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Form	J	J	U

## \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

ΑF	or the	2021 calendar year, or tax year beginning and	ending		
B C	heck if pplicable:	C Name of organization		D Employer identifie	cation number
	Address change	Community Foundation of Northern Nevad	la		
X	Name change	Doing business as	-	88-03701	79
	Initial return		Room/suite	E Telephone number	
	Final return/	50 Washington St Ste 300		775-333-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	59,536,488.
	Amende return			H(a) Is this a group re	
	Applica tion			for subordinates	
	pending	same as C above		H(b) Are all subordinates in	
ΙT	ax-exe	npt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1)	or 527	1	list. See instructions
		x ► NevadaFund.org		H(c) Group exemptio	
		organization: 🔀 Corporation Trust Association Other 🕨	L Year		State of legal domicile: NV
		Summary			<u> </u>
	1 E	Briefly describe the organization's mission or most significant activities: Stre	ngthen	community h	by leading
Activities & Governance		nitiatives & community engagement activi			
nar		Check this box I if the organization discontinued its operations or dispos			
ver	3 1			3	22
ő		lumber of independent voting members of the governing body (Part VI, line 1b)			22
s&		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			13
itie		otal number of volunteers (estimate if necessary)			26
ctiv		otal unrelated business revenue from Part VIII, column (C), line 12			168,528.
Ă		let unrelated business taxable income from Form 990-T, Part I, line 11			57,200.
				Prior Year	Current Year
•	8 (	Contributions and grants (Part VIII, line 1h)		9,563,265.	16,926,824.
nue		Program service revenue (Part VIII, line 2g)		770,872.	878,274.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,225,101.	5,939,935.
ñ	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		335,467.	284,735.
	<b>12</b> T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,894,705.	24,029,768.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,128,287.	12,874,515.
	<b>1</b> 4 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ş	<b>15</b> S	Calaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		994,320.	969,361.
nse	<b>16</b> a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		otal fundraising expenses (Part IX, column (D), line 25) 🕨230,02	15.		
Û	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		954,207.	
	<b>18</b> T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,076,814.	16,012,916.
	<b>19</b> F	Revenue less expenses. Subtract line 18 from line 12		817,891.	8,016,852.
Net Assets or Fund Balances				ginning of Current Year	End of Year
sets alan	<b>20</b> T	otal assets (Part X, line 16)	1	27,209,186.	144,978,607.
t As d Bi	<b>21</b> T	otal liabilities (Part X, line 26)		10,526,844.	14,392,473.
Eun	<b>22</b> N	let assets or fund balances. Subtract line 21 from line 20	1	16,682,342.	130,586,134.
Pa	nt II	Signature Block			
Unde	er penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is
true,	correct	and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sigr	ו ו	Signature of officer		Date	
		N Eston Dunkelberger Bregident and CEO			

Here	Eaton Dunkelberger, President and CEO											
	Type or print name and title											
	Print/Type preparer's name	Date	Check	PTIN								
Paid	Deb Nelson, CPA	Deb Nelson, CPA	11/15/	/22	P0126475	8						
Preparer	Firm's name ► Eide Bailly LLP Firm's EIN ► 45											
Use Only	Firm's address 💊 800 Nicollet Mal	1, Ste. 1300		-								
	Minneapolis, MN	55402-7033		Phone no. $612 -$	253-6500							
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes	No						
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.			Form <b>990</b> (	2021)						

	990 (2021) Community Foundation of Northern Nevada 88-0370179 Page 2 t III Statement of Program Service Accomplishments
Fa	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: To strengthen our community through philanthropy and leadership by
	connecting people who care with causes that matter.
	connecting people who care with causes that matter.
	Did the organization undertake any significant program services during the year which were not listed on the
2	
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(code:) (Expenses \$14,835,486. including grants of \$12,874,515. ) (Revenue \$878,274. )
	The Community Foundation of Northern Nevada strengthens the northern
	Nevada region by encouraging philanthropy in the form of: donor advised
	funds that make grants to local charities, scholarship funds,
	endowments for charitable organizations, and charitable bequests to
	benefit our communities.
4b	(Code:) (Expenses \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ ) Total program service expenses ▶ 14,835,486.

Form 990 (202		Foundation	of	Northern	Nevada
Part IV C	hecklist of Required Schedu	ules			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
ь	Part VI	<u>11a</u>	<u> </u>	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446	х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		х
20-	complete Schedule G, Part III	19 202		X
20а ь	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		- 23
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	х	
		<u> </u>		

Form 990 (2021)

 Form 990 (2021)
 Community Foundation of Northern Nevada

 Part IV
 Checklist of Required Schedules (continued)

	(continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		105	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			77
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
20	"Yes, " complete Schedule L, Part IV	28c 29	Х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	<u>_</u>	
30		30		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization requirate, terminate, or dissolve and cease operations? <i>If Yes, complete Schedule N, Part 1</i>	- 51		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1
De	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 23			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	Х	I

(gambling) winnings to prize winners?

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)											
				Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,											
	filed for the calendar year ending with or within the year covered by this return	2a 13		х								
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?											
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	•		х								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?											
b	JIF "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O											
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a		X							
b	If "Yes," enter the name of the foreign country											
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ion?	5b		X							
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c									
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the											
	any contributions that were not tax deductible as charitable contributions?		6a		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributio	ns or gifts										
	were not tax deductible?		6b									
7	Organizations that may receive deductible contributions under section 170(c).											
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices provided to the payor?	7a	Х								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х								
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required										
	to file Form 8282?		7c		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		Х							
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	on file a Form 1098-C?	7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the										
	sponsoring organization have excess business holdings at any time during the year?		8		Х							
9	Sponsoring organizations maintaining donor advised funds.											
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		Х							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		X							
10	Section 501(c)(7) organizations. Enter:											
а	Initiation fees and capital contributions included on Part VIII, line 12	10a										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b										
11	Section 501(c)(12) organizations. Enter:											
а	Gross income from members or shareholders	11a										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)	11b										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
а	Is the organization licensed to issue qualified health plans in more than one state?		13a									
	Note: See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the											
	organization is licensed to issue qualified health plans	13b										
с	Enter the amount of reserves on hand	13c										
14a			14a		X							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	0	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration											
	excess parachute payment(s) during the year?		15		X							
	If "Yes," see the instructions and file Form 4720, Schedule N.											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X							
	If "Yes," complete Form 4720, Schedule O.											
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	ny										
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17									
	If "Yes." complete Form 6069.											

	990 (2021) Community Foundation of Northern Nevada 88-0370		Pa	age <b>6</b>
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
0	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year 1a 22			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent 1b 22			
-	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	•		x
~	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	х	- 23
4 5		4 5	- 23	x
6	Did the evenesization have merchan as the laboration of the second s	6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			- 23
74		7a		x
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		
D D		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
	The governing body?	8a	х	
		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(mis dection b requests information about policies not required by the internal revenue dode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
~~	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records Eaton Dunkelberger - 775-333-5499			
	50 Washington St, Ste 300, Reno, NV 89503			

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Form 990 (2												
Part VII	t VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated											
	Employees, and Independent Contractors											
	Check if Schedule O contains a response or note to any line in this Part VII											
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											
1a Comple	<b>1a</b> Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.											

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Name and title         Average hours per veck         Description model         Peoptable compension from pression model         Peoptable compension from organization from sector and sector vecks pression         Estimated aumound of other organization           (1)         Chris Askin         40.00         X         168,539         0.         11,848.           (2)         David Brokenski         40.00         X         168,539         0.         11,848.           (2)         David Brokenski         40.00         X         86,856         0.         5,000.           (3)         Meliasa Techange         40.00         X         X         0.         0.           (4)         Reprint Person         0.00         X         X         0.         0.         0.           (3)         Meliasa Techange         40.00         X         X         0.         0.         0.           (4)         Reprint Person         2.00         X         X         0.         0.         0.           (5)         Store Carrick/Chair (thru         2.00         X         X         0.         0.         0.           (1)         Transited and the carrick/Chair (thru         2.00         X         0.         0.         0. <tr< th=""><th>(A)</th><th>(B)</th><th></th><th></th><th>(0</th><th>C)</th><th></th><th></th><th>(D)</th><th>(E)</th><th>(F)</th></tr<>	(A)	(B)			(0	C)			(D)	(E)	(F)
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June)/Trustee (as of July)         0.00         X         X         0. <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>											
(12) Gail Humphreys       2.00       X       0.00       0.00       0.00         Trustee       0.000       X       0.00       0.00       0.00       0.00         Trustee       0.000       X       0.00       0.00       0.00       0.00         (14) Cary Lurie       2.00       0.00       X       0.00       0.00       0.00         Trustee       0.000       X       0.00       0.00       0.00       0.00       0.00         (15) Susanne Pennington       2.00       0.00       X       0.00       0.00       0.00         Trustee       0.000       X       0.00       0.00       0.00       0.00       0.00         Trustee       0.000       X       0.00       0.00       0.00       0.00       0.00         Trustee       0.000       X       0.00       0	June)/Trustee (as of July)		x		х				0.	0.	0.
Trustee       1.00       X       0.       0.       0.       0.         (13) Craig King       2.00       0.000       X       0.       0.       0.       0.         Trustee       0.000       X       0.       0.       0.       0.       0.         (14) Cary Lurie       2.00       X       0.       0.       0.       0.       0.         Trustee       0.000       X       0.       0.       0.       0.       0.         (15) Susanne Pennington       2.00       X       0.       0.       0.       0.       0.         Trustee       0.000       X       0.       0.       0.       0.       0.         (16) Alicia Reban       2.00       X       0.       0.       0.       0.       0.         Trustee       0.000       X       0.       0.       0.       0.       0.         (17) Beth Schuler       2.00       X       0.       0.       0.       0.       0.         Trustee       0.000       X       0.       0.       0.       0.       0.	(12) Gail Humphreys										
Trustee       0.00       X       0.       0.       0.       0.         (14) Cary Lurie       2.00       X       0.       0.       0.       0.         Trustee       0.000       X       0.       0.       0.       0.         (15) Susanne Pennington       2.00       X       0.       0.       0.         Trustee       0.000       X       0.       0.       0.         (16) Alicia Reban       2.00       X       0.       0.       0.         Trustee       0.000       X       0.       0.       0.         (17) Beth Schuler       2.00       X       0.       0.       0.         Trustee       0.000       X       0.       0.       0.	Trustee		х						0.	0.	0.
(14) Cary Lurie       2.00       0.00       0.00       0.00       0.00         Trustee       0.000       X       0.00       0.00       0.00       0.00         (15) Susanne Pennington       2.00       X       0.00       0.00       0.00       0.00         Trustee       0.000       X       0.00       0.00       0.00       0.00       0.00         (16) Alicia Reban       2.00       X       0.00       0.00       0.00       0.00       0.00         Trustee       0.000       X       0.00       0.00       0.00       0.00       0.00       0.00         Trustee       0.000       X       0.00       0.00       0.00       0.00       0.00	(13) Craig King	2.00									
Trustee       0.00       X       0.       0.       0.       0.         (15) Susanne Pennington       2.00       X       0.       0.       0.       0.         Trustee       0.00       X       0.       0.       0.       0.       0.         (16) Alicia Reban       2.00        0.       0.       0.       0.       0.         Trustee       0.000       X       0.       0.       0.       0.       0.         (17) Beth Schuler       2.00        0.       0.       0.       0.       0.         Trustee       0.000       X       0.       0.       0.       0.       0.	Trustee		Х						0.	0.	0.
(15) Susanne Pennington       2.00       X       0.00       0.00       0.00         Trustee       0.000       X       0.00       0.00       0.00       0.00         (16) Alicia Reban       2.00       0.000       X       0.00       0.00       0.00         Trustee       0.000       X       0.00       0.00       0.00       0.00         (17) Beth Schuler       2.00       0.000       X       0.00       0.00       0.00	(14) Cary Lurie	2.00									
Trustee         0.00         X         0.         <			Х						0.	0.	0.
(16) Alicia Reban       2.00       0.00 X       0.00.00.00         Trustee       0.00 X       0.00.00.00       0.00.00         (17) Beth Schuler       2.00       0.00.00       0.00.00         Trustee       0.000 X       0.00.00.00       0.00.00	(15) Susanne Pennington										
Trustee         0.00 X         0.	Trustee		Х						0.	0.	0.
(17) Beth Schuler         2.00         X         0.00         X         0.00	(16) Alicia Reban										
Trustee 0.00 X 0. 0. 0.			Х						0.	0.	0.
									_		_
	Trustee	0.00	Х						0.	0.	

	y Founda	ti	on	. 0	f	No	rt	hern Nevada	88-03	370	179	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employe	es (continued)			
(A)	(B)			(0				(D)	(E)		(F	=)
Name and title	Average	(-1-		Posi	ition			Reportable	Reportable		Estim	
	hours per					than o s both		compensation	compensatio	n	amou	int of
	week	offi	cer an	id a di	irecto	or/trus	tee)	from	from related		oth	ner
	(list any	ector						the	organization	s	comper	nsation
	hours for	r dire				ted		organization	(W-2/1099-MIS	6C/	from	i the
	related	stee c	ruster			ensa		(W-2/1099-MISC/	1099-NEC)		organi	
	organizations	al tru:	onal t		loyee	comp		1099-NEC)			and re	
	below line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				organiz	zations
(18) Lilli Trinchero	2.00	Ē	<u>n</u>	Of	Ke	Ξē	ß					
Trustee	0.00	x						0.		0.		0.
(19) Bonnie Drinkwater	2.00	^						0.		0.		0.
Trustee	0.00	x						0.		0.		0.
	2.00	^						0.		0.		0.
(20) Edward Estipona		v						0				0
Trustee	0.00	Х						0.		0.		0.
(21) DongJoon Lee	2.00											0
Trustee	0.00	Х						0.		0.		0.
(22) Bonnie Read	2.00											•
Trustee	0.00	X						0.		0.		0.
(23) Cheri Hill	2.00											•
Trustee (as of July)	0.00	Х						0.		0.		0.
(24) Jill Bechtel	2.00											•
Trustee (as of July)	0.00	Х						0.		0.		0.
(25) Dan Lofrese	2.00											•
Trustee (as of July)	0.00	х						0.		0.		0.
(26) Dan Ahearn	2.00											
Trustee (thru April)	0.00	Х						0.		0.		0.
1b Subtotal								295,811.		0.	18,	551.
c Total from continuation sheets to Part VI	, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								295,811.		0.	18,	551.
2 Total number of individuals (including but n	ot limited <mark>to</mark> th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100	,000 of reportable	)		
compensation from the organization		_										1
										ſ	Ye	es No
3 Did the organization list any former officer,	director, trust	ee, k	key e	empl	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual										3	<u> </u>
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	er compensation from	he organization			
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	Jf	or such individual			4 X	<u> </u>
5 Did any person listed on line 1a receive or a	iccrue comper	isati	on fr	om a	any	unre	late	ed organization or indivi	dual for services			
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich r	oers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	's th	nat received more than	\$100,000 of comp	ensat	ion from	
the organization. Report compensation for	the calendar ye	ear e	ndin	ng wi	ith c	or wi	thin	the organization's tax y	vear.			
(A)								(B)			(C)	
Name and business	address	NC	ONE	2				Description of	services	С	ompensa	ation
2 Total number of independent contractors (in	ncluding but no	ot lin	nitec	t to t	thos	se lis	ted	above) who received m	ore than			
\$100,000 of compensation from the organiz	•				0	)						

Part VII       Section A. Officers, Directors, Trust         (A)       Name and title         Name and title       0         27) Andrew Harris       0         rustee (thru June)       0         28) Janice Rude-Wilson       0         custee (thru June)       0         29) Sy Johnson       0         rustee (thru June)       0         29) Sy Johnson       0         rustee (thru June)       0	tees, Key En (B) Average hours per week (list any hours for related organizations below line) 2.00 0.00 2.00 1.00 2.00 0.00	stee or director		<b>(C</b> Posi	<b>C)</b> ition			Compensated Employ (D) Reportable compensation from the organization (W-2/1099-MISC)	ees (continued) (E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Name and title 0 27) Andrew Harris rustee (thru June) 28) Janice Rude-Wilson rustee (thru June) 29) Sy Johnson	Average hours per week (list any hours for related organizations below line) 2.00 0.00 2.00 1.00 2.00	X Individual trustee or director	heck	Posi all t	ition that	appl		Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the organization and related
0 27) Andrew Harris rustee (thru June) 28) Janice Rude-Wilson rustee (thru June) 29) Sy Johnson	hours per week (list any hours for related organizations below line) 2.00 0.00 2.00 1.00 2.00	X Individual trustee or director	heck	all t	that	appl		compensation from the organization	compensation from related organizations	amount of other compensation from the organization and related
27) Andrew Harris rustee (thru June) 28) Janice Rude-Wilson rustee (thru June) 29) Sy Johnson	per week (list any hours for related organizations below line) 2.00 0.00 2.00 1.00 2.00	X Individual trustee or director						from the organization	from related organizations	other compensation from the organization and related
27) Andrew Harris rustee (thru June) 28) Janice Rude-Wilson rustee (thru June) 29) Sy Johnson	week (list any hours for related organizations below line) 2.00 0.00 2.00 1.00 2.00	x x	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related
27) Andrew Harris rustee (thru June) 28) Janice Rude-Wilson rustee (thru June) 29) Sy Johnson	(list any hours for related organizations below line) 2.00 0.00 2.00 1.00 2.00	x x	Institutional trustee	Officer	Key employee	Highest compensated employe	Former	organization		from the organization and related
27) Andrew Harris rustee (thru June) 28) Janice Rude-Wilson rustee (thru June) 29) Sy Johnson	hours for related organizations below line) 2.00 0.00 2.00 1.00 2.00	x x	Institutional trustee	Officer	Key employee	Highest compensated em	Former	, s		organization and related
27) Andrew Harris rustee (thru June) 28) Janice Rude-Wilson rustee (thru June) 29) Sy Johnson	related organizations below line) 2.00 0.00 2.00 1.00 2.00	x x	Institutional trustee	Officer	Key employee	Highest compensate	Former	(		and related
27) Andrew Harris rustee (thru June) 28) Janice Rude-Wilson rustee (thru June) 29) Sy Johnson	below line) 2.00 0.00 2.00 1.00 2.00	x x	Institutional tru	Officer	Key em ployee	Highest com pe	Former			organizations
27) Andrew Harris rustee (thru June) 28) Janice Rude-Wilson rustee (thru June) 29) Sy Johnson	below line) 2.00 0.00 2.00 1.00 2.00	x x	Institution	Officer	Key emplo	Highest co	Former			
rustee (thru June) 28) Janice Rude-Wilson rustee (thru June) 29) Sy Johnson	2.00 0.00 2.00 1.00 2.00	x x	Insti	Offic	Key	High	Form			
rustee (thru June) 28) Janice Rude-Wilson rustee (thru June) 29) Sy Johnson	0.00 2.00 1.00 2.00	x								
28) Janice Rude-Wilson custee (thru June) 29) Sy Johnson	0.00 2.00 1.00 2.00	x								
custee (thru June) 29) Sy Johnson	2.00 1.00 2.00	x						0.	0.	0
custee (thru June) 29) Sy Johnson	1.00 2.00								••	
29) Sy Johnson	2.00							0.	0.	0
		x						0.	0.	0
	0.00							0.	0.	0
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n in Lit										
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Γ		1								
F		1								
F		1								
		1	1		1					
otal to Part VII, Section A, line 1c										

