, rm 990-PF (2016)
			Fo	rm 990-PF (2016)

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Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		ed by section 512, 513, or 5	14 (e)
•	(a) Business	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	7,11100.11	Tanotton moonie
å			 	-	
b	 		 		
c	-		+-+		
d			+-+		
e	-		+		
<u> </u>	 		+-+		
g Fees and contracts from government agencies			1-1		
2 Membership dues and assessments			+		
3 Interest on savings and temporary cash					477
investments			1 1		476
4 Dividends and interest from securities					387,184
5 Net rental income or (loss) from real estate:	ļ	·			
a Debt-financed property					
b Not debt-financed property			 		
6 Net rental income or (loss) from personal					
property	ļ				
7 Other investment income	ļ				
8 Gain or (loss) from sales of assets other					
than inventory			 		<982,192
9 Net income or (loss) from special events			-		
10 Gross profit or (loss) from sales of inventory			\longrightarrow		
11 Other revenue:					
a			+-+		
b			\longrightarrow		
c			\perp		
d					
e			 		
12 Subtotal. Add columns (b), (d), and (e)		0.	<u></u>		0. <594,532
13 Total Add line 12, columns (b), (d), and (e)				1:	3 <594,532
(See worksheet in line 13 instructions to verify calculations)				·	
Part XVI-B Relationship of Activities	to the Accom	plishment of E	kempt	Purposes	
Line No. Explain below how each activity for which inco			contribi	uted importantly to the ac	ccomplishment of
the foundation's exempt purposes (other than					
THE INVESTMENTS ARE IN					LL BE USED
TO FURTHER THE CHARITA	BLE PURPO	SES OF THE	FOU	JNDATION.	
					.
		·-··			
					
					
					
					
			·		
			·		
		.			
					
					
					
				···	

<u>. u</u>	I C X V II	Exempt Organ		TO and Transactions a				
1	Did the ore			llowing with any other organizatio	n described in section 501(c) of	7	Yes	No
'				on 527, relating to political organi				
			ation to a noncharitable exem					
a	(1) Cash	non the reporting loaner	ation to a nononaritable exem	pro gameation on		1a(1)		X
	(2) Other	accate				1a(2)	_	X
b	Other trans					1 1 1		
		of assets to a noncharital	ble exempt organization			1b(1)		Х
			incharitable exempt organizat	ion		1b(2)	-	Х
		l of facilities, equipment,				1b(3)		X
	. ,	oursement arrangements				1b(4)		X
		or Ioan guarantees				1b(5)		X
			embership or fundraising soli	citations		1b(6)		X
C	Sharing of	facilities, equipment, ma	ailing lists, other assets, or pa	ıd employees		1c_		X
d					vays show the fair market value of the goods,		ets,	
	or services	s given by the reporting fo	oundation. If the foundation r	eceived less than fair market valu-	e in any transaction or sharing arrangement,	show in		
	 		other assets, or services rece					
a)∟	ine no	(b) Amount involved		ritable exempt organization	(d) Description of transfers, transactions, and	sharing an	angeme	nts
			N/	<u>/ A</u>				
		· · · ·				-		
							·	
				 				
				J		-		
				<u>.</u>				
0-	lo the four	adation directly or indirec	atly affiliated with, or related to	o, one or more tax-exempt organiz	zations described			
2 a			er than section 501(c)(3)) or i		zations described	Yes	X	No
h		omplete the following sch		II SCOUGH OEF	-			
	11 103, 00	(a) Name of org		(b) Type of organization	(c) Description of relations	ship	•	
		N/A						
		·						
							_	
٠.		penalties of perjury, I declare elief, it is true, correct, and co	e that I have examined this return of implete Declaration of prepare (ot	ncluding accompanying schedules and <u>Her</u> than taxpayer) is based on all inform	statements, and to the best of my knowledge mation of which preparer has any knowledge rei	ay the IRS of	discuss t	his er
	gn and bi	Mark	U NN OTT	~~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	sh	own below	(see inst	tr)?
	Z	nature of officer or trustee		Date	Title	X Yes		J No ∫
	J Jiyi	Print/Type preparer's n		rer's signature	Date Check X if PTIN			
		, init is po properor a li	رُدُرُ اللهِ ا	11000	self- employed			
Pa	aid	STANLEY A.	. SOLOMON DE	integle Soleman	11/2/17 PO	1395	084	
Pr	eparer	Firm's name ► STA		MON/ CPA	Firm's EIN ►			
Us	se Only							
			9 SAN MIGUEL				.	
		NE NE	EWPORT BEACH,	CA 92660	Phone no. 949 – 6			
					F	orm 99 0	ノーピト((2016)

