.... 990-PF

Return of Private Foundation

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

OMB No. 1545-0052

Department of the Treasury
Internal Revenue Service

Do not e

► Do not enter social security numbers on this form as it may be made public.

• Go to www.irs.gov/Form990PF for instructions and the latest information.

Ones to Dublic Inconstin

<u></u>		dar year 2017 or tax year beginning Januar	v 1 201	7, and	ondina	December 30, 201	7 , 20
		dår year 2017 or tax year beginning Januar undation	<u>, 201</u>	r, and		r identification number	
		Mary Ansari Foundation			Linproje	88-0501697	•
	-	d street (or P.O. box number if mail is not delivered to street address)	Room	√suite	R Telephon	e number (see instructi	ons)
			110011	000110	D Tolopholi	775-833-1365-	•
	Eagle	n, state or province, country, and ZIP or foreign postal code					
					C If exempt	on application is pendi	ing, check here ▶ [_]`
		lage, NV 89451-8944					_
G	Check		of a former public	cnanty	D 1. Foreigi	n organizations, check i	here ▶∐
		☐ Final return ☐ Amended r				organizations meeting	
				1		here and attach computed foundation status was to the computer of the computer	
		type of organization: Section 501(c)(3) exempt p				07(b)(1)(A), check here	
		n 4947(a)(1) nonexempt charitable trust					
		arket value of all assets at J Accounting method	: ∐ Cash ∐ A	ccrual		ndation is in a 60-mont	
		year (from Part II, col. (c), Other (specify)	· ·		under sec	tion 507(b)(1)(B), checl	chere ▶∐
_	line 16		on cash basis.)		L		
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net	investment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books		ncome	income	purposes (cash basis only)
		the amounts in column (a) (see instructions).)					(CGS) (CGS)
	1	Contributions, gifts, grants, etc., received (attach schedule)	\$ 15,000				
	2	Check ► ☐ if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	11		11		
	4	Dividends and interest from securities	1,502	ļ	1,502		
	, 5a	Gross rents					
	b	Net rental income or (loss)		ļ			
9	6a	Net gain or (loss) from sale of assets not on line 10					
Revenue	b	Gross sales price for all assets on line 6a					
ĕ	.7	Capital gain net income (from Part IV, line 2)		<u></u>	· · · · · · · · · · · · · · · · · · ·		
Œ	8	Net short-term capital gain		ļ			
	9	Income modifications		ļ			
	10a	Gross sales less returns and allowances		ļ			
	b	Less: Cost of goods sold		ļ			
	C	Gross profit or (loss) (attach schedule)		ļ			
	11	Other income (attach schedule)	<u> </u>	ļ			<u> </u>
	12	Total. Add lines 1 through 11	\$ 16,513	ļ	\$1513		<u> </u>
Ø	13	Compensation of officers, directors, trustees, etc.	<u></u>	↓		W EVE V.	4 1
enses	14	Other employee salaries and wages		ļ <u>.</u>		3 (1 (2)	1
	15	Pension plans, employee benefits		<u> </u>			<u> </u>
X	16a	Legal fees (attach schedule)		<u> </u>		1000	10000 11-
9	b	Accounting fees (attach schedule)	<u> </u>	 		MAY 0 7	2018
₹	С	Other professional fees (attach schedule)		ऻ—			Committee and the second
tra	17	Interest		ļ <u> </u>		0000	1 1 1 2 5 2
JiS.	18	Taxes (attach schedule) (see instructions)	1	ļ	1		1
Operating and Administrative Exp	19	Depreciation (attach schedule) and depletion		-			<u> </u>
Þ	20	Occupancy		 			
ō	21	Travel, conferences, and meetings		 			
a	22	Printing and publications		-	446		440
В	23	Other expenses (attach schedule)	110		110		110
ati	24	Total operating and administrative expenses.		!			
ē	l	Add lines 13 through 23	111		111		111
g	25	Contributions, gifts, grants paid	12,300	+		<u> </u>	12,300
	26	Total expenses and disbursements. Add lines 24 and 25	12,411	-	111		12,411
	27	Subtract line 26 from line 12:					
	а	Excess of revenue over expenses and disbursements	4,102	\			
	b	Net investment income (if negative, enter -0-) .		ļ	1,402		
	١ ۵	Adjusted not income (if negative, enter -0-)		1		1	1