	<u>1 990 (</u> rt VII			Coundation	of Northern	n Nevada	88-0370	179 Page <b>9</b>
Ia		Check if Schedule O		anso or noto to any lin	o in this Part VIII			
			contains a respo	onse of note to any in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
s s	1 a	Federated campaigns	1a					
ran	b	•• • • • •	1b					
۵ ۵	с	Fundraising events						
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d					
s, G	е	Government grants (contr	ributions) <b>1e</b>	432,950.				
rtion S	f	All other contributions, gifts,	grants, and					
ibu the		similar amounts not included		16,493,874.				
ontr	g	Noncash contributions included in						
<u>ਹ ਸ</u>	h	Total. Add lines 1a-1f			16,926,824.			
				Business Code	<u> </u>	<u> </u>		
ice	2 a			900099	682,687.	682,687.		
ue v	b							
n S /eD	с							
Program Service Revenue	d							
Jroj	e	All other presson convice	****	900099	195,587.	195,587.		
-	f	All other program service <b>Total.</b> Add lines 2a-2f			878,274.	199,007.		
	3	Investment income (includ						
	Ŭ	other similar amounts)			3,271,456.	C	168,528.	3102928.
	4	Income from investment of						
	5	Royalties	=					
		,	(i) Rea					
	6 a	Gross rents	<b>6</b> a 340,	276.				
	b	Less: rental expenses	<b>6</b> b 55,	541.				
	C	Rental income or (loss)	6c 284,	735.				
	d	Net rental income or (loss			284,735.			284,735.
	7 a	Gross amount from sales of	(i) Securi					
		assets other than inventory	<b>7a</b> <sup>38</sup> , <sup>119</sup> ,	658.				
	b	Less: cost or other basis						
venue		and sales expenses	<b>7b</b> 35,451,3					
		Gain or (loss)	7c 2,668,		2 669 470			2669470
Other Re		Net gain or (loss)		······	2,668,479.			2668479.
the	8 a	Gross income from fundraisi	<b>e</b> (					
0		including \$ contributions reported on	of					
		Part IV, line 18	,	8a				
	b							
	c	Net income or (loss) from						
	9 a	Gross income from gamin						
		Part IV, line 19	-					
	b	Less: direct expenses						
		Net income or (loss) from						
	10 a	Gross sales of inventory, I	less returns					
		and allowances		10a				
	b	Less: cost of goods sold		10b				
	С	Net income or (loss) from	sales of invento					
Ś				Business Code				
eou	11 a							
llan.	b							
Miscellaneous Revenue	c							
Mis	a	All other revenue						
		Total. Add lines 11a-11d			24,029,768.	878,274.	168,528.	6056142.
	12	Total revenue. See instruction	UIID	🚩	I 21,027,100.	1 0,0,2,4.	1 100,520.	1 0000172.

#### Form 990 (2021) Community Foundation of Northern Nevada 88-0370179 Page 10 Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

0000	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respor		this Part IX	(0)	
	not include amounts reported on lines 6b,	<b>(A)</b> Total expenses	( <b>D</b> ) Program service	Management and	<b>(D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	12,131,524.	12,131,524.		
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22	710,991.	710,991.		
•		110,001.	110,551.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	20.000	20.000		
	individuals. See Part IV, lines 15 and 16	32,000.	32,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	314,362.	125,745.	125,745.	62,872.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
-		489,694.	195,878.	195,878.	97,938.
7	Other salaries and wages	403,034.	-010,CCT	19 <b>3,</b> 070.	51,550.
8	Pension plan accruals and contributions (include		12 200	12 200	C C 1
	section 401(k) and 403(b) employer contributions)	33,451.	13,380.	13,380.	<u>6,691.</u> 13,369.
9	Other employee benefits	66,841.	26,736.	26,736.	
10	Payroll taxes	65,013.	26,005.	26,005.	13,003.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	578.		578.	
		83,509.		83,509.	
	Accounting	05,505.		05,505.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	264 026		264 026	
f	Investment management fees	364,836.		364,836.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	38,461.		38,461.	
12	Advertising and promotion	24,216.	24,216.		
13	Office expenses	25,432.	10,173.	10,173.	5,086.
14	Information technology	65,762.	26,305.	26,305.	13,152.
15	Royalties				· · ·
16		61,005.	24,402.	24,402.	12,201.
		2,378.	2,378.	24,4020	12,2010
17	Travel	2,570.	2,570.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\dots$				
19	Conferences, conventions, and meetings	7,499.	7,499.		
20	Interest	15,318.	6,127.	6,127.	3,064.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,439.	976.	976.	487.
23	Insurance	10,759.	4,303.	4,304.	2,152.
24	Other expenses. Itemize expenses not covered	- ,	,	,	, -
27	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	1 / 22 (52	1 422 652		
а	Direct Fund Expenses	1,432,652.	1,432,652.		
b	Initiative expenses	2,580.	2,580.		
с					
d					
е	All other expenses	31,616.	31,616.		
25	Total functional expenses. Add lines 1 through 24e	16,012,916.	14,835,486.	947,415.	230,015.
26	Joint costs. Complete this line only if the organization	.,,	, , , , , , , , , , , , , , , , , , , ,		,
20					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Earm <b>990</b> (2021)

33

Total liabilities and net assets/fund balances

2021) Community Foundation of Nort	hern Nevada							
Balance Sheet								
Check if Schedule O contains a response or note to any line in this Part X								
	<b>(A)</b> Beginning of year							
Cash - non-interest-bearing								
Savings and temporary cash investments	11,609,18							
Pledges and grants receivable, net	1,060,50							
Accounts receivable, net								

					Beginning of year		End of your
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			11,609,182.	2	14,237,105.
	3	Pledges and grants receivable, net			1,060,506.	3	9,177,488.
	4				, , ,	4	· · ·
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
	ľ	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net				7	
iets	8					8	
Assets		Inventories for sale or use			38,886.	-	44,280.
	9				50,000	9	44,2000
	IUa	Land, buildings, and equipment: cost or other	10-	5 922 607			
		basis. Complete Part VI of Schedule D	10a	<u> </u>	4,662,607.	10-	4,711,366.
					69,088,899	10c	100,506,971.
	11	Investments - publicly traded securities			21,738,782	11	13,243,821.
	12	Investments - other securities. See Part IV, line 1			1,057,834	12	860,000.
	13	Investments - program-related. See Part IV, line 1			1,057,054		000,000.
	14	Intangible assets			17,952,490.	14	2,197,576.
	15	Other assets. See Part IV, line 11			127,209,186	15	144,978,607.
	16	Total assets. Add lines 1 through 15 (must equa			84,679.	16	94,839.
	17	Accounts payable and accrued expenses			3,550,627.	17	5,108,939.
	18	Grants payable			5,550,027	19	5,100,555.
	19 20	Deferred revenue Tax-exempt bond liabilities		20			
	20	Escrow or custodial account liability. Complete F	f Schedule D		21		
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
bili		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela			2,000,000.		2,000,000.
	24	Unsecured notes and loans payable to unrelated				24	, ,
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D			4,891,538.	25	7,188,695.
	26	Total liabilities. Add lines 17 through 25			4,891,538. 10,526,844.	26	7,188,695. 14,392,473.
		Organizations that follow FASB ASC 958, che	ck here	► X			
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			35,889,675.	27	50,146,809.
Bal	28				80,792,667.		80,439,325.
pu		Organizations that do not follow FASB ASC 9					
Net Assets or Fund Balanc		and complete lines 29 through 33.					
° or	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ast	31	Retained earnings, endowment, accumulated inc				31	
Vet	32	Total net assets or fund balances			116,682,342.	32	130,586,134.
~	22	Total liabilitian and not aparts/fund balances	127 209 186	22	144 978 607		

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**(B)** End of year

144,978,607. Form **990** (2021)

127,209,186. 33

Form 990 (20) Part X B

Form	990 (2021) Community Foundation of Northern Nevada	<u>88-</u> 0	370179	Pac	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,029		
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,012		
3	Revenue less expenses. Subtract line 2 from line 1	3	8,010		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	116,682		
5	Net unrealized gains (losses) on investments	5	6,208	3,93	30.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-1,046		
9	Other changes in net assets or fund balances (explain on Schedule O)	9	724	1,04	<u>47.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	130,586	5,13	34.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			77	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		.,	1
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			37
	Act and OMB Circular A-133?		<u>3a</u>		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2021)

SCHEDULE A			Dublic Che	rity Status an	4 Dk	slie Cr	unnart		OMB No. 1545-0047		
(Form 9	90)			rity Status an					2021		
				ization is a section 501 47(a)(1) nonexempt cha			or a section		<b>ZUZ I</b>		
	of the Treasury			Attach to Form 990 or F	orm 990-	EZ.			Open to Public		
Internal Reve			Go to www.irs.gov	//Form990 for instruction	ons and th	ne latest in	nformation.		Inspection		
Name of	the organizati		•• -	1			-		identification numbe		
Dort I	Boscon	Comm for Public (	unity Found	dation of Nor	ther	n Neva	ida	8	8-0370179		
Part I				(All organizations must c			ee instruction	IS.			
				For lines 1 through 12, cl							
1				on of churches described		on 170(b)( <sup>-</sup>	I)(A)(i).				
2				Attach Schedule E (Form							
3	•	•		anization described in se			•				
4 📖		-	ation operated in col	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
	city, and state										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II.)										
6 🛄	-		•	nental unit described in			.,				
7 X	-		•	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	ublic described in		
•	-		omplete Part II.)								
	-			(1)(A)(vi). (Complete Parl							
9	•	-	-	in section 170(b)(1)(A)(i		-		-	-		
		or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or		
40	university:			He are 00 <b>1</b> (00/ a f He areas							
10				than 33 1/3% of its supp							
				t to certain exceptions; a							
				(less section 511 tax) fro	m busines	sses acqui	red by the org	janization a	πer June 30, 1975.		
	See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
	-	-									
12	-			vely for the benefit of, to				-			
				d in section 509(a)(1) o					neck the box on		
				f supporting organization				-			
aL				upervised, or controlled							
		0	., .	gularly appoint or elect a	majority c		cors or truste	es or the su	pporting		
<b>"</b>	7 -		complete Part IV, Se		ion with it		d arganizatio	n(a) by bay	ina		
b 🗌			-	or controlled in connect			-		-		
		-		anization vested in the sa	ame perso	ns that co	ntroi or mana	ge the supp	onea		
• [	<b>_</b> _		t complete Part IV,			tionwith	and functional	lly intograto	d with		
c 🗋				g organization operated ). You must complete F				ily integrate	u with,		
a [	- ··	0	()(	, <b>,</b>				tod organi-	ration(a)		
d		-	• · ·	porting organization oper ation generally must sati			• •	· ·	. ,		
			с с	<b>e</b> ,	•		•	an allentiv	eness		
<b>o</b> [	_			nplete Part IV, Sections written determination from							
e				nally integrated supportir			турет, туре	п, туре п			
f Ent	er the number										
		••	about the supporte	d organization(c)							
	(i) Name of supp		(ii) EIN	(iii) Type of organization		anization listed	(v) Amount o	f monetary	(vi) Amount of other		
	organization			(described on lines 1-10	Yes	ing document? No	support (see in	nstructions)	support (see instructions		
				above (see instructions))	100						
					L						
					L						
						1	1		i		

Total

٦

Schedule	A (Form 990) 2021
Part II	Support Sc

# (Form 990) 2021 Community Foundation of Northern Nevada 88-0370179 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	12572864.	13717698.	11185007.	9563265.	16926824.	63965658.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	12572864.	13717698.	11185007.	9563265.	16926824.	63965658.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						10954288.
6	Public support. Subtract line 5 from line 4.						53011370.
	ction B. Total Support						550115701
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	12572864.			9563265		63965658.
8	Gross income from interest,	123720041	13/1/050.	11103007.	5505205.	105200240	
0							
	dividends, payments received on						
	securities loans, rents, royalties,	2694319.	2602888.	2455641.	2039269.	3113201	13235321.
0	and income from similar sources	2094519.	2002000.	2433041.	2039209.	5445204.	13233321.
9	Net income from unrelated business						
	activities, whether or not the				12 200	60 061	01 1/1
	business is regularly carried on				12,280.	68,861.	81,141.
10	Other income. Do not include gain						
	or loss from the sale of capital	200 044	707 010				1102054
	assets (Explain in Part VI.)	396,044.	787,810.				1183854.
	Total support. Add lines 7 through 10						78465974.
	Gross receipts from related activities,	(	,				,588,104.
13	First 5 years. If the Form 990 is for the						. —
~	organization, check this box and stop						
	ction C. Computation of Publi						
	Public support percentage for 2021 (I		•			14	67.56 %
	Public support percentage from 2020					15	60.40 %
<b>16</b> a	<b>33 1/3% support test - 2021.</b> If the o	organization did no	ot check the box o	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	<b>33 1/3% support test - 2020.</b> If the	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			▶∟
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	r <b>e.</b> Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizatio	on qualifies as a pu	Iblicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and <b>st</b>	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a	<u>box on line 13, </u> 16	<u>a, 16b, 17a, or 1</u> 7b	, check this box a	nd see instructions	s <b>&gt;</b>

Schedule A (Form 990) 2021

Schedule A (Form 99						Nevada	88-0370179	Page 3
Part III Support	t Schedule for	Organizations	Described in Se	ctior	n 509(a)(2)			

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				-C		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		IC		0		
~	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
_	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(a) 2017	(0) 2010	(0) 2013	( <b>u)</b> 2020		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
_	check this box and stop here						
	ction C. Computation of Publi	• •				I I	
	Public support percentage for 2021 (I		•	olumn (f))		15	%
	Public support percentage from 2020	(	1			16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage			<u>г г</u>	
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	nn (f), divided by lir	ne 13, column (f))		17	%
	1 5					18	%
19a	33 1/3% support tests - 2021. If the	organization did n	not check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
b	more than 33 1/3%, check this box ar <b>33 1/3% support tests - 2020.</b> If the						►
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	op here. The organ	nization qualifies a	is a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

#### Schedule A (Form 990) 2021 Community Foundation of Northern Nevada 88-0370179 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i>			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	KΓ		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			

income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that th	organization used to satisf	fy the Integral Part Test durir	ng the year (see instructions).
---	--	-----------------------------	---------------------------------	---------------------------------

- a \_\_\_\_ The organization satisfied the Activities Test. *Complete* line 2 *below.*
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a	governmental entity.	Describe in Part VI how	vou supported a governmer	tal entity (see instructions).
---	--	------------------------------	----------------------	-------------------------	---------------------------	--------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

3

2a

2b

3a

Yes No

_	dule A (Form 990) 2021 Community Foundation of			88-0370179 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	(-) -
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	/ integra	ted Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2021

### Community Foundation of Northern Nevada 88-0370179 Page 7

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount	•		
	Carryover from 2016 not applied (see instructions)			
_ <b>i</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018 Excess from 2019			
	Excess from 2019 Excess from 2020			
	Excess from 2020 Excess from 2021			
е				

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021       Community Foundation of Northern Nevada       88-0370179       Page 8         Part VI       Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A, Part II, Line 10, Explanation for Other Income:
Miscellaneous
2017 Amount: \$ 396,044.
2018 Amount: \$ 787,810.
OURF
- OSUNE
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# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*\*

### Schedule of Contributors

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

# 2021

Employer identification number

C	Community Foundation of Northern Nevada	88-0370179
Organization type (check		
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
		IDE
	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both t <mark>he General</mark> Rule and a Special Rul	e. See instructions.
General Rule	nISULU	
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor's	
property) nonn ar	ly one contributor. Complete Parts Fand II. See instructions for determining a contributor s	
Special Rules	C.OF	
	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support t I) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and	
contributor, durir	ng the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amount on (i) Fiz, line 1. Complete Parts I and II.	
For an organizati	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a	any one
	ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, sci	
•	tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e (b) instead of the contributor name and address), II, and III.	ntering
-	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a	•
	ns <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled main r here the total contributions that were received during the year for an <i>exclusively</i> religious	
purpose. Don't c	complete any of the parts unless the General Rule applies to this organization because it	received nonexclusively
religious, charita	ble, etc., contributions totaling \$5,000 or more during the year	▶ \$
-	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo	
	ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, ing requirements of Schedule B (Form 990).	Part I, line 2, to certify
LHA For Paperwork Reduc	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2021)

Schedule B	(Form	990)	(2021	)
	(		(	,

123452 11-11-21

Community Foundation of Northern Nevada

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,009,536.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 432,950.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
۲ ۲	UBLIC DISC	\$ <u>700,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>1,016,307.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,505,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>750,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

88-0370179

Community Foundation of Northern Nevada

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$ <u>1,100,000.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	UBLIC DISC	\$ <u>400,000.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>997,000.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ <u>422,935.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 88 - 0370179

Community Foundation of Northern Nevada

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ <u>600,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$ <u>1,270,000.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>	UBLIC DISC	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
( <mark>a</mark> ) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