CHARLES N. MATHE	WSON FOUNDATION	94-317	79777	PAGE	<u> 1 OF 1</u>
Part IV Capital Gains and Los	sses for Tax on Investment Income				
(a) List and 2-story br	describe the kind(s) of property solorick warehouse; or common stock, 20	l, e.g., real estate, 00 shs. MLC Co.	(b) How acquire P - Purchase D - Donation	d (c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 10000 AERIE PH	ARMA		P	02/05/1	509/15/16
b 10000 AERIE PH	ARMA		P	04/05/1	510/05/16
c 26012 IMPAC MO	RTGAGE HOLDING		P	06/05/1	507/20/16
d 15000 MARATHON	OIL CORP		P	02/22/1:	205/02/16
e 20000 NAVIOS M			P	04/08/13	105/02/16
f 20000 NAVIOS M			P		105/02/16
g 10000 SANDISK			P	10/13/14	105/02/16
h 15000 WISDOMTR			P		505/02/16
1 30000 KINDER M			P		07/12/16
, 30000 MEMORIAL		1	P		05/02/16
k					
		-			
m					
n					
0				1	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		h) Gain or (loss) plus (f) minus (g)	
a 338,851.		251,531.		· · · · · · · · · · · · · · · · · · ·	87,320.
b 405,946.		251,008.		•	154,938.
c 455,060.		449,017.			6,043.
d 220,191.		519,729.			<299,538.
e 35,491.		314,198.			<278,707.
f 35,490.		184,803.			<149,313.
		843,496.			<85,707.
g 757,789. h 679,646.		836,078.			<156,432.
598,281.		597,850.			431.
75,912.		337,139.	····		<261,227.;
k		33,72331			<u> </u>
1					
m					
n			· · · · · · · · · · · · · · · · · · ·		
0					·
Complete only for assets shown	ng gain in column (h) and owned by t	he foundation on 12/31/69	(N) (osses (from col. (h)	<u>, </u>
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (i), if any	Gains (excess	of col. (h) gain ovi not less than "-0-")	er col. (k),
a					87,320.
<u>a</u> b					154,938.
					6,043.
<u>d</u>					<299,538.>
					<278,707.
f					<149,313.
					<85,707.
<u>g</u> h					<156,432.>
	-		-		431.
1					<261,227.>
k					
1					
m					
	 				
<u>n</u>	 		·· -	<u></u> .	
0					· · · · · ·
2 Capital gain net income or (net ca	1 11 (1000), 011101		2		<982,192.>
3 Net short-term capital gain or (logif gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8		d (6):	3	N/A	
in (1000), united to initiating little				41/5	

FORM 990-PF INTERES	T ON SAVI	NGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT 1	
SOURCE		(A REVE PER B	NUE NET	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
MERRILL LYNCH WELLS FARGO BANK			467.	467. 9.		
TOTAL TO PART I, LIN	Е 3		476.	476.		
FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SEC	CURITIES	STATEMENT 2	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) E NET INVEST KS MENT INCO		
MERRILL LYNCH	387,184	•	0. 387,18	34. 387,18	4.	
TO PART I, LINE 4	387,184	•	0. 387,18	387,18	4.	
FORM 990-PF		ACCOUNTI	NG FEES		STATEMENT 3	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
ACCOUNTING	_	9,800.	9,800).	9,800.	
TO FORM 990-PF, PG 1	, LN 16B	9,800.	9,800).	9,800.	
FORM 990-PF		TAX	ES		STATEMENT 4	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE E PURPOSES	
FEDERAL INCOME TAXES	-	30,000.	30,000),	30,000.	
TO FORM 990-PF, PG 1	, LN 18	30,000.	30,000	· ·	30,000.	

FORM 990-PF	OTHER EXPENSES		STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
BANK CHARGES, ETC.	150.	150.		150.	
TO FORM 990-PF, PG 1, LN 23	150.	150.		150.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 6	
DESCRIPTION		ВО	OK VALUE	FAIR MARKET VALUE	
MARKETABLE SECURITIES		10	5,690,491.	17,027,719.	
TOTAL TO FORM 990-PF, PART I			5,690,491.		