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form **990-PF** (2017)



D.	art II	Balance Sheets Attached schedules and amounts in the description column Beginning of year End of year		f year		
l č		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Valu		(c) Fair Market Value
	1	Cash—non-interest-bearing	\$ 7,933	\$ 12	2,035	\$ 12,035
	2	Savings and temporary cash investments				
	3	Accounts receivable ▶				
	1.	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				
		disqualified persons (attach schedule) (see instructions)			1	
	7	Other notes and loans receivable (attach schedule) ▶				
	}	Less: allowance for doubtful accounts ▶				
Ø	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
Š	10a	Investments—U.S. and state government obligations (attach schedule)				
	ь	Investments—corporate stock (attach schedule)	94,110	94	,110	114,470
	c	Investments—corporate bonds (attach schedule)			,	
	11					· · · · · · · · · · · · · · · · · · ·
	''	Investments—land, buildings, and equipment: basis ► Less: accumulated depreciation (attach schedule) ►				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)		· · · · · · · · · · · · · · · · · · ·		
	14	And A Street and A Street Ashara Street				
	'**					
- 1	1.5	Less: accumulated depreciation (attach schedule)				
	15 16	Other assets (describe Total assets (to be completed by all filers—see the				
	10	instructions. Also, see page 1, item I)	400.040	400		400 505
	47		102,043	100	,145	126,505
	17	Accounts payable and accrued expenses				•
S	18	Grants payable				1
≝	19	Deferred revenue				1
≌	20	Loans from officers, directors, trustees, and other disqualified persons				1
Liabilities	21	Mortgages and other notes payable (attach schedule)				
_	22	Other liabilities (describe ▶		······································		ł
	23	Total liabilities (add lines 17 through 22)	102,043	106	,145	
Ø		Foundations that follow SFAS 117, check here >				
Net Assets or Fund Balances		and complete lines 24 through 26, and lines 30 and 31.				
	24	Unrestricted				·
3a	25	Temporarily restricted				
-	26	Permanently restricted				1
5	ì	Foundations that do not follow SFAS 117, check here ▶ □		-	. }	
_	1	and complete lines 27 through 31.	-		ļ	
0	27	Capital stock, trust principal, or current funds				1
ete	28	Paid-in or capital surplus, or land, bldg., and equipment fund	102,043	106	,145	
SS	29	Retained earnings, accumulated income, endowment, or other funds				I
ţ,	30	Total net assets or fund balances (see instructions)	102,043	106	,145	i
è	31	Total liabilities and net assets/fund balances (see]	1
	<u> </u>	instructions)				
	rt III	Analysis of Changes in Net Assets or Fund Balances				<u> </u>
1		I net assets or fund balances at beginning of year-Part II, colu				
	end-	of-year figure reported on prior year's return)		}	1	\$ 102,043
2	Ente	r amount from Part I, line 27a		[2	4,102
3	Othe	er increases not included in line 2 (itemize)		_	3	0
4	Add	lines 1, 2, and 3			4	106,145
5	Decr	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)—I	Part II, column (b), lir	ie 30	6	106,145