88-0370179

	ganzation			
Commur	nity Foundation of Northern Nevada		88-	-0370179
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	Common Stock-Bitcoin			
1		1 000 5	26	
	·	\$ 1,009,5	36.	12/17/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	Real Estate			
2		\$270,0	<u>00.</u>	
(a)				
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
Parti	Common Stock			
4				
D	HBLID OP	\$1,016,3	07.	12/23/21
(a) No.	(b)	(c)		(d)
from	Description of noncash property given	FMV (or estimate (See instructions		Date received
Part I	Real Estate			
8				
		\$1,100,0	00.	03/25/21
(a)		(c)		
No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate (See instructions		(d) Date received
	Real Estate			
9				
		\$400,0	00.	05/01/21
(a)				
No.	(b)	(c) FMV (or estimate	e)	(d)
from Part I	Description of noncash property given	(See instructions		Date received
	Real Estate			
11				
			<u> </u>	06/00/01
		\$997,0	00.	06/09/21

Employer identification number

Schedule B (Form 990) (2021)

123453 11-11-21

(a) No. form Part1       (b) Description of noncash property given       (c) FWV (or estimate) (See instructions)       (d) Date received         14 (a) No. form Part1 (b) Description of noncash property given       (c) FWV (or estimate) (See instructions)       (d) Date received         (a) No. form Part1 (b) Description of noncash property given (c) FWV (or estimate) (See instructions) (d) Date received         (a) No. form Part1 (b) Description of noncash property given (c) FWV (or estimate) (See instructions) (d) Date received         (a) No. form Part1 (b) Description of noncash property given (c) FWV (or estimate) (See instructions) (d) Date received         (a) No. form Part1 (b) Description of noncash property given (c) FWV (or estimate) (See instructions) (d) Date received         (a) No. form Part1 (b) Description of noncash property given (c) FWV (or estimate) (See instructions) (d) Date received         (a) No. form Part1 (b) Description of noncash property given (c) FWV (or estimate) (See instructions) (d) Date received	Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
No. form part 1     (b) Description of noncash property given     FMV (or estimate) (See instructions.)     (c) Date received       14     Real Estate	(2)			
from Part I     Description of noncash property given     FMV (or estimate) (See instructions.)     Data received       14		(1)	(c)	(4)
Part 1     Extension of noncash property given     (See instructions.)     Extention of the contract of the contra			FMV (or estimate)	
14       Real Estate       s       1,270,000.       _12/13/21         (a)       (b)       FWV (or estimate)       (c)       Date received         (a)       (b)       (c)       (c)       (c)       Date received         (a)       (b)       (c)       (c)       (c)       (c)       (c)         (a)       Description of noncash property given       (c)       (c)       (c)       (c)       (c)         (a)       Description of noncash property given       (c)       (c)       (c)       (c)       (c)         (a)       Description of noncash property given       (c)       (c)       (c)       (c)       Date received         (a)       No.       (b)       Description of noncash property given       (c)       (c)       Date received         (a)       No.       (b)       Description of noncash property given       (c)       (c)       Date received         (b)       Description of noncash property given       (c)       FWV (or estimate)       (c)       (c)         (b)       Description of noncash property given       (c)       FWV (or estimate)       (c)       Date received         (a)       No.       (b)       Description of noncash property given       (c)		Description of honcash property given	(See instructions.)	Date received
14		Real Estate		
(a)       s       1,270,000.       12/13/21         (b)       Description of noncash property given       (c)       (d)         No.       (b)       (c)       (d)         No.       (b)       (c)       (d)         No.       (b)       (c)       (d)         No.       (b)       (c)       (d)         No.       Description of noncash property given       (e)       (d)         No.       Description of noncash property given       (e)       (f)         No.       (b)       (c)       (f)       Date received         (a)       No.       (b)       (c)       (f)       Date received         (a)       No.       (b)       (c)       (f)       Date received         (a)       No.       (b)       FMV (or estimate)       (g)       Date received         (a)       No.       (b)       FMV (or estimate)       (g)       Date received         (a)       No.       (b)       FMV (or estimate)       (g)       Date received         (a)       No.       (b)       FMV (or estimate)       (g)       Date received         (a)       No.       (b)       FMV (or estimate)       (g)	14			
(a)     (b)     (c)       No.     (c)     (c)       Part I     (c)     (d)       (a)     (b)     (c)       (b)     (c)     (d)       (c)     (c)     (d)       (a)     (b)     (c)       (b)     (c)     (d)       (c)     (c)     (c)   <				
No. bert1     (c) Description of noncesh property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part1     (c) Description of noncesh property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part1     (b) Description of noncesh property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part1     (b) Description of noncesh property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part1     (b) Description of noncesh property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part1     (b) Description of noncesh property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part1     (b) Description of noncesh property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part1     (b) Description of noncesh property given     (c) FMV (or estimate) (See instructions.)     (d) Date received			\$ 1,270,00	00. 12/13/21
No. bert1     (c) Description of noncesh property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part1     (c) Description of noncesh property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part1     (b) Description of noncesh property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part1     (b) Description of noncesh property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part1     (b) Description of noncesh property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part1     (b) Description of noncesh property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part1     (b) Description of noncesh property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part1     (b) Description of noncesh property given     (c) FMV (or estimate) (See instructions.)     (d) Date received	(1)			
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(a)       (b)       FWV (or estimate)       (c)         Description of noncash property given       S				
(a)       (b)       FWV (or estimate)       (c)         Description of noncash property given       S				
(a)       (b)       FWV (or estimate)       (c)         Description of noncash property given       S				
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(a)       (b)       (c)       (d)         Part 1       Description of noncash property given       (c)       FMV (or estimate)       (d)         Part 1				
(a)       (b)       (c)       (d)         Part 1       Description of noncash property given       (c)       FMV (or estimate)       (d)         Part 1				
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from Part I     Description of noncash property given     FMV (or estimate) (See instructions.)     Date received       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received			(c)	(.))
Part I     Control of noncash property given     (See instructions.)     Control of noncash       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part I     (b) Description of noncash property given     \$			FMV (or estimate)	
(a)       (b)       (c)       (d)         Part I       Description of noncash property given       (c)       (d)         (See instructions.)       Date received       (d)         (a)       (b)       (c)       (c)         (See instructions.)       (c)       (c)       (c)         (See instructions.)       (c)       (c)       (c)         (a)       (b)       (c)       (c)       (c)         (b)       Description of noncash property given       (c)       (c)       (d)         (a)       (b)       Description of noncash property given       (c)       (c)       Date received         (a)       (b)       Description of noncash property given       (c)       FMV (or estimate)       Date received         (b)       Description of noncash property given       (c)       (c)       Date received         (a)       (b)       (c)       (c)       (c)       (c)         (b)       (c)       (c)       (c)       (c)       (c)		Description of noncash property given	(See instructions.)	Date received
(a)       No.       (b)       (c)       (d)         Part I       Description of noncash property given       (see instructions.)       (d)         Date received       (see instructions.)       (d)         (a)       (b)       (b)       (c)       (c)         (a)       (c)       (c)       (c)       (c)         (a)       (b)       (c)       (c)       (d)         (a)       (b)       (c)       (d)       (d)         (a)       (b)       (c)       (d)       (d)         Description of noncash property given       (c)       (d)       (d)         Date received       (See instructions.)       (c)       (c)         FMV (or estimate)       (see instructions.)       (c)       (c)         Image: Comparity of noncash property given       (c)       (c)       (c)         Image: Comparity of noncash property given       (c)       (c)       (c)         Image: Comparity of noncash property given       (c)       (c)       (c)         Image: Comparity of noncash property given       (c)       (c)       (c)         Image: Comparity of noncash property given       (c)       (c)       (c)         Image: Comparity of noncash property				
(a)       No.       (b)       (c)       (d)         Part I       Description of noncash property given       (see instructions.)       (d)         Date received       (see instructions.)       (d)         (a)       (b)       (b)       (c)       (c)         (a)       (c)       (c)       (c)       (c)         (a)       (b)       (c)       (c)       (d)         (a)       (b)       (c)       (d)       (d)         (a)       (b)       (c)       (d)       (d)         Description of noncash property given       (c)       (d)       (d)         Date received       (See instructions.)       (c)       (c)         FMV (or estimate)       (see instructions.)       (c)       (c)         Image: Comparity of noncash property given       (c)       (c)       (c)         Image: Comparity of noncash property given       (c)       (c)       (c)         Image: Comparity of noncash property given       (c)       (c)       (c)         Image: Comparity of noncash property given       (c)       (c)       (c)         Image: Comparity of noncash property given       (c)       (c)       (c)         Image: Comparity of noncash property				
(a)       No.       (b)       (c)       (d)         Part I       Description of noncash property given       (see instructions.)       (d)         Date received       (see instructions.)       (d)         (a)       (b)       (b)       (c)       (c)         (a)       (c)       (c)       (c)       (c)         (a)       (b)       (c)       (c)       (d)         (a)       (b)       (c)       (d)       (d)         (a)       (b)       (c)       (d)       (d)         Description of noncash property given       (c)       (d)       (d)         Date received       (See instructions.)       (c)       (c)         FMV (or estimate)       (see instructions.)       (c)       (c)         Image: Comparity of noncash property given       (c)       (c)       (c)         Image: Comparity of noncash property given       (c)       (c)       (c)         Image: Comparity of noncash property given       (c)       (c)       (c)         Image: Comparity of noncash property given       (c)       (c)       (c)         Image: Comparity of noncash property given       (c)       (c)       (c)         Image: Comparity of noncash property				
No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part I			\$	
No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part I	(a)			
from Part I     Description of noncash property given     FMV (or estimate) (See instructions.)     Date received	No.	(b)		(d)
Part I     (See Instructions.)	from			Data received
(a)       (b)       (c)       (d)         from       Description of noncash property given       (see instructions.)       (d)         Part I	Part I		(See instructions.)	
(a)       (b)       (c)       (d)         from       Description of noncash property given       (see instructions.)       (d)         Part I				
(a)       (b)       (c)       (d)         from       Description of noncash property given       (see instructions.)       (d)         Part I				
(a)       (b)       (c)       (d)         from       Description of noncash property given       (see instructions.)       (d)         Part I			\$	
No.     (b)     (c)     (d)       from     Description of noncash property given     (See instructions.)     Date received				
No.     (b)     FMV (or estimate)     (a)       from     Description of noncash property given     (See instructions.)     Date received			(c)	
Part I [See instructions.) Date received	No.			) (d)
	from	Description of noncash property given		
	Part I			

Employer identification number

Schedule B (Form 990) (2021)

123453 11-11-21

Schedule I	B (Form 990) (2021)		Page <b>4</b>						
	organization		Employer identification number						
Commun	nity Foundation of Nort	hern Nevada	88-0370179						
Part III	Exclusively religious, charitable, etc., contributive from any one contributor. Complete columns ( completing Part III, enter the total of exclusively religious,	Itions to organizations described in section (a) through (e) and the following line entry. For charitable, etc., contributions of \$1,000 or less	501(c)(7), (8), or (10) that total more than \$1,000 for the year or organizations						
(a) No.	Use duplicate copies of Part III if additiona	Il space is needed.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee						
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
			ASUKE						
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee						
(a) <mark>N</mark> o. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
·		(e) Transfer of gift							
·	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee						

SCHEDULE D	)
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Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization ~

Employer identification number л

		on of Northern Nevada	88-0370179
Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	112	0
2	Aggregate value of contributions to (during year)	8,429,726.	0.
3	Aggregate value of grants from (during year)	9,601,325.	0.
4	Aggregate value at end of year	62,345,937.	0.
5	Did the organization inform all donors and donor advisors in v	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be i	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose o	
De			
Pa			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	<i>'</i>	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
-	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.	led conservation contribution in the form of	Held at the End of the Tax Year
_			
b	Total acreage restricted by conservation easements	ucture included in (a)	
c d	Number of conservation easements included in (c) acquired a		
u			
3	listed in the National Register		
Ŭ	year >	cased, extinguished, or terminated by the	
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 🔛 No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr	ote to the organization's financial stateme	ents that describes the
De	organization's accounting for conservation easements.		hay Cimilay Acasta
Pa	t III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
<b>1</b> a	If the organization elected, as permitted under FASB ASC 95	· ·	
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finar		
a	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	lerance of public service,
	provide the following amounts relating to these items:		► ¢
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tree		
2	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	0	▶ \$
	Assets included in Form 990, Part X		
			······ 🚩 🦞

Schedule D (Form 990) 2021

Sche		ty Foundat:							Page <b>2</b>	
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or	Other S	Similar As	sets	(continu	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the f	following that	make sigr	nificant use o	of its			
	collection items (check all that apply):									
а	a Public exhibition d Loan or exchange program									
b	Scholarly research	e	e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explair	n how they further th	ne organizatio	n's exemp	ot purpose in	Part XI	II.		
5	During the year, did the organization solicit of	r receive donations o	of art, historical treas	sures, or othe	r similar a	ssets				
	to be sold to raise funds rather than to be ma							Yes	No No	
Par	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered "	Yes" on F	orm 990, Pa	rt IV, line	e 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	s or other ass	ets not ind	cluded				
	on Form 990, Part X?							Yes	No No	
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:							
							A	Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	ustodial accou	unt liability	/?		Yes	No No	
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	orm 990, Part						
		(a) Current year	(b) Prior year	(c) Two year	s back (c	<b>d)</b> Three ye <mark>ar</mark> s	back (	<b>e)</b> Four	years back	
1a	Beginning of year balance	22,952,859.		17,340	,234.	11,426 <mark>,</mark> 8		10,	191,814.	
b	Contributions	8,063,524.	2,254,974.		,423.	7,736,8		1,	157,541.	
С	Net investment earnings, gains, and losses	3,302,472.	1,605,845.	2,654	,589.	-1,005,4			972,552.	
d	Grants or scholarships	1,128,394.	749,013.	340	,297.	635,8	823.		379,020.	
е	Other expenditures for facilities									
	and programs		210,885.	161	,402.	18,4	445.		454,052.	
f	Administrative expenses	246,120.	176,584.		,025.	163,6	654.		62,021.	
g	End of year balance	32,944,341.	22,952,859.	20,228	,522.	17,340,2	234.	11,4	426,814.	
2	Provide the estimated percentage of the curr		e (line <mark>1</mark> g, column (a)	)) <mark>he</mark> ld as:						
	Board designated or quasi-endowment	4.4500	%							
b	Permanent endowment ► <u>95.5500</u>	%								
С	Term endowment  .0000	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held ar	nd administere	ed for the	organization		- -		
	by:						1	<u> </u>	Yes No	
	(i) Unrelated organizations							3a(i)	<u> </u>	
	(ii) Related organizations							3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	), Part IV, line 11a. S	See Form 990,	Part X, lir	ne 10.				
	Description of property	(a) Cost or o	( )	or other	. ,	cumulated	(0	<b>d)</b> Book	value	
		basis (investr		(other)	depr	eciation	-		0.5.4	
	Land			1,954.	1	10 005			,954.	
	Buildings			9,297.		10,285.			,012.	
С	Leasehold improvements			0,431.		<u>15,253.</u>			,178.	
d	Equipment			2,978.		85,703.	·		,275.	
-	Other			7,947.			<u> </u>		<u>,947.</u>	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X. column (B). line 1</u>	0c.)	<u></u>	🕨	4	<u>,711</u>	.,366.	

Schedule D (Form 990) 2021

	oundation of N	Northern Nevada 8	8-0370179 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	7 121 500	End of Yoom Mombo	+ 1/21/10
(A) Non Publicly Traded Stock (B) LLCs	7,131,500. 288,928.	End-of-Year Marke End-of-Year Marke	
	156,044.	End-of-Year Marke	
(C) TTC World Equity Fund (D) TTC Offshore Fund	130,044.	Mid Of Teat Marke	t varue
(E) SPC-Global Long Short	96,308.	End-of-Year Marke	t Value
(F) TTC Offshore Fund	50,000		
(G) SPC-Multi Strategy	3,990,500.	End-of-Year Marke	t Value
(H) Whippoorwill Offshore	327,619.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	13,243,821.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line <sup>-</sup>	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
<u>(8)</u>			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line <sup>-</sup>	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)	CIP		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)		
Complete if the organization answered "Yes"	on Form 990. Part IV. line '	11e or 11f. See Form 990. Part X. line 2	25.
1.         (a) Description of liability	,,,	······································	(b) Book value
(1) Federal income taxes			
(2) Split Interest Agreements			7,151,730.
(3) Funds Held for Others			36,965.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	,		7,188,695.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements	s that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

X

Sche	edule D (Form 990) 2021 Community Foundation of Northe	ern Nevada	88-	0370179	Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Statements W	/ith Revenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments2a	1			
b	Donated services and use of facilities 2b				
с					
d		1			
е	Add lines <b>2a</b> through <b>2d</b>		2e		
3	Subtract line <b>2e</b> from line <b>1</b>		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1			
b	Other (Describe in Part XIII.) 4b	)			
с	Add lines <b>4a</b> and <b>4b</b>		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements V	Nith Expenses per I	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities 2a	ı			
b	Prior year adjustments2b	)			
с	Other losses 2c	;			
d	Other (Describe in Part XIII.) 2d				
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.) 4b				
с	Add lines <b>4a</b> and <b>4b</b>	<b>.</b>	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)		5		
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4:

The Foundation's endowments consist of approximately 75 individual funds

established by donors to provide annual funding for specific activities

and general operations. The Endowment also includes certain net assets

without donor restrictions that have been designated for endowment by the

Board of Directors.