CHARLES N. MATHEWSON FOUNDATION PART XV GRANTS AND CONTRIBUTIONS PAID DURING YEAR 2016

1	Scripps Health Foundation 10666 N Torrey Pines Road, Mail Drop 109N La Jolla, CA 92037	25,000
2	Sacred Heart Nativity School 310 Edwards Avenue San Jose, CA 95110	15,000
3.	Bellarmine College Preparatory 960 West Hedding Street San Jose, CA 95126	20,000
4	Loyola High School of Los Angeles 1901 Venice Boulevard Los Angeles, CA 90006-4401	10,000
5.	Eisenhower Medical Center 39000 Bob Hope Drive Rancho Mirage, CA 92270	68,335
6.	UCLA Foundation 10945 Le Conte Avenue, Suite 3132 Los Angeles, CA 90095	10,000
7.	Scripps Health Foundation P.O Box 2669 La Jolla, CA 92038	2,500
8.	Keep Memory Alive 888 W Bonneville Ave Las Vegas, NV 89106	91,000
9	St Baldricks 8717 Silver Shores Drive Reno, NV 89506	2,088
10.	Juvenile Diabetes Foundation 645 Sierra Rose Drive #106 Reno, NV 89511	5,000
11	Reno High School 395 Booth Street Reno, NV 89509	5,000
12.	Kauai Humane Society P.O. Box 3330 Lihue, HI 96766	2,500
13.	Reno Philharmonic 925 Riverside Drive, Suite 3 Reno, NV 89503	5,000
14.	UNR Foundation University of Nevada - Mail Stop 0162 Reno, NV 89557	250,000

A. None of the above contributions are to individuals.
B All of the above are public charities, which are unrelated to this foundation.
C All of the above contributions are unrestricted and may be used by the recipient for the purpose for which the charity was created.

CHARLES N. MATHEWSON FOUNDATION PART XV GRANTS AND CONTRIBUTIONS PAID DURING YEAR 2016

15.	Community Foundation of Western Nevada 50 Washington Street, Suite 300 Reno, NV 89503	12,500
16	Kids & Horses Therapeutic Riding Center 2869 Esaw Street Minden, NV 89423	20,250
17	Palm Springs High School 2401 E Baristo Rd, Palm Springs, CA 92262	250
18.	Northern Nevada Children's Cancer Foundation 3550 Barron Way #9A Reno, NV 89511	5,000
19	Ageless Repertory Theatre 147 E. Pueblo Street Reno, NV 89502	10,000
20.	Italian Cultural Society 11292 N. Alpine Road Stockton, CA 95212	30
21.	Leadership Institue 1101 North Highland Street Arlington, VA 22201	7,750
22	KNPB-Channel 5 Public Broadcasting 1670 N. Virginia Street Reno, NV 89503	5,000
23.	The National MS Society, Pacific South Coast Chapter 12121 Scripps Summit Drive, Suite 190 San Diego, CA 92131	1,000
24.	Nevada Museum of Art 160 West Liberty Street Reno, NV 89501	200,000
25	KNPB-Channel 5 Public Broadcasting 1670 N. Virginia Street Reno, NV 89503	2,000
26.	City of Sparks P O. Box 857 Reno, NV 89432	2,000
27.	High Sierra Industries 555 Reactor Way Reno, NV 89502	10,000
28.	Keep Memory Alive 888 W. Bonneville Ave. Las Vegas, NV 89106	75,000

A. None of the above contributions are to individuals.

B. All of the above are public charities, which are unrelated to this foundation.

C. All of the above contributions are unrestricted and may be used by the recipient for the purpose for which the charity was created.

CHARLES N. MATHEWSON FOUNDATION PART XV GRANTS AND CONTRIBUTIONS PAID DURING YEAR 2016

29.	Keep Memory Alive 888 W. Bonneville Ave. Las Vegas, NV 89106	152,335
30.	The Public Education Foundation 4350 South Maryland Parkway Las Vegas, NV 89119	7,500
31.	Youth Charities of Southern Nevada P.O. Box 46232 Las Vegas, NV 89114-6232	250
32.	Fit Kids 2982 Middlefield Road, Unit P Redwood City, CA 94063	5,200
33	Institute for Productivity in Education 121 North Post Oak Lane Houston, TX 77024	50,000
34.	The Public Education Foundation 4350 South Maryland Parkway Las Vegas, NV 89119	5,000
35	Transforming Youth Recovery P.O. Box 5011 Reno, NV 89513	7,500

1,089,988

Charles N. Mathewson Foundation 2016

Part VIII

Column (A) Trustees	Column (B)	Column (C)	Column (D)	Column (E)
Charles N Mathewson P O Box 6448 Reno, NV 89513	None	None	None	None
Officer & Executive Advisory Committee				
Charles N Mathewson P O Box 6448 Reno, NV 89513 President, Treasurer & Secretary of Executive Advisory Committee	None	None	None	None
Curtis N Mathewson P O Box 6448 Reno, NV 89513 Vice President & Member of Executive Advisory Committee	None	None	None	None
Paulina G Mathewson P O Box 6448 Reno, NV 89513 Assistant Secretary & Member of Executive Advisory Committee	None	None	None	None
Robert A Mathewson P O Box 6448 Reno, NV 89513 Assistant Treasurer & Member of Executive Advisory Committee	None	None	None	None
Easter Mathewson P O Box 6448 Reno, NV 89513 Assistant Secretary	None	None	None	None
Miles Mathewson P O Box 6448 Reno, NV 89513 Assistant Secretary	None	None	None	None