Part	V Capital Gains and	d Losses for Tax on Investn	nent Income			
		ind(s) of property sold (for example, real e use; or common stock, 200 shs. MLC Co		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr)
1a				1 3	, ,	
b_	<u></u>				* 20	
c				11		<u> </u>
<u>d</u> _		···-			,,	
e		10 Depresiation allowed	(a) Cost or	ether besis	(h) Coi	n or (loss)
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		(f) minus (g))
<u>a</u>				·	•	
b						
<u>C</u>						
<u>d</u> e	<u> </u>					
	Complete only for assets sho	owing gain in column (h) and owned	by the foundation	on 12/31/69.	(N Gains (Co	I. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) . (j), if any	col. (k), but no	t less than -0-) or from col. (h))
à	-					•
b						
C						
d						
е						
. 2	Capital gain net income of		also enter in Pa , enter -0- in Pa		2	
3	If gain, also enter in Parl	in or (loss) as defined in sections t I, line 8, column (c). See instru	ictions. If (loss)	, enter -0- in }		
					3	
Part		der Section 4940(e) for Red				
(For o	ptional use by domestic pr	rivate foundations subject to the	section 4940(a)	tax on net invest	(ment income.)	
If sect	ion 4940(d)(2) applies, leav	ve this part blank.		•		,
		e section 4942 tax on the distribu qualify under section 4940(e). Do			base period?	☐ Yes ☐ No
1	· ·	ount in each column for each ye			aking any entries.	
<u> </u>	(a)	(b)		(c)		(d)
Cale	Base period years andar year (or tax year beginning it	Adjusted qualifying distribution	ns Net value o	f noncharitable-use a		tribution ratio divided by col. (c))
	2016					
	2015					
	2014		s	-, -, -, -, -, -, -, -, -, -, -, -, -, -		
	2013			· ••••••••••••••••••••••••••••••••••••		
	2012					
					1 _ 1	
2	Total of line 1, column (d				. 2	
3		for the 5-year base period—difoundation has been in existence				,
	Followskip a make colonic of man	anhadahla wan annata fan 0017 i	from Dord V line	E	. 4	
4	Enter the net value of not	ncharitable-use assets for 2017	rom Part A, line	J [,]		
5	Multiply line 4 by line 3				- 5	
6	Enter 1% of net investme	ent income (1% of Part I, line 27t	o)		. 6	•
7	Add lines 5 and 6				. 7	
8	Enter qualifying distributi	ions from Part XII, line 4	n Part VI, line 1b		that part using a	1% tax rate. See the
	Part VI instructions	, , , , , , , , , , , , , , , , ,				

Part		instr	uctio	18)		
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)					
b						
•	here ▶ □ and enter 1% of Part I, line 27b					
С.	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		,			
3	Add lines 1 and 2					
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)					
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 5					
6	Credits/Payments:					
a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a					
b	Exempt foreign organizations—tax withheld at source 6b					
С	Tax paid with application for extension of time to file (Form 8868) . 6c			1		
ď	Backup withholding erroneously withheld			, ~ '		
7	Total credits and payments. Add lines 6a through 6d					
8		· -	,			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed					
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶ 10 Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ Refunded ▶ 11		-			
	Enter the amount of line 10 to be: Credited to 2018 estimated tax ► Refunded ► 11 VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No		
	participate or intervene in any political campaign?	1a	103	4		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	10	 ,			
_	instructions for the definition	1Ь	1	4		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities.	Ì		1		
С	Did the foundation file Form 1120-POL for this year?	1c		4		
đ						
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	ļ		,		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$			1		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	-	4		
_	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			i		
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		4		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		4		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		4		
	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 state law remain in the governing instrument?	6	4			
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_	4			
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶			t .		
.	Nevada If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
b				1		
0		8b	4	 1		
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 year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes,"	,	-	\		
	complete Part XIV	6	'	4 2		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	9				
	names and addresses	10		4		
			1			

Par	Statements Regarding Activities (continued)						
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No			
••	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		4			
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	• •		<u> </u>			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		4 .			
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?						
	Website address NONE						
14	7	-833-					
45		451-8					
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		•				
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No			
	over a bank, securities, or other financial account in a foreign country?	16		4			
	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			
та	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 No			,			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a						
	disqualified person?						
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?						
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes 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)?						
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after						
	termination of government service, if terminating within 90 days.)			!			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			i !			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b					
•	Organizations relying on a current notice regarding disaster assistance, check here						
С	were not corrected before the first day of the tax year beginning in 2017?	1c		- <u>-</u>			
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	-,c					
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			1			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and						
	6e, Part XIII) for tax year(s) beginning before 2017?	l					
b	If "Yes," list the years ▶ 20 , 20 , 20 , 20			l			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to]					
	all years listed, answer "No" and attach statement—see instructions.)	2b		4			
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.						
_	▶ 20 , 20 , 20 , 20	ľ					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?						
Ь	If "Yes," did it have excess business holdings in 2017 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		1	1			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of						
	the 10-,:15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			_ j			
	foundation had excess business holdings in 2017.)	3b					
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		4			
р	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4					
		4b		4			