Part X, Line 2:

Management believes that each entity has appropriate support for any tax

positions taken affecting its annual filing requirements, and as such,

does not have any uncertain tax positions that are material to the

consolidated financial statements. The Foundation would recognize future 132054 10-28-21 Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 Community Foundation of Northern Nevada 88-0370179 Page 5 Part XIII Supplemental Information (continued)
Part XIII Supplemental Information (continued)
accrued interest and penalties related to unrecognized tax benefits and
liabilities in income tax expense if such interest and penalties are
incurred.
- OSIRE
DIBLU ODV
COPT

Schedule D (Fe	orm 990) Community Foundation of No:	rthern Nevada	88-0370179 Page 5
Part XIII	Supplemental Information (continued)		
Part VII I	vestments - Other Securities. See Form 990, Part X, line 12.	-	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Private	Equity Partners VIII Offshore	1,252,922.	FMV
		65	
P	JBLIO FOP		

SCHEDULE F (Form 990)	Stateme Complete if		OMB No. 1545-0047			
Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service	Go to v	www.irs.gov/Fo	rm990 for instructions and the latest	information.		Inspection
Name of the organization					Employer id	entification number
Community Found	dation of	Northern	n Nevada		88-037	
Part I General Infe	ormation on A	ctivities Out	side the United States. Comple	te if the organ	ization answer	red "Yes" on
Form 990, Part						
			ds to substantiate the amount of its gran he selection criteria used to award the g			X Yes No
2 For grantmakers. Des United States.	scribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance	outside the
			n be duplicated if additional space is ne			
<b>(a)</b> Region	(b) Number of offices in the region	employees, agents, and independent contractors	<ul> <li>(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)</li> </ul>	is a pro describe	vity listed in (d) gram service, e specific type (s) in the regior	expenditures for and investments
Central America and		in the region				
the Caribbean -						
Antigua & Barbuda,						
Aruba, Bahamas,	0	0	Investments			5,667,000.
				)S	Ut	K L
		C	)1502			
PUC		(	COPY			
3 a Subtotal	0	0				5,667,000.
<b>b</b> Total from continuatio	n					
sheets to Part I c Totals (add lines 3a and 3b)	0	0				0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

88-0370179

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan						
		Africa	Covid Relief	30,000.	Wire Transfer	٥.		
					C			
			nC					
					r			
1		SLI		nV				
	PU		()	$\mathbf{P}$				
2 Enter total number of	recipient organizatio	I ns listed above that are i	recognized as charities by the f	l oreian country	l recognized as a tax			I
			or counsel has provided a sect			►		1
			·					0

Schedule F (Form 990) 2021

Page 2

88-0370179

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
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		Community	Foundation	of	Northern	Nevada	88-0370179	Page 4
Part IV	Foreign Forms	6						

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	No No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No
F	DUBLIC COPY	Schedule F (For	m 990) 2021

	(Form 990) 2021	Community	Foundation	of	Northern	Nevada	88-0370179	Page 5
Part V	Supplementa	I Information						
	Provide the inform	nation required by Pa	art I, line 2 (monitoring	of fu	nds); Part I, line 3,	column (f) (acco	ounting method; amounts of	
	investments vs. ex	xpenditures per regio	on); Part II, line 1 (acco	untin	g method); Part III	(accounting me	thod); and Part III, column (c)	
	(estimated numbe	er of recipients), as a	oplicable. Also comple	te thi	s part to provide a	ny additional in	formation. See instructions.	

. . . . . . . . .

Part I, Line 2:

The organization requires reporting back from the grantee to support the

funds were used for the intended charitable purpose.

Schedule F, Part IV:

The Foundation reviews its direct and indirect investments during the

tax period for determining required foreign filings.

The Foundation makes direct and indirect transfers to foreign corporations and foreign partnerships. The Foundation would file Form 926 or Form 8865 if the transfers met the requirements for filing. The Foundation's transfers to foreign corporations did require filing Form 926. The Foundation's transfers to foreign partnerships did not require filing Form 8865.

The Foundation has ownership interests in foreign corporations and foreign partnerships. The Foundation would file Form 5471 or Form 8865 if the ownership met the requirements for filing. The Foundation's ownership in foreign corporations did not require filing Form 5471. The Foundation's ownership in foreign partnerships did not require filing Form 8865.

The Foundation invests in partnerships that hold direct or indirect

interests in passive foreign investment companies (PFICs). The

Foundation would file Form 8621s for underlying investments that

generate unrelated business income. The Foundation would not file Form

 8621s where the investment partnerships have properly filed Form 8621s,

 132075 12-20-21
 Schedule F (Form 990) 2021

Sche Pa	dule F (	Form	<u>1 990) 2021</u>		Communi nformatic		Found	latior	ı of	Nor	ther	n N	evad	la	88-037	0179	Page 5
Fa		-	-				art I. line 2	(monitorin	a of fu	nds): Pa	rt I. line	3. colu	umn (f) (	accountine	g method; am	ounts of	
		inve	stments vs	s. expe	enditures pe	r regi	on); Part II,	line 1 (ac	countin	ng metho	od); Part	III (ac	countin	g method);	and Part III,	column (c)	
		(esti	mated nun	nber o	of recipients)	, as a	pplicable. A	Also comp	lete th	is part to	provide	e any a	addition	al informat	tion. See instr	ructions.	
or	whe	re	the u	nde	rlying	ir	nvestm	ents	did	not	gen	erat	te a	ny un:	related		
bus	sines	55	incom	le.	The Fo	unc	lation	did	not	requ	ure	<u> 1</u> 1.	ling	Form	8621.		
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SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations,		OMB No. 1545-00	047
(Form 990)	Go	vernments, an	d Individual	s in the Ŭni	ted States		202	1
Department of the Treasury Internal Revenue Service	Compi	ete if the organization ► Go to www.ir	Attach to For ■ Attach to For s.gov/Form990 fo	m 990.			Open to Pub Inspection	olic
Name of the organization	<b>T</b> 1						Employer identification nu	
COMMUNICY Part I General Information on Grants a		on of Northe	ern Nevada	L			88-03701	_ / 9
1 Does the organization maintain records the criteria used to award the grants or assist	to substantiate the stance?				J. J	•	on XYes	
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to recipient that received more than S	Domestic Organiz	ations and Domestic	Governments. C	complete if the org	anization answered "Y	es" on Form 990, Parl	IV, line 21, for any	
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
Advocates to End Domestic Violence P.O. Box 2529	94-2665387	501(C)(3)	10,933.	0.	JSI	JKL	General support	
Carson City, NV 89702	94-2005387	501(C)(3)	10,933.	0.			General support	
Air Force Association 1501 Lee Highway Suite 400 Arlington, VA 22209	52-6043929	501(C)(3)	50,000.	0.			Mitchell Institute fo Aerospace Studies	or
American Cancer Society PO Box 231359 Las Vegas, NV 89105	13-1788491	501(C)(3)	10,933.	0.			Carson City programs	
American Civil Liberties Union - ACLU - 125 Broad Street 18th Floor - New York, NY 10004	13-6213516	501(C)(3)	20,000.	0.			General support	
American Heart Association 4445 S. Jones Blvd., Suite B1	10 0210010							
Las Vegas, NV 89103	13-5613797	501(C)(3)	11,933.	0.			Carson City programs	
Amnesty International USA Inc. 5 Penn Plaza, 16th Floor								
New York, NY 10001	52-0851555		10,000.	0.			General support	179.
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organizations</li> </ul>								0.
LHA For Paperwork Reduction Act Notice							Schedule I (Form 990)	

132101 10-26-21

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Artown							
528 West 1st Street							
Reno, NV 89503	88-0412311	501(C)(3)	31,000.	0.			General support
Awaken Inc							
PO Box 40635							
Reno, NV 89504	38-3843380	501(C)(3)	61,000.	0.			General support
Bail Project Inc Attn: Gift						IDF	
Processing - PO Box 102592 -							-
Pasadena, CA 91189	81-4985512	501(C)(3)	6,000.	0.			General support
Bishop Manogue High School Development Office – 110 Bishop		05	15				
Manogue Drive - Reno, NV 89511	90-0 <mark>1</mark> 11463	50 <mark>1</mark> (C)(3)	6,000.	0.			Campus Ministry
Boosted Diplomas 725 Belgrave Ave Reno, NV 89502	<b>B</b> 83-3151044	501(C)(3)	70,000.				2021 Women's Giving Circle Grant
Boston College Cadigan Alumni							
Center - 140 Commonwealth Avenue -							Carroll School of
Chestnut Hill, MA 02467	04-2103545	501(C)(3)	13,000.	0.			Management
Boy Scouts of America Nevada Area							
- Council - 500 Double Eagle Court -							
Reno, NV 89511	88-0059912	501(C)(3)	75,000.	0.			General support
Boys & Girls Club of the Peninsula							
401 Pierce Road							
Menlo Park, CA 94025	94-1552134	501(C)(3)	25,000.	0.			General support
Boys & Girls Clubs of King County							
603 Stewart St., #300							
Seattle, WA 98101	91-0532600	501(C)(3)	10,000.	0.			General support

## Schedule I (Form 990) Community Foundation of Northern Nevada

88-0370179 Page 1

		on of Northe					8-0370179 Pag
Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boys and Girls Club of Truckee							
Meadows - 2680 E. Ninth Street -							It Just Takes One
Reno, NV 89512	88-0142068	501(C)(3)	358,500.	0.			Campaign
Keno, NV 09912	00-0142000	501(0)(3)	558,500.	0.			
Boys and Girls Clubs of Greater							
Sacramento - 5212 Lemon Hill							
Avenue - Sacramento, CA 95824	68-0338324	501(C)(3)	300,000.	0.			Woodland Branch
				•••			
Carson City Parks & Recreation							
3303 Butti Way, Building #9							
Carson City, NV 89701	47-4750761	501(a) Gov	20,000.	0.			DT #77 Prison Hill
	1, 1,30,01	501(4) 501	20,000.				
Carson Tahoe Regional Healthcare							
PO Box 2168							
Carson City, NV 89702	88-0502320	501(C)(3)	54,665.	0.			2021 Proposal
Carson Valley Community Food	00 0001010	501(0)(3)	51,003.				
Closet - PO Box 2911 or 1255							
Waterloo Ln., Suite B -							
Gardnerville, NV 89410	88-0258742	501(C)(3)	6,000.	0.			Costume Patch program
Gardnerville, NV 05410	00 0230742	501(0)(3)	0,000.	0.			
Carson Valley Conservation							
District - 1702 County Rd., Suite							
A - Minden, NV 89423	88-0111624	F(1/(2)/(2))	24 000	0.			DT #66
	88-0111024	501(C)(3)	24,998.	0.			D1 #66
Catamount Fund Ltd. Catamount							
Enterprises LLC - 100 W. Liberty							
Street, 10th Floor - Reno, NV							
39501	88-0370686	501(C)(3)	75,000.	0.			General support
Catholic Charities of Northern							
Nevada - PO Box 5099 - Reno, NV				_			
39503	88-0339754	501(C)(3)	18,199.	0.			General support
Conton for Adopting Diding 550 W							
Center for Adaptive Riding 550 W							
Plumb Ln - Suite B #137 - Reno, NV		501 ( 3) ( 3)		_			
89509	26-2361245	DOT(C)(3)	10,000.	0.			Equine Therapy

Schedule I (Form 990)

Schedule I (Form 990) Community	Foundati	on of Northe	ern Nevada	l		8	8-0370179 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	I
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Spiritual Livin							
4685 Lakeside Drive							
Reno, NV 89509	88-0117475	501(C)(3)	66,000.	0.			General support
			,				
City of Reno							
- P.O. Box 1900							
Reno, NV 89505	88-6000201	501(a) Gov	293,958.	0.			Project Hero
·							
City of Reno Police Department							
455 East Second Street						IKL	
Reno, NV 89505	81-5397381	501(a) Gov	72,901.	0.			Kennel for new K-9
City of Sparks							
1400 Baring Blvd.							All Abilities Playground
Sparks, NV 89434	88-6000202	501(a) Gov	10,000.	0.			- Sparks Marina
Clean Air Task Force	BL			VC			
114 State Street, 6th Floor Boston, MA 02109	04-3512550	501(C)(3)	20,000.	0.			General support
BOSCOII, MA 02105	04 5512550	501(0)(3)	20,000.	۰.			
CoachArt							
445 S. Figueroa St, Ste 3100							
Los Angeles, CA 90071	94-3389547	501(C)(3)	50,000.	0.			General support
Common Sense Media 650 Townsend							
650 Townsend Suite 435							
San Francisco, CA 94103	41-2024986	501(C)(3)	10,000.	0.			Giving Tuesday campaign
Communities in Schools of Nevada							
2080 E. Flamingo Rd., Ste. 225							
Las Vegas, NV 89119	88-0292094	501(C)(3)	30,000.	0.			General support
Communities United For Children &							
Families - PO BOX 22 - Susanville,							Westwood Family Resource
CA 96130	68-0375124	501(C)(3)	25,000.	Ο.			Center

organization or government     if applicable     cash grant     noncash assistance     or assistance     or assistance       Community Chest Inc.     P.O. Box 980     Noncash assistance     Noncash assistance     Mental Health       Virginia City, NV 89440     88-0266600     501(c)(3)     13,300.     0.     Mental Health       Community Health Alliance     68     88-0293149     501(c)(3)     7,250.     0.     Beneral support       Community Health Alliance     68     0293149     501(c)(3)     7,250.     0.     Beneral support       Community Health Alliance     68     0293149     501(c)(3)     7,250.     0.     Beneral support       Cooperative For Assistance And Rolids DeveryWhere Inc - Gitt     Gonter VIC     Gonter VIC     Beneral support       Doctors Without Borders US Inc.     13-1685039     501(c)(3)     11,750.     0.     Diving Tuesday match       Domestic Violence Resource Center     94-2605396     501(c)(3)     31,250.     0.     Beneral support       Downestic Violence Resource Center     94-2605396     501(c)(3)     10,000.     0.     Beneral support       Downestic Violence Resource Center     94-2605396     501(c)(3)     10,000.     0.     Beneral support       Downestic Violence Resource Center     94-2605396     501(c)(3)     20	Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
P.O. Box 980       Mental Health         P.O. Box 980       Rental Health         Organia City, NV 89440       88-0266600         Sol South Rock Bivd.       88-0293149         Seno, INV 89502       88-0293149         Cooperative For Assistance And Reals & Streat       88-0293149         Sol South Rock Bivd.       88-0293149         Cooperative For Assistance And Reals & Streat       88-0293149         Sol C() (3)       7,250.       0.         Cooperative For Assistance And Reals & Roy Boy Boy Boy Boy Boy Boy Boy Boy Boy B		<b>(b)</b> EIN			noncash	valuation (book, FMV,		(h) Purpose of grant or assistance
D.O. Box 980       Mental Health         Drighina City, NV 89400       88-0266600       501(C)(3)       13,300.       0.         Community Health Alliance       88-0293149       501(C)(3)       7,250.       0.         S00 South Rock Blvd.       88-0293149       501(C)(3)       60,000.       0.         S00 South Rock Blvd.       13-1685039       501(C)(3)       60,000.       0.         Soutors Without Borders US Inc.       13-3433452       501(C)(3)       13,750.       0.         Soutors Without Borders US Inc.       94-2605386       501(C)(3)       13,250.       0.         Soutors Without Borders US Inc.       94-2605386       501(C)(3)       10,000.       0.       Beneral support         Soutors Without Soutors Surger Street       20-1308918       501(C)(3)       10,000.       0.       Beneral support         Soutors 1 - P. O. Box 1002 - Minden, W 89502       91-1275815       501(C)(3)       20,000.       0.       Beneral support         Sout	Community Chost Inc							
Virginia City, NV 89440       88-0266600       501(C)(3)       13,300.       0.       counseling/DV Adoest         Community Health Allience       680 South Rock Blvd.       88-0293149       501(C)(3)       7,250.       0.       neneral support         Cooperative For Assistance And       Relief Everywhere Inc.       614       neneral support       neneral support         Cooperative For Assistance And       13-1685039       501(C)(3)       60,000.       0       neneral support         Constructive For Assistance And       13-1685039       501(C)(3)       60,000.       0       neneral support         Constructive For Assistance And       13-1685039       501(C)(3)       60,000.       0       neneral support         Doctors Without Borders US Inc.       postors Without Bo	-							Montal Hoalth
Community Healt Alliance Community Healt Alliance 680 South Rock Elvd. Reno, NV 89502 88-0293149 501(C)(3) 7,250. 0. Cooperative For Assistance And Relief Everywhere Inc - Gift Center P.O. Box 1870 - Merrifield, VA 22116 13-1685039 501(C)(3) 60,000. 0. Dectors Without Borders US Inc. FO Box 5022 Hagerstown, ND 21741 13-3433452 501(C)(3) 13,750. 0. Diving Tuesday match Domestic Violence Resource Center 1735 Vassar Street Reno, NV 89502 20-1308918 501(C)(3) 10,000. 0. Dectors Without Borders US Inc. FO Box 5022 Douglas County Sheriffs Advisory Council - P.O. Box 1002 - Minden, NV 89423 20-1308918 501(C)(3) 10,000. 0. Destrict Violence Center Dest Fund Development 515 Third Ave Seattle, NA 98104 91-1275815 501(C)(3) 20,000. 0. Destrict Poundation 2215 Raggio Parkway Reno, NV 89512 94-2879252 501(C)(3) 25,000. 0. Deneral support		88-0266600	501(c)(3)	13 300	0			
680 South Rock Blvd.         88-0293149         501(C)(3)         7,250.         0.         Peneral support           Cooperative For Assistance And Relief Everywhere Inc - Gift Center P.O. Box 1870 - Merrifield, VA 22116         13-1685039         501(C)(3)         60,000.         0.         Seneral support           Doctors Without Borders US Inc. Pootors Without Borders US Inc. Bootors Without Borders US Inc. Pootors Bergency Service Center DESC Fund Development 515 Third Ave Seattle, WA 98104         20-1308918 501(C)(3)         10,000.         0.         Peneral support           DRI Research Foundation 2215 Raggio Parkway Reno, NV 89512         94-2879252 501(C)(3)         25,000.         0.         Peneral support	VIIginia City, NV 09440	00-0200000	501(0)(5)	15,500.	· ·			counsering/DV Adocate
680 South Rock Blvd.     88-0293149     501(C)(3)     7,250.     0.     Deneral support       Cooperative For Assistance And Relief Everywhere Inc - Gift Center P.O. Box 1870 - Merrifield, VA 22116     13-1685039     501(C)(3)     60,000.     0.       Doctors Without Borders US Inc. PO Box 5022     13-3433452     501(C)(3)     11,750.     0.     Biving Tuesday match       Domestic Violence Resource Center 1735 Vassar Street Reno, NV 89502     94-2605396     501(C)(3)     31,250.     0.     General support       Downtown Emergency Service Center DESC Fund Development 515 Third Ave Seattle, VA 98104     20-1308918     501(C)(3)     10,000.     0.     General support       DRI Research Foundation 215 Ragio Parkway Reno, NV 89512     94-2879252     501(C)(3)     25,000.     0.     General support	Community Health Alliance							
Reno, NV 89502         88-0293149         501(C)(3)         7,250.         0.         Deneral support           Cooperative For Assistance And Relief Everywhere Inc - Gitt Dectors Without Borders US Inc. PO Box 5022 Hagerstown, MD 21741         13-1685039         501(C)(3)         60,000.         0.         Seneral support           Doctors Without Borders US Inc. PO Box 5022 Hagerstown, MD 21741         13-3433452         501(C)(3)         11,750.         0.         Siving Tuesday match           Domestic Violence Resource Center 1735 Vassar Street         94-2605396         501(C)(3)         31,250.         0.         Seneral support           Douglas County Sheriffs Advisory Council - P.O. Box 1002 - Minden, NV 89502         20-1308918         501(C)(3)         10,000.         0.         Beneral support           Downtown Emergency Service Center DESC Pund Development 515 Third Ave Seattle, WA 98104         91-1275815         501(C)(3)         20,000.         0.         Beneral support           PRI Research Foundation 2215 Raggio Parkway Reno, NV 89512         94-2879252         501(C)(3)         25,000.         0.         Seneral support								
Cooperative For Assistance And Relief Everywhere Inc - Git Center P.O. Box 1870 - Merrifield, Az 22116 Doctors Without Borders US Inc. POC Box 5022 Hagerstown, MD 21741 Domestic Violence Resource Center 1735 Vassar Street Reno, NV 89502 Douglas County Sheriffs Advisory Council - P.O. Box 1002 - Minden, NV 89423 Downtown Emergency Service Center DESC Fund Development 515 Third Ave Seattle, WA 98104 DIA 91-1275815 501(C)(3) DOI (C)(3) DOI		88-0293149	501(C)(3)	7 250	0			General support
Relief Everywhere Inc - Gift Senter P.O. Box 1870 - Merrifield, VA 22116 13-1685039 501(C)(3) 60,000. 0 0 0 0 0 0 0 0 0 0 0 0 0	-			.,				
Center P.O. Box 1870 - Merrifield, VA 22116         13-1685039         501(C)(3)         60,000.         0.         General support           Doctors Without Borders US Inc. PO Box 5022         Inc. PO Box 502	-							
VA 2211613-1685039501(C)(3)60,000.0.Peneral supportDoctors Without Borders US Inc. PO Box 5022 Hagerstown, MD 2174113-3433452501(C)(3)11,750.0.Biving Tuesday matchDomestic Violence Resource Center 1735 Vassar Street Reno, NV 8950294-2605396501(C)(3)31,250.0.General supportDouglas County Sheriffs Advisory Council - P.O. Box 1002 - Minden, NV 8942320-1308918501(C)(3)10,000.0.General supportDowntown Emergency Service Center DESC Fund Development 515 Third Ave Seattle, WA 9810491-1275815501(C)(3)20,000.0.General supportDRI Research Foundation 2215 Raggio Parkway Reno, NV 8951294-2879252501(C)(3)25,000.0.General support								
Doctors Without Borders US Inc. FO Box 5022         Inc. FO Box 5022         Inc. FO Box 5022         Inc. FO Box 502         Inc. FO Box 1002 - Minden, FO Box 501(C) (3)         Inc. FO FO F	'	13-1685039	501(C)(3)	60 000.	0.			General support
PO Box 5022 Hagerstown, MD 21741 13-3433452 501(C)(3) 11,750. 0. Giving Tuesday match Domestic Violence Resource Center 1735 Vassar Street Reno, NV 89502 94-2605396 501(C)(3) 31,250. 0. General support Douglas County Sheriffs Advisory Council - P.O. Box 1002 - Minden, NV 89423 20-1308918 501(C)(3) 10,000. 0. General support Downtown Emergency Service Center DESC Fund Development 515 Third Ave Seattle, WA 98104 91-1275815 501(C)(3) 20,000. 0. General support DESC Fund Development 515 Third Ave Seattle, WA 98104 91-1275815 501(C)(3) 20,000. 0. General support DESC Fund Development 515 Third Ave Seattle, WA 98104 91-2275815 501(C)(3) 20,000. 0. General support DESC Fund Development 515 Third Ave Seattle, WA 98104 91-2275815 501(C)(3) 20,000. 0. General support				,				
PO Box 5022       13-3433452 501(C)(3)       11,750.       0.       Biving Tuesday match         Domestic Violence Resource Center       94-2605396 501(C)(3)       31,250.       0.       General support         Nouglas County Sheriffs Advisory       94-2605396 501(C)(3)       10,000.       0.       General support         Nouglas County Sheriffs Advisory       20-1308918 501(C)(3)       10,000.       0.       General support         Nowshown Emergency Service Center       20-1308918 501(C)(3)       20,000.       0.       General support         Sectile, WA 98104       91-1275815 501(C)(3)       20,000.       0.       General support         WRI Research Foundation       20-1275815 501(C)(3)       25,000.       0.       General support         WRI Research Foundation       94-2879252 501(C)(3)       25,000.       0.       General support	Octors Without Borders US Inc.							
Hagerstown, MD 21741       13-3433452 501(C)(3)       11,750.       0.       Siving Tuesday match         Domestic Violence Resource Center       94-2605396 501(C)(3)       31,250.       0.       General support         Douglas County Sheriffs Advisory       94-2605396 501(C)(3)       31,250.       0.       General support         Douglas County Sheriffs Advisory       20-1308918 501(C)(3)       10,000.       0.       General support         Downtown Emergency Service Center       20-1308918 501(C)(3)       20,000.       0.       General support         DSEC Fund Development 515 Third Ave       91-1275815 501(C)(3)       20,000.       0.       General support         Seattle, WA 98104       91-1275815 501(C)(3)       25,000.       0.       General support         VER Research Foundation       2215 Raggio Parkway       94-2879252 501(C)(3)       25,000.       0.       General support								
Domestic Violence Resource Center 1735 Vassar Street Reno, NV 89502 Douglas County Sheriffs Advisory Council - P.O. Box 1002 - Minden, NV 89423 20-1308918 501(C)(3) 20-1308918 501(C)(3) 10,000. 0. Seneral support Downtown Emergency Service Center DESC Fund Development 515 Third Ave Seattle, WA 98104 91-1275815 501(C)(3) 20,000. 0. Seneral support DRI Research Foundation 2215 Raggio Parkway Reno, NV 89512 94-2879252 501(C)(3) 25,000. 0. Seneral support		13-3433452	501(C)(3)	11 750	0			Giving Tuesday match
1735 Vassar Street Reno, NV 8950294-2605396501(C)(3)31,250.0.General supportDouglas County Sheriffs Advisory Council - P.O. Box 1002 - Minden, NV 8942320-1308918501(C)(3)10,000.0.General supportDowntown Emergency Service Center DESC Fund Development 515 Third Ave Seattle, WA 9810491-1275815501(C)(3)20,000.0.General supportDRI Research Foundation 2215 Raggio Parkway Reno, NV 8951294-2879252501(C)(3)25,000.0.General support								
1735 Vassar Street Reno, NV 8950294-2605396501(C)(3)31,250.0.General supportDouglas County Sheriffs Advisory Council - P.O. Box 1002 - Minden, NV 8942320-1308918501(C)(3)10,000.0.General supportDowntown Emergency Service Center DESC Fund Development 515 Third Ave Seattle, WA 9810491-1275815501(C)(3)20,000.0.General supportDRI Research Foundation 2215 Raggio Parkway Reno, NV 8951294-2879252501(C)(3)25,000.0.General support	Domestic Violence Resource Center							
Reno, NV 89502         94-2605396         501(C)(3)         31,250.         0.         General support           Douglas County Sheriffs Advisory Council - P.O. Box 1002 - Minden, NV 89423         20-1308918         501(C)(3)         10,000.         0.         Seneral support           Downtown Emergency Service Center DESC Fund Development 515 Third Ave Seattle, WA 98104         91-1275815         501(C)(3)         20,000.         0.         General support           DRI Research Foundation 2215 Raggio Parkway Reno, NV 89512         94-2879252         501(C)(3)         25,000.         0.         General support								
Douglas County Sheriffs Advisory       20-1308918 501(C)(3)       10,000.       0.       General support         NV 89423       20-1308918 501(C)(3)       10,000.       0.       General support         Downtown Emergency Service Center       Development 515 Third Ave       Seattle, WA 98104       91-1275815 501(C)(3)       20,000.       0.         DRI Research Foundation       2215 Raggio Parkway       94-2879252 501(C)(3)       25,000.       0.       General support		94-2605396	501(C)(3)	31 250.	0.			General support
Council - P.O. Box 1002 - Minden, NV 89423 20-1308918 501(C)(3) 10,000. 0. General support Downtown Emergency Service Center DESC Fund Development 515 Third Ave Seattle, WA 98104 91-1275815 501(C)(3) 20,000. 0. General support DRI Research Foundation 2215 Raggio Parkway Reno, NV 89512 94-2879252 501(C)(3) 25,000. 0. General support								
Council - P.O. Box 1002 - Minden, NV 89423 20-1308918 501(C)(3) 10,000. 0. General support Downtown Emergency Service Center DESC Fund Development 515 Third Ave Seattle, WA 98104 91-1275815 501(C)(3) 20,000. 0. General support DRI Research Foundation 2215 Raggio Parkway Reno, NV 89512 94-2879252 501(C)(3) 25,000. 0. General support	Douglas County Sheriffs Advisory							
NV 8942320-1308918501(C)(3)10,000.0.General supportDowntown Emergency Service Center DESC Fund Development 515 Third Ave Seattle, WA 9810491-1275815501(C)(3)20,000.0.General supportDRI Research Foundation 2215 Raggio Parkway Reno, NV 8951294-2879252501(C)(3)25,000.0.General support								
Downtown Emergency Service Center DESC Fund Development 515 Third Ave Seattle, WA 98104 91-1275815 501(C)(3) 20,000. 0. General support DRI Research Foundation 2215 Raggio Parkway Reno, NV 89512 94-2879252 501(C)(3) 25,000. 0. General support		20-1308918	501(C)(3)	10 000	0			General support
DESC Fund Development 515 Third Ave Seattle, WA 98104 91-1275815 501(C)(3) 20,000. 0. General support ORI Research Foundation 2215 Raggio Parkway Reno, NV 89512 94-2879252 501(C)(3) 25,000. 0. General support		10 1000710						
DESC Fund Development 515 Third Ave Geattle, WA 98104 91-1275815 501(C)(3) 20,000. 0. General support ORI Research Foundation 2215 Raggio Parkway Reno, NV 89512 94-2879252 501(C)(3) 25,000. 0. General support	Downtown Emergency Service Center							
Seattle, WA 98104         91-1275815         501(C)(3)         20,000.         0.         General support           ORI Research Foundation         2215 Raggio Parkway         94-2879252         501(C)(3)         25,000.         0.         General support								
DRI Research Foundation         Parkway	-		501(C)(3)	20 000	n			General support
2215 Raggio Parkway         94-2879252         501(C)(3)         25,000.         0.         General support		21 12,0010		20,000.				
2215 Raggio Parkway         94-2879252         501(C)(3)         25,000.         0.         General support	DRI Research Foundation							
Reno, NV 89512 94-2879252 501(C)(3) 25,000. 0. General support								
		94-2879252	501(C)(3)	25 000	n			General support
		J= 201J2J2		25,000.	· · ·			CONCLUT PAPPOLC
Ducks Unlimited c/o B. Lawson	Ducks Unlimited c/o B. Lawson							
								#65 Stillwater National
Sparks, NV 89436         13-5643799         501(C)(3)         16,969.         0.		13-5643799	501(C)(3)	16 969	٥			

Community Foundation of Northern Nevada

Schedule I (Form 990)

88-0370179

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Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sarthjustice							
50 California Street Suite 500							Climate and Energy
an Francisco, CA 94111	94-1730465	501(C)(3)	30,000.	0.			programs
Sconomic Development Foundation Of							
reater Reno-Tahoe - 401 Ryland							
Street Suite 101 - Reno, NV 89502	88-0509413	501(C)(3)	75,190.	0.			Invoice #10745
Eddy House							
P.O. Box 6207	45-3023511	F01(0)(2)	70.050	0.			Company 1 support
eno, NV 89513	45-3023511	501(C)(3)	72,250.	0.			General support
vergreen Collaborative							
O Box 21961							
Seattle, WA 98111	86-1741610	501(C)(3)	20,000.	0.			General support
			,				
FISH-Friends in Service Helping	K						
138 E. Long Street							
Carson City, NV 89706	94-2590904	501(C)(3)	10,933.	0.			General support
ood Bank of Northern Nevada							
50 Italy Drive							
cCarran, NV 89434	94-2924979	501(C)(3)	118,100.	0.			General support
oundation for Excellence at							
Noodland Christian School - 1787			15.000				
atmor Road - Woodland, CA 95776	31-1715318	501(C)(3)	15,000.	0.			Football Field Lighting
riends of Nevada Wilderness							
P.O. Box 9754							#248 Noxious Weed
eno, NV 89507	88-0211763	501(C)(3)	15,932.	0.			Monitoring #9
'un Camp Inc.							
O Box 40505							
Reno, NV 89504	94-3152378	501(C)(3)	20,000.	0.			General support

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GiveWell							
1714 Franklin Street #100335							
Dakland, CA 94612	20-8625442	501(C)(3)	20,000.	0.			Mazimum Impact fund
Great Basin Outdoor School							
.000 Bible Way, #53							#249 Truckee Snapshot/Da
Reno, NV 89502	88-0396516	501(C)(3)	15,803.	0.			Camp
,			,				<u>F</u>
Hela Bima World							
20 Box 3390						IKT	
Stateline, NV 89449	46-3987940	501(C)(3)	155,000.	0.			General support
listoric Fourth Ward Schoo							
Foundation - P.O. Box 4 - Virginia							2020 Endowment
City, NV 89440	88-0463462	501(C)(3)	18,482.	0.			Distribution
Holy Cross Catholic Church							
5950 Vista Blvd.							
Sparks, NV 89436	27-4337740	501(C)(3)	13,000.	0.			General support
Holy Virgin Mary Church							
3060 Jefferson Blvd							
Nest Sacramento, CA 95691		501(C)(3)	15,000.	0.			General support
		561(6)(5)	10,000.				
lope City Church							
8543 White Fir St.							
Reno, NV 89523	46-2919385	501(C)(3)	60,000.	0.			Pastor position
	40 2515505	501(0)(3)		••			
lopewell Fund							
20 Box 38068							
Baltimore, MD 21297	47-3681860	501(C)(3)	150,000.	0.			Rare Impact Fund
arcimore, mb 21297		501(0)(3)	1.20,000.	0.			
Humane Society of Silicon Valley							
01 Ames Avenue							
	94-1196215	501(C)(3)	20,000.	0.			Medical fund
Milpitas, CA 95035	94-1190215	201(6)(3)	20,000.	υ.			Meurcar runu

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Jackpots Helping Hands							
1594 Pond Dr							Suicide Prevention Action
Jackpot, NV 89825	85-3394513	501(C)(3)	20,000.	0.			Plan
Jewish Communal Fund							
575 Madison Avenue Suite 703							
New York, NY 10022	23-7174183	501(C)(3)	458,064.	0.			Gabelli Group Fund #4349
JUSTin HOPE Foundation							
1301 Cordone Ave., Suite 195	45-2490664	F(1/2)/2	5,500.	0.			Conoral support
Reno, NV 89502	45-2490664	501(C)(3)	5,500.	0.			General support
Keep Truckee Meadows Beautiful							
P.O. Box 7412							
Reno, NV 89510	88-0254957	501(C)(3)	82,980.	0.			General support
Kenny Guinn Center for Policy							
Priorities - P.O. Box 750117 - Las							
Vegas, NV 89136	46-4075622	501(C)(3)	25,000.	0.			General support
KQED Inc.							
2601 Mariposa Street							
San Francisco, CA 94110	94-1241309	501(C)(3)	10,000.	0.			Producer's Circle
KUNR FM 88.7 University of							
Nevada-Reno - Mail Stop 294 -	04 0701740	F01/(0)/(2)		0			
Reno, NV 89557	94-2781749	501(C)(3)	8,000.	0.			General support
Lake Tahoe Conservation Fund aka							
Tahoe Fund - P.O. Box 7124 - Tahoe							Caldor Fire Trails
City, CA 96145	01-0974628	501(C)(3)	57,000.	0.			Restoration
Lake Tahoe School							
995 Tahoe Blvd.							
Incline Village, NV 89451	86-0868862	501(C)(3)	45,000.	0.			General support

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League to Save Lake Tahoe 2608 Lake Tahoe Blvd.			5 500				
South Lake Tahoe, CA 96150	94-6128680	501(C)(3)	5,500.	0.			General support
Leukemia & Lymphoma Societ P.O. Box 9031	12 5644046		10.500				
Pittsfield, MA 01202	13-5644916	501(C)(3)	10,500.	0.			Myeloma Moonshots team
Lexington Institute 1600 Wilson Blvd., Suite 203 Arlington, VA 22209	54-1880642	501(C)(3)	30,000.	0.		IRE	General support
Life Church Reno							
10300 Rio Wrangler Parkway							
Reno, NV 89521	20-3213291	501(C)(3)	10,000.	0.			General support
LifePointe Church 1616 West Street	BL			DY.			
Woodland, CA 95695	94-2166316	501(C)(3)	809,000.	0.			Pastors Education Fund
Lucile Packard Foundation for Children's Health - 400 Hamilton Avenue, Suite 340 - Palo Alto, CA							
94301	77-0440090	501(C)(3)	25,000.	٥.			Francovich Research
Make a Wish Foundation 2800 Club Center Drive							
Sacramento, CA 95835	68-0027351	501(C)(3)	11,533.	0.			General support
,			, ,				
Make A Wish Foundation Greater Bay							
Area Chap – 1333 Broadway, Suite							
200 - Oakland, CA 94612	94-2958481	501(C)(3)	30,000.	0.			General support
Marine Toys for Tots Foundation							
National Gift Processing Center -							
PO Box 4002036 - Des Moines, IA							
50340	20-3021444	501(C)(3)	10,250.	0.			Christmas gifts