Page	t

Part	VII-B	Statements Regarding Activities	for W	hich Form	4720 I	May Be R	equire	ed (contil	nued)			
5a		the year, did the foundation pay or incur a								<u>د</u>	Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?								}			
		ence the outcome of any specific public		on (see secti	on 495	5); or to ca	arry on,	·	_			,
		ctly or indirectly, any voter registration dri						Yes	⚠ No			,
		vide a grant to an individual for travel, stu-						∐ Yes	◆ No			
		vide a grant to an organization other than					ibea in		□ Na			'
		tion 4945(d)(4)(A)? See instructions		 ahla sciantifi		_	· · ·	Yes	■ No			,
		vide for any purpose other than religious, poses, or for the prevention of cruelty to c				ry, or educ		∏Yes	∏ No			
h	o If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in											
U	Regulat	ions section 53.4945 or in a current notice	e regarding disaster assistance? See instructions					5b				
	-	ations relying on a current notice regarding							▶□			Į
C	-	nswer is "Yes" to question 5a(4), does to					the tax					
	becaus	e it maintained expenditure responsibility	for the	grant?				Yes	□No			
		attach the statement required by Regula										
6a		foundation, during the year, receive any										į,
	•	rsonal benefit contract?						_	_	1 .		J
b		foundation, during the year, pay premium	ns, dire	ctly or indire	ctly, on	a personal	benefi	t contract	? .	6b	 	
* -		to 6b, file Form 8870.		to a probibitor	l toy ob	oltor troposs	tion?	∏Yes	₽ No		}	
		ime during the tax year, was the foundation a " did the foundation receive any proceeds							_	7b	-	,
	VIII	Information About Officers, Direct									ees.	
کنت کے		and Contractors	- , ·				J = ,			,	-,	
1	List all	officers, directors, trustees, and found	ation r	nanagers ar	d their	compens	ation. S	See instr	uctions	•		
		(a) Name and address		e, and average rs per week		mpensation ot paid,		Contribution byee benefit		(e) Expe		
				ed to position	en	ter -0-)	and def	erred compe	ensation	other	allowan	ices
		, 637 Eagle Dr., Incline Village,		e/President		0			0			0
	451-8944		1 hr/w	eek								
		, 637 Eagle Dr., Incline Village,		e/Sec		0			0	-		0
	451 8944	10395 Thomas Creek Rd., Reno, NV	Treas.				 		, .			
89511		10000 I HOHAS CIECK RU., REHU, NY	Truste 0 hr/w	-		0			O			0"
		odhead, 2100 Parkridge,k Circle, Reno,	Truste	 								
NV 89	509		0 hr/w	eek		0			0			0
2		ensation of five highest-paid employee	s (oth	er than tho	se incl	uded on li	ne 1-	see instr	uctions	s). If n	one,	enter
	"NONE				·							
				(b) Title, and a	verage	(-) (-)	A* -	(d) Contrib	benefit	(e) Expe	ense ac	count.
İ	(a) Name a	nd address of each employee paid more than \$50,00	U	hours per v devoted to p		(c) Comper	nsation	plans and compen	deferred		allowar	
MONT				ļ								
NONE				1								
												
												U
				,								
								ļ <u>.</u>				
								İ				
Total	numbor	of other employees paid over \$50,000 .		L		l		<u> </u>				·
ı Vidi	number	or other employees ball over \$50,000 .					· • •		. –			