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Part II Continuation of Grants and Other	Assistance to Dou	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
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Mary's Place							
20 Box 1711							
Seattle, WA 98111	27-2087950	501(C)(3)	10,000.	0.			General support
Massachusetts Institute of							
Sechnology - 77 Massachusetts							Department of Chemical
Avenue - Cambridge, MA 02139	04-2103594	501(C)(3)	101,000.	0.			Engineering
	01 2100001	501(0)(3)	101,000.				
Meun Educational Charitabl							
Foundation - 1123 White Oak Loop -						IKE	
Minden, NV 89423	83-1940466	501(C)(3)	37,000.	0.			2021 Scholarships
,							
foonridge Foundation							
P.O. Box 1766							
Las Vegas, NV 89125	61-1747676	501(C)(3)	33,335.	0.			Delivering with Dignity
National World War II Museum 945 Magazine Street	BL						
New Orleans, LA 70130	72-1200790	501(C)(3)	1,010,000.	- 0.			Patriot Circle
Versel Gubmenine Leenus							
Javal Submarine League							
405 N. Henry Street	52-1270467	F(1/2)/2	10 000	٥.			General support
Alexandria, VA 22314	52-12/0407	501(C)(3)	10,000.	0.			
Nevada Community Foundatio							
1980 Festival Plaza Drive, #300							Nevada Patient Health
Las Vegas, NV 89135	88-0241420	501(C)(3)	50,000.	0.			Information Foundation
~ · · · · · · · · · · · · · · · · · · ·	00 0211120		50,000.	۰.			
Nevada Health Centers Inc.							
325 Research Way							
Carson City, NV 89706	94-3199117	501(C)(3)	6,000.	0.			Resource Guide
Nevada Humane Society Inc.							
2825 Longley Lane Suite B							
Reno, NV 89502	88-0072720	501(C)(3)	321,576.	0.			General support

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Nevada Humanities							
2.0. Box 8029							
Reno, NV 89507	23-7358959	501(C)(3)	35,620.	0.			2020 Distribution
levada Land Trust							
.O. Box 20288							
Reno, NV 89515	88-0287591	501(C)(3)	18,892.	0.			100% Board Giving
Nevada Military Support Alliance 985 Damonte Ranch Parkway Suite 310						IRF	
Reno, NV 89521	27-1095956	501(C)(3)	53,747.	0.	いし		Close of Fund
Nevada Museum of Art							
.60 W. Liberty Street							
Reno, NV 89501	88-6003042	501(C)(3)	21,352.	0.			Silver Circle
Nevada News Bureau Inc. 7455 Arroyo Crossing Parkway Suite	BL			PY			
Las Vegas, NV 89113	27-3192716	501(C)(3)	7,500.	0.			General support
Nevada Policy Research Institute							
/130 Placid Street							Housing and Parent
as Vegas, NV 89119	88-0276314	501(C)(3)	32,000.	0.			Education
Nevada Rural Counties RSVP Program							
2621 Northgate Lane, Suite 6							
Carson City, NV 89706	94-3164032	501(C)(3)	31,579.	0.			Senior services
						1	
Nevada Women's Fund							
70 Smithridge Drive, Suite 300							
eno, NV 89502	94-2860375	501(C)(3)	17,850.	0.			General grant fund
North Valley Community Foundation							
811 Concord Ave Suite 220							Aaron Rogers
Chico, CA 95928	68-0161455	501(C)(3)	6,000.	0.			Small-Business Fund

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	1
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Northeastern Nevada SAFE 225 Silver Street Suite 104	82-0865580	E01/(C)/(2)	£ 169	0.			Communication Maghmalagu
Elko, NV 89801	02-0005580	501(C)(3)	6,168.	0.			Communication Technology
Northern Nevada H.O.P.E.S. 580 W. Fifth Street							
Reno, NV 89503	86-0865357	501(C)(3)	69,500.	0.			Giving Tuesday match
Northern Nevada International Center - 855 West 7th Street Suite 270 - Reno, NV 89503	94-2796785	501(C)(3)	12,500.	0.		IRE	General support
Northwest Harvest			IC				
P.O. Box 12272 Seattle, WA 98102	91-0826037	501(C)(3)	20,000.	0.			General support
Note-Able Music Therapy Services			20,000.				
2590 Orovada Street Reno, NV 89512	86-1067227	501(C)(3)	18,000.	0.			Therapy at WCSO Detention Center
Our Lady Of The Snows							
1138 Wright Street							
Reno, NV 89509	90-0111465	501(C)(3)	7,500.	0.			General support
PACE Coalition							
1645 Sewell Drive Suite 41							
Elko, NV 89801	75-3080264	501(C)(3)	6,230.	0.			Trainings and Awareness
PACER Center							
8161 Normandale Blvd.							
Minneapolis, MN 55437	41-1306304	501(C)(3)	15,000.	0.			General support
PBS Reno							
1670 N. Virginia Street							
Reno, NV 89503	88-0172215	501(C)(3)	26,700.	0.			General support

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	t II.)	
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Develing Country Neuroda							
Pershing County, Nevada P.O. Box 820							
Lovelock, NV 89419	88-6000131	501(a) Gov	12,750.	0.			Fair & Rec youth programs
Planned Parenthood Federation of	00 0000131	501(0) 000	12,750.				
America - PO Box 97166 Attn:							
Online Services - Washington, DC							Birth control, abortion
20090	13-1644147	501(C)(3)	12,500.	٥.			services
Planned Parenthood Mar Monte							
1605 The Alameda						IKL	
San Jose, CA 95126	94-1583439	501(C)(3)	7,500.	0.			Annual campaign
Planned Parenthood of the Great							
Northwest and the Hawaiian Islands							
- 2001 East Madison Street -							
Seattle, WA 98122	91-0 <mark>6</mark> 86012	501(C)(3)	20,000.	0.			Seattle PP/Health Center
Plumas Rural Services 711 E Main Street	BL			pY.			
Quincy, CA 95971	94-2722880	501(C)(3)	25,000.	0.			Per grant agreement
Plymouth Housing							
2113 3rd Avenue							
Seattle, WA 98121	91-1122621	501(C)(3)	20,000.	0.			General support
	51 1122021	561(6)(5)	20,000.				
Pregnancy Support Group of							
Woodland, Inc 120 Court Street							
- Woodland, CA 95695	68-0070815	501(C)(3)	10,000.	0.			Spero
· · ·			,				
Primavera Foundation Inc.							
151 W. 40th Street							
Tucson, AZ 85713	86-0733182	501(C)(3)	10,000.	0.			Veteran support
Rare Book School							
2023 Ivy Rd							
Charlottesville, VA 22903	54-1667557	501(C)(3)	20,000.	٥.			Annual Fund

#### Community Foundation of Northern Nevada Schedule I (Form 990)

Schedule I (Form 990)

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Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Reach Up Reach Out Ministries Inc. 9018 Balboa Blvd, #323 Northridge, CA 91325	47-4179363	501(0)(3)	15,000.	0.			Healed Ones 5K Race
Northinge, CA 91525	47-4179303	501(0)(3)	15,000.	0.			healed ones SK kace
Reno Chamber Orchestra 925 Riverside Drive Suite 5							
Reno, NV 89503	88-0134278	501(C)(3)	12,486.	0.			2020 Distribution
Reno Initiative for Shelte and Equality - PO Box 5254 - Reno, NV 89513	45-5617917	501(C)(3)	11,166.	0.		IRE	2020 Distribution
Reno Little Theater			IC				
147 E Pueblo Street							
Reno, NV 89502	88-0054639	501(C)(3)	37,652.	0.			General support
Reno Sparks Gospel Mission P.O. Box 5956	BL			YC			
Reno, NV 89513	88-6005643	501(C)(3)	9,000.	0.			Feminine Hygiene products
Renown Health Foundation 245 E. Liberty Street, Suite 400							
Reno, NV 89501	94-2972749	501(C)(3)	46,365.	0.			Children's Hospital
Rockefeller Family Fund							
475 Riverside Drive, Suite 900							Democracy Power &
New York, NY 10115	13-6257658	501(C)(3)	100,000.	0.			Innovation Fund
Rockefeller Philanthropy Advisors							
Inc 6 West 48th Street, 10th				_			
Floor - New York, NY 10036	13-3615533	501(C)(3)	50,000.	0.			Fund-Listen4Good
Ron Wood Family Resource Center 2621 Northgate Lane #62							
Carson City, NV 89706	86-0865470	501(C)(3)	6,500.	0.			Foster Youth

Schedule I (Form 990) Community	Foundatio	on of Northe	ern Nevada	L		8	88-0370179 Page
Part II Continuation of Grants and Other A	ssistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sacramento Region Communit Foundation - 740 University Avenue Suite 110 - Sacramento, CA 95825	94-2891517	501(C)(3)	25,000.	0.			Bucher Family Charitable Fund
Sage Ridge School 2515 Crossbow Court Reno, NV 89511	86-0852480	501(C)(3)	295,000.	0.			AIM campaign
Samaritan's Purse PO Box 3000 Boone, NC 28607	58-1437002	501(C)(3)	10,000.	0.		IRE	General support
San Angelo Area Foundation 221 S. Irving St. San Angelo, TX 76903	73-1634145	501(()(3)	10,000.	0.	55		WHIT Project
Santa Clara University 500 El Camino Real Santa Clara, CA 95053	94-1156617		50,000.				Miller Center
Seattle Public Schools MS: 33-343 2445 3rd Ave South Seattle, WA 98124	91-6001541	501(c)(3)	10,000.	0.			General support
Sertoma Inc PO Box 1546							
Minden, NV 89423 Sierra Nevada Journeys 190 East Liberty Street	20-1318250	DOT(C)(3)	15,000.	0.			2021 Book Scholarships
Reno, NV 89501 Silicon Valley Community Foundation - 2440 West El Camino Roal Suito 300 Mountain Vioy Ch	01-0881587	501(C)(3)	68,190.	0.			General support
Real Suite 300 - Mountain View, CA 94040	20-5205488	501(C)(3)	50,000.	0.			Destination: Home

#### Community Foundation of Northern Nevada Schedule I (Form 990)

Schedule I (Form 990) Community	Foundati	on of Northe	ern Nevada	L		8	8-0370179 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sisters of Saint Joseph of Carondelet - 11999 Chalon Road -	94-1605666	E01/(C)/(2)	9,000.	0.			General support
Los Angeles, CA 90049 Smithsonian Institution NASM Capital Gallery, Office of Advancement - MRC 522 PO Box 37012	94-1003000	501(C)(3)	9,000.				General support
- Washington, DC 20013	53-0206027	501(C)(3)	100,000.	0.			NASM improvements
Social Advocates for Youth 2447 Summerfield Rd Santa Rosa, CA 95405	94-1711490	501(C)(3)	10,000.	0		IRE	General support
Soroptimist International of Truckee Meadows - P.O. Box 20125 -	94-2342761	0	43,750.	0.	53,		2021 Summer scholarships
Reno, NV 89515 SOS Children's Villages 1620 I Street, NW Suite 220 Washington, DC 20006	13-6188433		30,000.				General support
St. Albert the Great Catholic Church - 1259 St. Albert's Drive - Reno, NV 89503	27-4337925		11,500.	0.			Catholic Services Appeal
St. Teresa of Avila Catholic School - 567 South Richmond Avenue							
- Carson City, NV 89703 Stanford University - Development	27-4337666	501(c)(3)	10,000.	0.			Scholarships/Improvements
Services - P.O. Box 20466 - Standford, CA 94309	94-1156365	501(C)(3)	2,044,000.	0.			Buck/Cardinal Club
State of Nevada Department of Wildlife - 6980 Sierra Center							
Pkwy., #120 - Reno, NV 89511	88-6000022	bU⊥(a) Gov	468,990.	0.			DT #73 Nelson Creek

Schedule I (Form 990) Community	Foundati	on of Northe	ern Nevada	1		8	8-0370179 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Step 2 Inc.							
3700 Safe Harbor Way							
	94-3025207	501(C)(3)	34,300.	0.			Victims' Services Program
Reno, NV 89512	94-3025207	501(C)(3)	34,300.	0.			VICCIMS Services Program
Susanne and Gloria Young							
Foundation - 2588 Edgerock Road -							
Reno, NV 89519	26-3617880	501(C)(3)	111,700.	٥.			Fall 2021 grant to SNJ
,,			,				
Tahoe-Pyramid Trail							
4790 Caughlin Parkway Suite 138						IKL	
Reno, NV 89519	55-0895667	501(C)(3)	22,050.	0.			General support
Femple Sinai			IC				
3405 Gulling Rd							
Reno, NV 89503	88-0203508	501(C)(3)	11,560.	0.			General support
The Children's Cabinet Inc Main							
Office - 1090 South Rock Blvd							
Reno, NV 89502	77-0097156	501(C)(3)	51,600.	0.			General support
The Discovery Museum							
490 S. Center Street							Family Membership/General
Reno, NV 89501	61-1474845	501(C)(3)	29,000.	٥.			support
The Impact Society							
135 Madison Ave., 8th Floo							
New York, NY 10016	46-4657948	501(C)(3)	25,000.	٥.			Membership fee
The Nature Conservancy of Nevada							
One East 1st Street, #1007							
Reno, NV 89501	53-0242652	501(C)(3)	7,956.	0.			General support
The Northwest School							
1415 Summit Ave.							
Seattle, WA 98122	91-1061146	501(C)(3)	10,000.	0.			General support

		on of Northe					8-0370179 Page
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
'he Salvation Army - Reno NV 931 Sutro Street							
eno, NV 89512	94-1156347	501(C)(3)	15,000.	0.			General support
The Salvation Army- Northwest Division - 111 Queen Anne Avenue							
Nort - Seattle, WA 98109	94-1156347	501(C)(3)	10,000.	0.			Angel Tree program
Thunderbird Lodge Preservation Society – 316 California Avenue, ‡36 – Reno, NV 89509	88-0434866	501(C)(3)	10,000.	0		IRE	General support
			20,000				
Pipping Point Community 20 Montgomery St, Suite 850		05	1S				End chronic homelessnes:
an Francisco, CA 94104	20-2121739	501(C)(3)	81,000.	0.			in S.F.
Tracy's Kids Inc 5509 Devon Road Bethesda, MD 20814	26-3835257	501 (C) (3)	15,000.				General support
ruckee Meadows Community College	20 3033237	501(0)(3)	13,000.				
'oundation - 7000 Dandini Blvd. 2DMT 200J - Reno, NV 89512	88-0185319	501(C)(3)	59,871.	0.			1971 Society
Truckee Meadows Parks Foundation 50 Cowan Dr							
eno, NV 89509	45-4837735	501(C)(3)	61,525.	0.			General support
ruckee River Foundation							
O Box 18153							#247 OTR Partnership &
eno, NV 89511	20-3378838	501(C)(3)	324,314.	0.			public engagement
ruckee River Watershed Council .0. Box 8568							
Truckee, CA 96162	91-1818748	501(C)(3)	76,000.	0.			#257 Prosser Basin

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
wo Top Mountain Adaptive Sports							
Coundation - 10914 Claylick Road -							Equipment and land
Mercersburg, PA 17236	26-0466490	501(C)(3)	10,000.	0.			purchase
	20 0100130	501(0)(3)	10,000.				
UCLA Foundation							
20 Box 7145							
Pasadena, CA 91109	95-2250801	501(C)(3)	10,000.	0.			Student support
·							
UNICEF							
101 Montgomery Street Suite 625						IKL	
San Francisco, CA 94104	13-1760110	501(C)(3)	15,000.	0.			Haiti Relief efforts
United States Diving Foundation							
Inc - P.O. Box 4352 - Carmel, IN							
46082	31-1153995	501(C)(3)	472,394.	0.			2021 proposed prioriti
United Way of Northern Nevada &							
the Sierra - 639 Isbe <mark>ll Road Suite</mark>							
460 - Reno, NV 89509	88-0059327	501(C)(3)	5,500.	0.			NV Energy Campaign
University of California Berkeley							
Foundation Gift Services - 1995							
University Ave., Suit 401 -							Gloub Collection
Berkeley, CA 94704	94-6090626	501(C)(3)	14,000.	0.			Maintenance
UNR Foundation - Financial							
Services and Records - 1664 N							
Virginia Street Mail Stop 0162 -							Dean's Excellence Fund
Reno, NV 89557	94-2781749	501(C)(3)	36,000.	0.			#250010
UNR Foundation - Morrill Hall							
Alumni Center - Mail Stop 0007 -							Travel & training - UN
Reno, NV 89557	94-2781749	501(C)(3)	129,860.	0.			Diving
Vivint Gives Back							
4391 North 300 West							
Provo, UT 84604	85-0497760	501(C)(3)	10,000.	0.			Autism Awareness

# Schedule I (Form 990) Community Foundation of Northern Nevada

Schedule I (Form 990)

88-0370179

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	м. Т
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Walnut and a family and an							
Volunteers of America							
335 Record Street, Suite 227	12 1000505	F01 ( a) ( 2 )					
Reno, NV 89512	13-1692595	501(C)(3)	24,000.	0.			General support
Washington and Lee University							
Office of University Development -							
204 W Washington St - Lexington,	54 0505055	F01 ( a) ( 2 )	05 000				
VA 24450	54-0505977	501(C)(3)	25,000.	0.			Annual Fund
Markey (10) From data							
Washoe CASA Foundation							The borney of Granes
PO Box 948	04.0001444	F01 ( a) ( 2 )	10.000				In honor of Susan
Reno, NV 89504	94-2991444	501(C)(3)	10,000.	0.			Nissenbaum
Washoe County							
1001 E. Ninth Street							
Reno, NV 89512	88-6000138	501(a) Gov	162,651.	0.			TRF #244
Washoe County Search and Rescue							
Inc PO Box 20012 - Reno, NV							
89515	23-7007538	501(C)(3)	5,500.	0.			General support
Western Folklife Center							
501 Railroad Street							
Elko, NV 89801	87-0447025	501(C)(3)	10,500.	0.			Media Program
Wichita State University							
1846 Fairmount Street							COVID-19 Student
Wichita, KS 67260	48-1124839	501(C)(3)	31,500.	0.			Emergency Fund
Women and Children's Cente of the							
Sierra – 3905 Neil Road, #2 –							
Reno, NV 89502	80-0159352	501(C)(3)	19,000.	0.			Lifeskills Program
World Food Programme							
1725 Eye Street NW, Suite 510							Humanitarian efforts -
Washington, DC 20006	13-3843435	501(C)(3)	10,000.	0.			Madagascar

Community Foundation of Northern Nevada

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		on of Northe					8-0370179 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt II.)	Γ
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YMCA of Greater Seattle c/o Member & Donor Service - 909 Fourth Ave - Seattle, WA 98104	91-0482710	501(C)(3)	10,000.	0.			General support
Raymond C Rude Supporting Foundation - 50 Washington St, Suite 300 - Reno, NV 89503	80-0676831	501(C)(3)	131,779.	0.			General support
						IRE	
		CL	1S	CL	55		
PU	BL			PY			

88-0370179

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
Children and Family	1	4,350.	0.						
Education	148	706,641.	0.						
					E				
			CLC	501					
DIBLICUST									
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.					
Part I, Line 2:									
Grants over \$5,000 that are design	ated for	a specific	use requi	re grantees					
to report on the use of the funds.	Organiz	ations are	e requested	to send a					
thank-you letter to the donor advi	sors, and	l these tha	nk-you let	ters					
generally include information from	the orga	nization t	hat the gr	ant was used					
as specified in the accompanying grant correspondence.									
The scholarships are paid directly	to the s	chools. Th	ne student	is required					
to noturn the accontance latton al	ong with	an attanda	maa maaand						

to return the acceptance letter along with an attendance record to complete

Sched	ule I (Form 990) IV Supplemen	Community Ital Information	Foundation of	Northern	Nevada	88-0370179	Page <b>2</b>
	scholarshi						
						IDE	
					SI	JRL	
			nisl				
Ŧ			COF				

SCHEDULE J		Compensation Information		OMB No. 1545-0047				
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2021				
		Compensated Employees		ZU		1		
Depa	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to Publ		ic		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Nam	ne of the organization			identificatio		nber		
		Community Foundation of Northern Nevada	88-	037017	9			
Pa	rt I Question	s Regarding Compensation				. <u> </u>		
					Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.	_					
	First-class or c							
	Travel for com	panions Payments for business use of personal re- ation and gross-up payments I Health or social club dues or initiation fee						
		spending account Personal services (such as maid, chauffer	ir, chei)					
<b>۲</b>	If any of the bayes	on line 1a are checked, did the organization follow a written policy regarding payment or						
b	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
2	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
	trustees, and onice			····· <u>-</u>				
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's						
		ector. Check all that apply. Do not check any boxes for methods used by a related organization						
		ation of the CEO/Executive Director, but explain in Part III.						
	X Compensation							
		ompensation consultant						
	·	ther organizations Approval by the board or compensation c	ommittee					
4	During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re	lated organization:						
а	Receive a severance	e payment or change-of-control payment?		4a		X		
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X		
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X		
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
	contingent on the r			_		v		
						X X		
a		ation?		<u>5</u> b				
6		or 5b, describe in Part III.	2					
6	contingent on the n	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of a compensation of the section of the sectio	11					
а	•			6a		x		
		ation?				X		
5		arion: br 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i					
-		les 5 and 6? If "Yes," describe in Part III		7		x		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th						
				8		x		
9		id the organization also follow the rebuttable presumption procedure described in						
		1 53.4958-6(c)?	<u></u>	9				
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2021		

### 2021 Community Foundation of Northern Nevada 88-0370179

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Chris Askin	(i)	163,539.	5,000.	0.	11,848.	0.	180,387.	0.
President and CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)					K		
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
DII	(i) (ii)			<b>D</b>				
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

CLIRE
CLOSURL
DIRLU

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.



Employer identification number

Name of the organization

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

	Community Fo	undati	on of Nort	chern Nevada		88-037	0179
ar	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributio amounts reported c Form 990, Part VIII, lin	n	(d) Method of detern noncash contribution	•
	Art - Works of art						
	Art - Historical treasures						
	Art - Fractional interests						
	Books and publications						
	Clothing and household goods	X		20,50	)0.FM	J	
	Cars and other vehicles						
	Boats and planes						
	Intellectual property						
	Securities - Publicly traded	X	27	3,447,13	37.FM	J	
	Securities - Closely held stock						
	Securities - Partnership, LLC, or						
	trust interests						
	Securities - Miscellaneous	X	2	486,25	52.FM	7	
	Qualified conservation contribution -						
	Historic structures						
	Qualified conservation contribution - Other						
	Real estate - Residential	X	5	2,021,00	)0.FM	J	
	Real estate - Commercial	X	2	2,370,00			
	Real estate - Other						
	Collectibles	X	2	9,25	50.FM	J	
	Food inventory						
	Drugs and medical supplies						
	Taxidermy						
	Historical artifacts						
	Scientific specimens						
	Archeological artifacts						
	Other (IRA)	X	9	39 50	)0.Sta	ated Value	
	Other $\blacktriangleright$ ( )	<u> </u>					
	Other ( )						
	Other ( )						
-	Number of Forms 8283 received by the organ	zation during	the tax year for co				
	for which the organization completed Form 82						0
	During the year did the examination receive h	v contributio	n any proporty roo	ortod in Dart L lines 1 H	arough 00	that it	Yes
1	During the year, did the organization receive b	-	• • • • •		-		
	must hold for at least three years from the dat	-					
_	exempt purposes for the entire holding period	۲					a
C	If "Yes," describe the arrangement in Part II.	nalia, that	auiroo the review	f any nonatondard see	tributions		
	Does the organization have a gift acceptance		•			?	1 X
	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell none	cash		

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

contributions?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2021

32a

х

**b** If "Yes," describe in Part II.

Schedule M (Form 990) 2021       Community Foundation of Northern Nevada       88-0370179       F         Part II       Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization	Page <b>2</b>
is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.	;
Schedule M, Part I, Column (b):	
The number in column (b) represents the total number of contributions.	
OURE	
nisur	
PUPL' OPY	

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	•EZ OMB No. 1545-0047 <b>2021</b> Open to Public Inspection
Name of the organization	Community Foundation of Northern Nevada	Employer identification number 88-0370179
Form 990, Par	t VI, Section A, line 1a:	
The Foundatio	on Executive Committee consists of the Board Of	fficers, the Past
President, ar	d the President & CEO. The Executive Committe	e has broad
authority on	behalf of the board of directors.	
Form 990, Par	t VI, Section A, line 4:	
Changed name	to Community Foundation of Northern Nevada ef	fective 1/1/2021.
Upon receipt and CFO revie	of the Form 990 from the auditing firm, the Form the document. The CEO provides a copy to the stees. Once the Form 990 is filed, the Board of	e Foundation
additionally meeting.	reviews and approves the Form 990 at the next	scheduled
Form 990, Par	t VI, Section B, Line 12c:	
In accordance	with the Foundation's conflict of interest po	olicy, each board
member annual	ly completes a conflict of interest form where	e they list any
and all real,	possible, or perceived conflicts of interest	• These forms are
reviewed by s	staff for completeness and maintained in the bo	oard record book
with board mi	nutes and committee minutes for the remainder	of the year. At
each board me	eting, when grants are considered for approval	l, board members
are recused f	rom voting for grants to organizations they ha	ave listed as
1		

being a possible conflict of interest.

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization Community Foundation of Northern Nevada	Employer identification number 88-0370179
Once annually, the board considers compensation for the CE	0. A performance
review is performed with all board members. Additionally,	the CEO reports
on achievements of annual goals and objectives from the pr	ior year. This
information is reviewed by the Executive Committee. The Ex	ecutive Committee
also reviews information compiled by the Council on Founda	tions that
tabulates compensation for CEO's of community foundations	nationwide.
Compensation and/or salary increases are then determined i	n accordance with
acceptable compensation for the CEO per national and regio	nal pay ranges
and annual performance of the CEO in meeting Foundation go	als and
objectives.	
	IKE
The CEO performs an annual evaluation of each staff person	at the
Foundation. The CEO uses annual objectives and performance	standards to
determine individual job performance, and utilizes the Cou	ncil on
Foundation's annual compensation study for similar positio	ns at community
foundations nationwide. Although the CEO has sole discreti	on in hiring,
training, managing, and evaluating staff, the Executive Co	mmittee receives
personnel reports on all staff regarding performance and c	ompensation.

Form 990, Part VI, Section C, Line 19:

The Foundation maintains copies of all governing documents, policies, tax returns, and financial audits in the office and makes copies available to any person who requests a copy. Additionally, all policies as well as the tax return are posted on the Foundation's website as well as Guidestar's website.

Form 990, Part XI, line 9, Changes in Net Assets:

Change in Value of Split Interest Arrangement

SCH	ED	UL	.E	R

(Form 990)

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

88-0370179

21

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

### Community Foundation of Northern Nevada

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
CFX. LLC					
50 Washington Street, Suite 300					Community Foundation of
Reno, NV 89503	Hold property	Nevada	96,726.	1,269,880.	Northern Nevada
CFCP, LLC - 20-0310840					
50 Washington Street, Suite 300	1			KL	Community Foundation of
Reno, NV 89503	Hold property	Nevada	3,986,952.	1,779,381.	Northern Nevada
CFRSO, LLC					
50 Washington Street, Suite 300					Community Foundation of
Reno, NV 89503	Hold property	Nevada	-44,913.	411,046.	Northern Nevada
Community Housing Land Trust, LLC					
50 Washington Street, Suite 300 👔 🦳					Community Foundation of
Reno, NV 89503	Hold property	Nevada	554,097.	4,244,220.	Northern Nevada

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	Section 5 contr ent	olled
				501(c)(3))		Yes	No
Raymond C. Rude Supporting Foundation -	Supporting organization				Community		
80-0676831, 50 Washington St, Reno, NV	for the Community				Foundation of		
89503	Foundation of Northern	Nevada	501(c)(3)	Line 12a, I	Northern Nevada	X	
	-						
	-						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

88-0370179 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	rect controlling Predominant income Share of total end-of-year allocations? Code V amount i allocations?		Code V-UBI amount in box 20 of Schedule	General managi partner	or Percentage ownership			
		country)		sections 512-514)		233013	Yes	No	K-1 (Form 1065)	Yes N	o
	_										
	_										
	_										
	_										
	_										
	_										
	-										
	-										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sect 512(b contro enti <b>Yes</b>	

#### Schedule R (Form 990) 2021 Community Foundation of Northern Nevada

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions with one or m	nore relat	ted organizations listed i	n Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х		
	Gift, grant, or capital contribution to related organization(s)				1b	X			
	Gift, grant, or capital contribution from related organization(s)				1c		Х		
	Loans or loan guarantees to or for related organization(s)				1d		Х		
	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				1f		Х		
g	Sale of assets to related organization(s)				1g		X X		
h	h Purchase of assets from related organization(s)								
i	Exchange of assets with related organization(s)				1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х		
				NIKL					
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х		
I.	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х		
n	m Performance of services or membership or fundraising solicitations by related organization(s)								
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X			
	Sharing of paid employees with related organization(s)				10	X			
р	Reimbursement paid to related organization(s) for expenses				1p		Х		
	Reimbursement paid by related organization(s) for expenses				1q	X			
r	Other transfer of cash or property to related organization(s)				1r		Х		
	Other transfer of cash or property from related organization(s)				1s	X			
2	If the answer to any of the above is "Yes," see the instructions for information on who must comp								
	(a) (b) Name of related organization Transaction type (a-s)		<b>(c)</b> Amount involved	(d) Method of determining amount inv	volved				
<u>(1)</u>	Raymond C. Rude Supporting Foundation B		131,779.	General Ledger					
<u>(2)</u>									
<u>(3)</u>									
(4)									

(5)

(6)

#### Schedule R (Form 990) 2021 Community Foundation of Northern Nevada

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	5 5	· · ·			(2)					
(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners se	c. Share of	Share of	Dispropor- tionate allocations?	Code V-UBI	General or	Percentage
of entity		(state or foreign	(related, unrelated,	partners se 501(c)(3) orgs.?	total	end-of-year	allocations	amount in box 20	partner?	ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes No		assets	Yes No		Yes NO	1
				Tes No			Tes No		Tes NO	
								-		
								+		
							+	+		<u> </u>

Schedule R (Form 990) 2021

88-0370179

Page 4

Schedule R (Form 990) 2021		Foundation	of	Northern	Nevada	88-0370179	Page 5
Part VII Supplemental Infor	rmation						

Provide additional information for responses to questions on Schedule R. See instructions.

Part II, Identification of Related Tax-Exempt Organizations:

#### Name of Related Organization:

Raymond C. Rude Supporting Foundation

Primary Activity: Supporting organization for the Community Foundation of

#### Northern Nevada.

- <b>D</b>
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PUBLIC COPY

r	vame:	Community Fou	ndation of Nor	thern Nev							FEIN:	88-0370179
	Type a	and Entity: Pas 382 Annual Limitation	s-Through Inco	me fr Post-20 Section 382 Carryover	17 NO	DETAIL C	ARRYOVER SCH	EDULE				
	Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for <u>12/31/20</u>	Amount Used for <u>12/31/21</u>	Amount Used for						
	2019	22,947.	22,947.	12,280.	10,667.							
A B C D E F G H I J K L M N O P Q R S T U V W	Detail Type	22,947.	Amount Used for	12,280.	10,667.	Amount Used for						
GHIJKLMNOPQRSTU												
T U V W												

112571 04-01-21

Form	Comm	Income	Tax e fo	on Unrelate r Tax-Exemp	ed Busi ot Orga	ness nizati	ons		<b>9</b> OMB No. 1545-0047
Depai	rksheet) tment of the Treasury al Revenue Service	(and ► Go to www.irs	on Inv .gov/l	vestment Income for I Form990W for instruc cords. Do not send to	Т	2022			
1	Unrelated business taxab	le income expected in the tax y	ear					1	
2	Tax on the amount on lin	<b>ne 1.</b> See instructions for tax c	omputa	ition				2	
3	Alternative minimum tax	for trusts. See instructions						3	
4	Total. Add lines 2 and 3							4	
5	Estimated tax credits. Se	e instructions						5	
6	Subtract line 5 from line	4						6	
7	Other taxes. See instruct	ions						7	
8	Total. Add lines 6 and 7							8	
9	Credit for federal tax paid	I on fuels. See instructions						9	DF
10a		8. <b>Note:</b> If less than \$500, the Private foundations, see instru	-			10a	SL		
b	Enter the tax shown on the	ne 2021 return. See instruction for less than 12 months, skip th	s. Caut			Ŭ			
c	and enter the amount fro			If the organization is requ		10b e 10b enter	12,012.		
	from line 10a on line 10c			in the organization is requ	· · · · ·	djust		10c	12,040.
				(a)	<b>(</b> b)		(C)		(d)
11	Installment due dates. S	See instructions	11						12/15/22
12	Required installments. columns (a) through (d) the organization uses the	. But see instructions if annualized income							
	installment method, the a installment method, or is		12						12,040.
13	2021 Overpayment. See	instructions	13						
14	Payment due (Subtract I		14						12,040. Form <b>990-W</b> (2022)
LHA	For Paperwork Reduct	tion Act Notice, see instruction	IS.						Form <b>990-W</b> (2022

Form 8879-TE	***** THIS IS NOT A FILEABLE COPY *** IRS e-file Signature Authorization for a Tax Exempt Entity	* * * 1	OMB No. 1545-0047
	For calendar year 2021, or fiscal year beginning, 2021, and ending		2024
Description of the Treasure	Do not send to the IRS. Keep for your records.		2021
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information	n.	
Name of filer		EIN or SS	N
Commun	ity Foundation of Northern Nevada	88-0	370179
	rson subject to tax Eaton Dunkelberger	•	
	President and CEO		
Part I Type of	Return and Return Information		
or 10a below, and the amo whichever is applicable, bit than one line in Part I. 1a Form 990 check fr 2a Form 990-EZ check 3a Form 1120-POL of 4a Form 990-PF check 5a Form 8868 check 6a Form 990-T check 7a Form 4720 check 8a Form 5227 check 9a Form 5330 check 10a Form 8038-CP check 9a Form 8038-CP check 10a Form 8048-CP check 10	b       Total revenue, if any (Form 990-EZ, line 9)         b       Total tax (Form 1120-POL, line 22)         b       Total tax (Form 1120-POL, line 22)         b       Tax based on investment income (Form 990-PF, Part V)         here       b         b       Balance due (Form 8868, line 3c)         k here       b         b       Total tax (Form 990-T, Part III, line 4)         here       b         b       Total tax (Form 4720, Part III, line 1)         here       b         b       FMV of assets at end of tax year (Form 5227, Item D)         here       b         b       Tax due (Form 5330, Part II, line 19)	e <b>1b</b> , <b>2b</b> , <b>3b</b> , <b>4b</b> , <b>5i</b> pplicable line below ne 12) V, line 5) Part III, line 22) <b>to Tax</b> bject to tax with res and that I hav d belief, they are tri hic return. I consent S and to receive fror cessing the return of cessing the return of lectronic funds with il taxes owed on thi	b, 6b, 7b, 8b, 9b, or 10b, Do not complete more 1b 2b 3b 4b 5b 6b2, 012. 7b 8b 9b
later than 2 business days payment of taxes to receiv	prior to the payment (settlement) date. I also authorize the financial institutions in e confidential information necessary to answer inquiries and resolve issues relate nber (PIN) as my signature for the electronic return and, if applicable, the consent	nvolved in the proceed to the payment.	essing of the electronic I have selected a
DINI: sheets see 1			
PIN: check one box only	de Bailly LLP		PIN 21355
		to enter my	
	ERO firm name		Enter five numbers, but do not enter all zeros
with a state age on the return's c As an officer or return. If I have i	on the tax year 2021 electronically filed return. If I have indicated within this return ncy(ies) regulating charities as part of the IRS Fed/State program, I also authorize disclosure consent screen. person subject to tax with respect to the entity, I will enter my PIN as my signatur ndicated within this return that a copy of the return is being filed with a state age	e the aforementione re on the tax year 2	ed ERO to enter my PIN 2021 electronically filed
IRS Fed/State p Signature of officer or person subject	rogram, I will enter my PIN on the return's disclosure consent screen. ct to tax ► **** THIS IS NOT A FILEABLE COPY ***	<b>* *</b> Da <sup>+</sup>	te 🕨
	tion and Authentication		·
ERO's EFIN/PIN. Enter yo	our six-digit electronic filing identification		
number (EFIN) followed by	your five-digit self-selected PIN. 4154890 Do not enter a		
-	meric entry is my PIN, which is my signature on the 2021 electronically filed return coordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (MeF) Informat		
ERO's signature <b>Deb</b>	Nelson, CPA Date Date	11/15/22	
	ERO Must Retain This Form - See Instructions		
	Do Not Submit This Form to the IRS Unless Requested 1	10 00 50	0070 75
LHA For Privacy act and	Paperwork Reduction Act Notice, see instructions.		Form <b>8879-TE</b> (2021)