Pa	t VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emp and Contractors (continued)	loyees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
Tota	Il number of others receiving over \$50,000 for professional services	
Pa	rt IX-A Summary of Direct Charitable Activities	
	st the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1	Sierra Nevada College Tahoe for student scholarships and enhancement of academic programs	\$10,000
2	Incline Village Community Hospital Foundation toward purchase of a portable digital x-ray unit & to retro-fit the hospital's x-ray imaging room with a Digital Wireless Infrastructure Kit.	1,000
3	Tahoe Forest Health System Foudation in support of the Patient & Family Care Program Endowment at the Tahoe	
	Forest Eugene Upshaw CancerCenter (an affiliate of the Univ. of California Davis Cancer Center) in Truckee, CA	350
4	No Bear Hunt Nevada (www.nobearhuntnv.org) for advocating a limitation and eventual end to the Nevada bear hunt	300
	t IX-B Summary of Program-Related Investments (see instructions)	
D	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
•		
2		
3	I other program-related investments. See instructions.	
Tota	II. Add lines 1 through 3	

Form **990-PF** (2017)

Part		ign foun	dations,
	see instructions.)		,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	16. 20 mg/s	v
a	Average monthly fair market value of securities	1a	\$107,638
b	Average of monthly cash balances	1b	13,597
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	121,235
е	Reduction claimed for blockage or other factors reported on lines 1a and	5.00	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	121,235
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see	1]	
	instructions)	4	1,819
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	119.416
6	Minimum investment return. Enter 5% of line 5	6	5.971
Part .	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations, check here ► and do not complete this part.)	oundation	ons
1	Minimum investment return from Part X, line 6	1	5,971
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,971
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	5,971
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,	1	
	line 1	7	5,971
Part	XII Qualifying Distributions (see instructions)	[O No rem]	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	130	
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	\$12,411
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	0
3	Amounts set aside for specific charitable projects that satisfy the:	1.44	
a	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	12,411
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. See instructions	5	. 0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	12,411
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculatin qualifies for the section 4940(e) reduction of tax in those years.	g whethe	er the foundation

Form **990-PF** (2017)

Part	XIII Undistributed Income (see instruct	ions)			
	,	(a)	(b) Years prior to 2016	(c) 2016	(d) 2017
1	Distributable amount for 2017 from Part XI, line 7			20.0	
					\$5,971
2	Undistributed income, if any, as of the end of 2017:			0	
a	Enter amount for 2016 only		0		
b	Total for prior years: 20,20,20		U		
3	Excess distributions carryover, if any, to 2017:				
a	From 2012				
b	1101112010 1 1 1 1 1 1	-	II		
C		21			
d	1101112010				
•	Total of lines 3a through e	36,368			
4	Qualifying distributions for 2017 from Part XII,	30,300			
•	line 4: ▶ \$ 12,411				
а	Applied to 2016, but not more than line 2a .			0	
b	Applied to undistributed income of prior years	•	»^ ; ;	•	· · · · · · · · · · · · · · · · · · ·
-	(Election required—see instructions)		0		
С	Treated as distributions out of corpus (Election				
	required—see instructions)	o			
d	Applied to 2017 distributable amount				5,971
e	Remaining amount distributed out of corpus	6,440			
5	Excess distributions carryover applied to 2017	0			0
·	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	36,368			
a b	Prior years' undistributed income. Subtract				
U	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		······································
е	Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount—see				:
	instructions			, ,	_
				۱ ـ ۱	• •
f	Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2018				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 2012 not				
	applied on line 5 or line 7 (see instructions) .	8,304			
9	Excess distributions carryover to 2018.				
-	Subtract lines 7 and 8 from line 6a	1			'
10	Analysis of line 9:				
а	Excess from 2013 \$1,92	6		<u>'</u>	
b	Excess from 2014	- ∤		;	
c		0			
d		o		,	
e	Excess from 2017 6,44	o			ļ

Part	XIV Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9)	•
1a	If the foundation has received a ruling		· ·			•
	foundation, and the ruling is effective fo		_			
b	Check box to indicate whether the four		operating foundat		ection	(3) or (4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	,	Prior 3 years		(e) Total
	investment return from Part X for	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
_	each year listed					
	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					•
d	Amounts included in line 2c not used directly					
u	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the			·		
	alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets				<i></i>	
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3	<u> </u>	_	/		<u> </u>
_	of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test—enter:			<u> </u>		
•	(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		i			
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from a					
	an exempt organization					
Part	(4) Gross investment income XV Supplementary Information	n (Complete th	io port only if th	o foundation b	od \$5 000 oz	
T at t	any time during the year-			ie iounuation n	au \$5,000 or m	ore in assets at
1	Information Regarding Foundation				** ····	
а	List any managers of the foundation		ted more than 2%	of the total contr	ibutions received	by the foundation
	before the close of any tax year (but o	only if they have co	ntributed more tha	an \$5,000). (See s	ection 507(d)(2).)	•
b	List any managers of the foundation					irge portion of the
	ownership of a partnership or other er	ntity) of which the	roundation has a 1	0% or greater into	erest.	
2	Information Regarding Contribution	Grant Cift Las	n Coholombin of	be Dreamens		·
~	Check here ▶ ☐ if the foundation				organizations and	does not accont
	unsolicited requests for funds. If the fo					
	complete items 2a, b, c, and d. See in		3 , 3 , ,		J	,
а	The name, address, and telephone nu	ımber or email add	ress of the persor	n to whom applica	tions should be ac	ddressed:
Nazir A	A. Ansari,					
	gle Dr. Incline Village, NV 89451-8944					
b	The form in which applications should	be submitted and	I information and r	materials they sho	uld include:	
Appro	priate proposal of a project or needy cau	se.				
C	Any submission deadlines:					
	sals are reviewed at the annual meeting o	of the Foundation, v	vhich is usually hel	d in November or e	arly December	
d	Any restrictions or limitations on aw					titutions, or other
	factors:		-			
Must n	neet the stated objectives of the Foundat	ion (please see atta	chment.)			

Total

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual Recipient Foundation show any relationship to any foundation manager Purpose of grant or status of **Amount** contribution Name and address (home or business) recipient or substantial contributor a Paid during the year Sierra Nevada College, 999 Tahoe Blvd., Incline Village, public for programs & scholarships \$10,000 NV 89451 Incline Village Community Hospital Foundation, 880 public for capital improvement projectsm 1,000 Alder Ave., Incline Village, NV 89451 Tahoe Forest Health System Foundation, 10121 Pine public for cancer center programs 350 Ave., Truckee, CA 96161 NoBearHuntNV.org, P.O. Box 394, Zephyr Cove, NV public for stopping the Nevada bear hunt 300 89448 North Lake Tahoe Community Health Care Auxiliary, public equipment for Incline hospital 250 880 Alder Ave. Incline Villlage NV 89451 Animal Ark,1265 Deer Lodge Rd. Reno, NV 89508 public for care of orphaned bear cubs 200 Catholic Charities of Northern Nevada, 500 E. 4th St. public for feeding & clothing the needy 200 Reno, NV 3a \$12,300 Approved for future payment NONE

3b

	t XVI			rolpaga income	TEvaludad by and	ion 510 510 or 51	AT
nte	r gross	s amounts unless otherwise indicated.	(a) Business code	(b) Amount	(c) Exclusion code	on 512, 513, or 51 (d) Amount	(e) Related or exempt function income (See instructions.)
1	Progr	ram service revenue:					
	a _						
	b						
	c _						
	d _						
	e _						
	f _	· · · · · · · · · · · · · · · · · · ·			ļ		
_		ees and contracts from government agencies					
2		bership dues and assessments					
3		st on savings and temporary cash investments			-		.
4		ends and interest from securities					ļ
5		ental income or (loss) from real estate:			 		
	a D	ebt-financed property	, ,			. ز د	
			-	,		· 3 3 ;	10 100
6		ental income or (loss) from personal property r investment income					
7		or (loss) from sales of assets other than inventory					
8 9		ncome or (loss) from special events					
10		s profit or (loss) from sales of inventory					
11							
• •	b				 		
							
	ے ۔ د			-		<u>-</u>	
	<u> </u>				+		
12	Subt	otal. Add columns (b), (d), and (e)			·		
12	Total	I. Add line 12, columns (b), (d), and (e)	L	<u> </u>		13	<u> </u>
		sheet in line 13 instructions to verify calculation					
		-B Relationship of Activities to the A		ent of Exemp	t Purposes		
Lin	e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt pur				-A contributed oses). (See instru	importantly to the actions.)
				····			
		· · · · · · · · · · · · · · · · · · ·					
		-		-			

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			-				
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							· · · · · · · · · · · · · · · · · · ·

		Organizati	ons									
1	in s			engage in any of the 1 501(c)(3) organization							Yes	No
а	Tran	sfers from the rep	-	o a noncharitable exe	mpt organization	of:						
	• •	Cash						• •		1a(1)		4
_		Other assets .								1a(2)		4
D		er transactions:								1		
			a noncharitable exe							1b(1)		4
				able exempt organizat					• •	1b(2)		_4
				er assets			• •		• •	1b(3)		4
								• •	• •	1b(4)	_	4
		oans or loan gua					• •		• •	1b(5)	_	4
_				hip or fundraising solid					• •	1b(6)	\vdash	4
C				sts, other assets, or p						1c	لبا	4
d	IT THE	e answer to any	of the above is "Ye	s," complete the follo	wing schedule.	Column (b)	shoul	d alw	ays sho	ow the	fair m	arket
	value	e or the goods, o	on of sharing arrang	ices given by the repo rement, show in colum	orting foundation	. If the found	ation	rece	vea les	ss than	tair m	arket
(a) Line		(b) Amount involved		haritable exempt organization		nption of transfe	_					_
(a) Line	, 110.	(b) Anodit atvoived	(c) Name of Hone	nantable exempt organization	ii (u) Desci	ipuon oi uaisie	ns, ua	Saction	is, and si	taring am	angeme	ents
		· · · · · · · · · · · · · · · · · · ·										
	-					 						
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	desc	ribed in section 5	ectly or indirectly af 501(c) (other than se following schedule	filiated with, or related action 501(c)(3)) or in section 501(c)(3))	d to, one or mo ection 527? .	re tax-exem	pt org	ganiza		☐ Yes		No
		(a) Name of organ	zation	(b) Type of orga	enization		(c) Des	scription	n of relati	onship		
				-		•	-					
			-							•		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.							edge and l	belief, it	ıs true,		
Sign Here		Mary C	aration of preparer tother th	an taxpayer) is based on all inf	easurer/Trustee May the II with the pu				preparer s	hown b	elow?	
	Sigr	nature of officer or trus		Date	Title						[
Paid		Print/Type preparer	's name	Preparer's signature		Date			i 🔲 if	PTIN		
Prepa	arer		-	<u> </u>		<u> </u>		self-e	nployed			
Jse (Firm's name ► Firm's EIN ►										
		Firm's address ▶ Phone no.										

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

Nazir and Mary Ansari Foundation 88-0501697 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
Nazir and Mary Ansari Foundation

Employer identification number 88-0501697

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
	Nazir and Mary Ansari 637 Eagle Drive Incline Village, NV 89451-8844	\$15,000	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person					
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					

THE NAZIR AND MARY ANSARI FOUNDATION

A charitable foundation seeking to improve people's lives through support of human services, education, the arts and culture in northern Nevada

Nazir A. Ansari, President Mary B. Ansari, Secretary-Treasurer Mark J. Elston, Trustee Matthew E. Woodhead, Trustee

ATTACHMENT TO 990 PF FOR 2017

PART I, Line 18: \$1 Canadian taxes paid on Yamana Gold, Inc. stock.

PART I, Line 23 Other Expenses: paid the Nevada Secretary of State \$110 for filing fee of \$50 plus address change of \$60.

PART II, Line 10b, Investments:

	Book Value	Fair Market Value
700.31 shares Zions Bancorp (NASDAQ)	\$ 63,636	\$ 35,708
235 shares Yamana Gold Inc. (NYSE)	3,235	.736
970 shares Comcast Corp, CL A New (NYSE)	<u>27,239</u>	<u>78.026</u>
TOTAL	\$94,110	\$114,470

PART XV, Line 2(b) and (d)

- (b) Charitable organizations should include current financial statements with their proposals.
- (d) Preference is given to northwestern Nevada and northeastern California residents and charitable organizations. Grants are made for educational, scientific and charitable purposes.