(Rev. January 2022)

#### Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a	separate	application	for each	return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	Name of exempt organization or other filer, see instruct	ctions.		Taxpayer identification number (TIN)				
print	Community Foundation of Nor	thern	Nevada	88-0370179				
File by the due date fi filing your return. See	Number, street, and room or suite no. If a P.O. box, se	ee instruct	ions.					
instruction		reign addi	ress, see instructions.					
Enter th	e Return Code for the return that this application is for (file	e a separat	e application for each return)			0 7		
Applica	ition	Return	Application			Return		
ls For		Code	Is For			Code		
Form 99	90 or Form 990-EZ	01	Form 1041-A					
Form 47	720 (individual)	03	Form 4720 (other than individual)			09		
Form 99	90-PF	04	Form 5227			10		
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	90-T (trust other than above)	06	Form 8870			12		
Form 99	90-T (corporation) Eaton Dunkelber	07						
<ul> <li>If the</li> <li>If thi</li> <li>box ▶</li> <li>1 In</li> <li>the</li> <li< th=""><th>behone No. ► 775-333-5499 e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit ( . If it is for part of the group, check this box ► ( request an automatic 6-month extension of time until the organization named above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization request a calendar year 2021 or tax year beginning</th><th>aroup Exe and atta Nover anization's , an</th><th>mption Number (GEN) I ch a list with the names and TINs of nber 15, 2022 , to file return for: d ending</th><th>f this is fo all membe</th><th>r the whole group, c ers the extension is in npt organization retu</th><th>for.</th></li<></ul>	behone No. ► 775-333-5499 e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit ( . If it is for part of the group, check this box ► ( request an automatic 6-month extension of time until the organization named above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization request a calendar year 2021 or tax year beginning	aroup Exe and atta Nover anization's , an	mption Number (GEN) I ch a list with the names and TINs of nber 15, 2022 , to file return for: d ending	f this is fo all membe	r the whole group, c ers the extension is in npt organization retu	for.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069, ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.		
<b>b</b> If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			•		
e	stimated tax payments made. Include any prior year overpa	ayment all	owed as a credit.	3b	\$	0.		
	alance due. Subtract line 3b from line 3a. Include your page					•		
	sing EFTPS (Electronic Federal Tax Payment System). See			3c \$		0.		
Caution instruct	<ol> <li>If you are going to make an electronic funds withdrawal ions.</li> </ol>	(direct det	bit) with this Form 8868, see Form 84	53-TE and	d Form 8879-TE for p	payment		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

000	- I	-	Extended to November 15, 2022	<b>a</b>	OMB No. 1545-0047
Form <b>990</b>			Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	•	OMB NO. 1545-0047
					2021
		For cal	endar year 2021 or other tax year beginning, and ending	·	<b>Ζυζ</b> Ι
Department of the Internal Revenue	ne Treasury e Service		► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only
	k box if ess changed.		Name of organization ( 🚺 Check box if name changed and see instructions.)	DEmplo	oyer identification number
B Exempt ur	nder section	Print	Community Foundation of Northern Nevada	8	8-0370179
X 501(C		_ or	Number, street, and room or suite no. If a P.O. box, see instructions.	E Group	exemption number
408(e)	220(e)	Туре	50 Washington St Ste 300	(300 11	
408A	530(a)		City or town, state or province, country, and ZIP or foreign postal code		
529(a)	529A		Reno, NV 89503	_ F 🗌	Check box if
		С Во	ok value of all assets at end of year > 144,978,607.		an amended return.
G Check of	organization t	ype 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust		
H Check it	f filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439		
I Check it	f a 501(c)(3) c	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
			ed Schedules A (Form 990-T)		1
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
			d identifying number of the parent corporation.		
			Eaton Dunkelberger Telephone number ►	775-	333-5499
			d Business Taxable Income	-	
1 Total	of unrelated I	busines	ss taxable income computed from all unrelated trades or businesses (see		50.000
instru	ctions)			1	58,200.
2 Reser				2	F0 200
	nes 1 and 2			3	58,200.
			see instructions for limitation rules)	4	
			taxable income before net operating losses. Subtract line 4 from line 3	5	58,200.
		•	ng loss. See instructions	6	
		1	ss taxable income before specific deduction and section 199A deduction.		
	act line 6 fror			7	<u>58,200.</u> 1,000.
8 Speci	fic deduction	(gener	ally \$1,000, but see instructions for exceptions)	8	1,000.
			duction. See instructions	9	1,000.
	deductions.			10	±,000.
		ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		57,200.
enter Part II	Tax Com	outati	on	11	57,200.
			s corporations. Multiply Part I, line 11 by 21% (0.21)	1	12,012.
			ates. See instructions for tax computation. Income tax on the amount on		<b>/</b> -
	line 11 from	_	Tax rate schedule or Schedule D (Form 1041)	2	
	tax. See ins			3	
-	tax amounts			4	
	ative minimu			5	
		`	cility income. See instructions	6	
	-		n 6 to line 1 or 2, whichever applies	7	12,012.
					Farm 990-T (0001)

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

						P	age <b>2</b>
Part	III Tax and Payments						
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a					
b		1b		_			
С		1c					
d		1d		_			
е	Total credits. Add lines 1a through 1d			1e			
2	III       Tax and Payments         Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)       1a         Other credits (see instructions)       1b         General business credit. Attach Form 3800 (see instructions)       1c         Credit for prior year minimum tax (attach Form 8801 or 8827)       1d         Total credits. Add lines 1a through 1d       Subtract line 1e from Path II, line 7         Other amounts due. Check if from:       Form 4255       Form 8611       Form 8697         Total tax. Add lines 2 and 3 (see instructions).       Check if includes tax previously de section 1294. Enter tax amount here current net 965 tax liability paid from Form 965A or Form 965-B, Part II, column (k), line 4       Payments: A 2020 overpayment credited to 2021       6a         2021 estimated tax payments. Check if section 643(g) election applies       6b       6c         Total payments. Add lines 6a through 6g       Estimated tax penalty (see instructions)       6c         Backup withholding (see instructions).       Form 2439       6g         Other credits, adjustments, and payments:       Form 220 is attached       6g         Total payments. Add lines 6a through 6g       Estimated tax penalty (see instructions). Check if Form 2220 is attached       6g         Tota tay during the 2021 calendar year, did the organization nave an interest in or a signation ver a financial account (bak, secunties, or other) in a foreign country? If "Yes," th			2	1	2,01	12.
3							
				3			
4	Total tax. Add lines 2 and 3 (see instructions).	sly deferred	under				
	a       Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)       1a         b       Other credits (see instructions)       1b         c       General business credit. Attach Form 3800 (see instructions)       1c         d       Credit for pior year minimum tax (attach Form 3800 (see instructions)       1c         d       Credit for pior year minimum tax (attach Form 8801 or 8827)       1d         d       Total credits. Add lines 1a through 1d       1         Subtract line 1e from Part II, line 7       Other amounts due. Check if from:       Form 4255         d       Check if includes tax previously deferred under         section 1294. Enter tax amount here       Current net 965 tax liability paid from Form 965.A or Form 965.B, Part II, column (k), line 4       2         a       Payments: A 2020 overpayment credited to 2021       6a       6b         b 2021 estimated tax payments. Check if section 643(g) election applies       6d       6d         d       Foreign organizations: Tax paid or withheld at source (see instructions)       6d       6d         g       Other credits, adjustments, and payments:       Form 2220 is attached       1a       1a         d       atdue, film 7 is smaller than the total of lines 4, 5, and 8, enter amount owerpaid       6d       6d       1a         g       Other credites			4	1	2,01	
		4		5			0.
6a	Payments: A 2020 overpayment credited to 2021	6a		_			
b	2021 estimated tax payments. Check if section 643(g) election applies	6b		_			
С		6c		_			
d		6d		_			
е				_			
f		6f		_			
g							
7				7		- 20	<u></u>
8				8			<u>91.</u>
9				9	< +	2,30	13.
10				10			
11 Dort				11			
						Yes	No
			reigh country				х
2		of or transf	oror to a				
							х
3			▶ \$				
				arrvover			
•					4		
5			•				
				s.			
					er		
	505000			10,6			
6a	Did the organization change its method of accounting? (see instructions)						Х
b							
	explain in Part V						
Part '	V Supplemental Information						
Provide	the explanation required by Part IV, line 6b. Also, provide any other additional information	n. See instru	ctions.				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stater			ledge and b	elief, it is true	<b>)</b> ,	
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer ha	, ,	r		diagu 41*	under som at 1	iala
Here	Signature of officer Date Presiden	nt and	CEO	-	discuss this r shown belo		iu)
	Signature of officer Date Title		_	instructions			No

	<ul> <li>Signature of officer</li> </ul>		Dale	<b>F</b> Title		in.	structions)? X Yes N	No
	Print/Type preparer's	name	Preparer's signature		Date	Check 🔄 if	if PTIN	
Paid					Į [	self- employed		
Preparer	Deb Nelson		Deb Nelson,	CPA	11/15/22	1 	P01264758	
Use Only	Firm's name 🕨 E i	ide Bailly	Firm's EIN 🕨	45-0250958				
coc only		800 Nicoll						
	Firm's address 🕨	Firm's address Minneapolis, MN 55402-7033 Phone no.						

Form 990-T	Part V - Supplemental	Information	Statement 1
------------	-----------------------	-------------	-------------

Part I, Line 1 - Section 1.263(a) - 1(f) De Minimis Safe Harbor Election The organization is making the de minimis safe harbor election under Reg. Sec. 1.263(a) - 1(f).

PUBLIC DISCLOSURE COPY

SCHE	DULE A
(Form	990-T)

Department of the Treasury

Internal Revenue Service

#### Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

**1** OMB No. 1545-0047

**ZUZ**1

open to r ubile inspection for
501(c)(3) Organizations Only

Α	Name of the organization Community Foundation of				B Employer identification number 88-0370179				
с	Unrelated business activity code (see instructions)	►	525990	D	Sequence:	1	of	1	

#### E Describe the unrelated trade or business Pass-Through Income from Partnerships

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance >	- 1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) Statement 2	5	168,527.		168,527.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)				
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	168,527.		168,527.

## Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	
3	Repairs and maintenance	3	
4	Bad debts		
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses		
7	Depreciation (attach Form 4562). See instructions 7		
8	Less depreciation claimed in Part III and elsewhere on return 8a	8b	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement) See Statement	3 14	99,660.
15	Total deductions. Add lines 1 through 14	15	99,660.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	68,867.
17	Deduction for net operating loss. See instructions Statement 4	17	10,667.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	58,200.
		<u>.</u>	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part I	III Cost of Goods Sold Enter m	nethod of inventory valua	tion 🕨		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7 8	Cost of goods sold. Subtract line 7 from line 6. Ent				
9	Do the rules of section 263A (with respect to proper				Yes No
Part I					
1	Description of property (property street address, city	•			
	A				
	в 🛄				
	c 🗌				
	D		,		
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				-
h	but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
	, , , , , , , , , , , , , , , , , , , ,				
3	Total rents received or accrued. Add line 2c columns	s A through D. Enter her	e and on Part I, line 6, co	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
					0
5 Part V	Image: Total deductions. Add line 4 columns A through D.           Image: Image	Enter here and on Part I	, line 6, column (B)		0.
1			Chaoli if a dual year Caa	instructions	
•	Description of debt-financed property (street address	s, city, state, ZIP code).	JNECK II a dual-use. See	instructions.	
	в 🗌				
	c 🗌				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
5	to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-				
5	financed property (attach statement)				
6	Divide line 4 by line 5		6 %	%	%
7	Gross income reportable. Multiply line 2 by line 6			/0	
8	Total gross income (add line 7, columns A through		art I, line 7, column (A)	▶	0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A	through D. Enter here ar	id on Part I, line 7, colun	nn (B) 🕨	0.
11	Total dividends-received deductions included in li	ine 10			0.

1

Schedu	ule A (Form 990-T) 2021 VI Interest, Annu	uitios D/	walties and De	onte fron	n Control	led Or	agnization	C (and in the set	t: )	Page 3
Part	VI Interest, Annu	nues, nu	Jyanies, and ne				-	`	,	
	<b>1.</b> Name of controller organization	d	<b>2.</b> Employer identification number	3. Net unrelated 4. Total		ixempt Controlled Organization al of specified nents made tion's gross included tion's gross included		mn 4 in the aniza-	<b>6.</b> Deductions directly connected with income in column 5	
(1)										
(2)										
(3)										
(4)										
			No	nexempt C	Controlled O	ganizati	ons			
7	. Taxable Income	in	Net unrelated Icome (loss) e instructions)		otal of specif yments mad		that is inc controlling	of column 9 cluded in the organization's income		Deductions directly connected with come in column 10
(1)										
(2)										
(3)										
(4)										
_							Enter here	nns 5 and 10. and on Part I, column (A)	Ent	d columns 6 and 11. er here and on Part I, line 8, column (B)
Totals Part	VII Investment	Income	of a Section 50	1(c)(7) (	9) or (17)	Organ	l nization (s	ee instructions)		0.
(1)		cription of		<u>, (, (</u>	2. Amou incon	nt of	3. Deduction directly conno (attach stater	ons <b>4.</b> Set ected (attach s	-asides tateme	
(2)										
(3)										
(4)										
Totals Part	DUB				Add amou column 2 here and o line 9, colu	Enter n Part I, imn (A) 0 •				Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 •
			Activity Income,	Other I	nan Adve	ertising	g income (	see instructions	;) 	
1	Description of exploite		- Annual transformation and transformation		. I	Dest	1			
2	Gross unrelated busin						-	. ,	2	
3	Expenses directly con									
4	line 10, column (B)		trada ar businasa (						3	
4							-		4	
5	lines 5 through 7 Gross income from ac								4	
6	Expenses attributable								6	
7	Excess exempt expense									
	4. Enter here and on F								7	

Schedule A (Form 990-T) 2021

Sched Part	ule A (Form 990-T) 2021				Page 4
				-	
1	Name(s) of periodical(s). Check box if reporti	ng two or more periodicals on	a consolidated basi	IS.	
	A [				
	B				
	c				
	D				
Enter a	mounts for each periodical listed above in the	corresponding column.			
		A	В	C	D
2	Gross advertising income				
	Add columns A through D. Enter here and or	n Part I, line 11, column (A)		►	0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or	n Part I, line 11, column (B)		▶	0.
	-				
4	Advertising gain (loss). Subtract line 3 from li	ine			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i	in			
	line 4 showing a loss or zero, do not complet				
	lines 5 through 7, and enter zero on line 8				
5					
	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain	on			
а	Add line 8, columns A through D. Enter the g	greater of the line 8a, columns	total or zero here ar	nd on	
	Part II, line 13			<b>&gt;</b>	0.
Part	X Compensation of Officers, Di	rectors, and Trustees	(see instructions)	· · · · · ·	
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
		•			
Total	Enter here and on Part II, line 1				0.
Part		ee instructions)			
	(5				

1

Tiff Realty and Resources II, LLC - Ordinary Business       1,177         Income (loss)       1,177         Total Included on Schedule A, Part I, line 5       168,527         Form 990-T (A)       Other Deductions       Statement 3         Description       Amount         Investment Management Fees       99,660         Total to Schedule A, Part II, line 14       99,660         Form 990-T (A)       Post 2017 NOL Schedule       Statement 4         Prior Year Post       NOL Deduction       Carryforward of Post 2017 NOL 2017 NOL 0         900-T Sch A       Post-2017 Net Operating Loss Deduction       Statement 5         Previously       Loss       Available         Tax Year       Loss Sustained       Previously       Loss	Form 990-T (A	A) Incor	ne (Loss) from Par	tnerships	Statement 2
(loss)       167,350         Tiff Realty and Resources II, LLC - Ordinary Business       1,177         Income (loss)       168,527         Form 990-T (A)       Other Deductions       Statement 3         Description       Amount         Investment Management Fees       99,660         Form 990-T (A)       Post 2017 NOL Schedule       Statement 4         Prior Year Post       Not Deduction       Carryforward of Post 2017 NOL Schedule         Prior Year Post       Not Deduction       0.         990-T Sch A       Post-2017 Net Operating Loss Deduction       Statement 5         Tax Year       Loss Sustained       Loss Sustained       Applied         12/31/19       22,947.       12,280.       10,667.       Available This Year	Description				
Total Included on Schedule A, Part I, line 5       168,527         Form 990-T (A)       Other Deductions       Statement 3         Description       Amount         Investment Management Fees       99,660         Total to Schedule A, Part II, line 14       99,660         Form 990-T (A)       Post 2017 NOL Schedule       Statement 4         Prior Year Post       NOL Deduction       Carryforward of Post 2017 NOL         2017 NOL       10,667.       0.         990-T Sch A       Post-2017 Net Operating Loss Deduction       Statement 5         Tax Year       Loss Sustained       Applied       Remaining       Available         12/31/19       22,947.       12,280.       10,667.       10,667.	(loss) Tiff Realty a	and Resources II	_		167,350
Form 990-T (A)       Other Deductions       Statement 3         Description       Amount         Investment Management Fees       99,660         Total to Schedule A, Part II, line 14       99,660         Form 990-T (A)       Post 2017 NOL Schedule       Statement 4         Prior Year Post       NoL Deduction       Carryforward of Post 2017 NOL         2017 NOL       NoL Deduction       0.         990-T Sch A       Post-2017 Net Operating Loss Deduction       Statement 5         Fax Year       Loss Sustained       Loss Previously Applied       Loss Available This Year         12/31/19       22,947.       12,280.       10,667.       10,667.			Dart I lina 5		<del></del>
Description       Amount         Investment Management Fees       99,660         Total to Schedule A, Part II, line 14       99,660         Form 990-T (A)       Post 2017 NOL Schedule       Statement 4         Prior Year Post 2017 NOL       NOL Deduction 10,667.       Carryforward of Post 2017 NOL         990-T Sch A       Post-2017 Net Operating Loss Deduction       Statement 5         Pray       Loss Previously Applied       Loss Remaining       Available This Year         12/31/19       22,947.       12,280.       10,667.       10,667.	rotal include	a on schedule A	, Part I, IINe S		100,5276
Investment Management Fees Investment Management Management Fees Investment	Form 990-T ( <i>P</i>	7)	Other Deductio	ons	Statement 3
Total to Schedule A, Part II, line 14Statement 4Form 990-T (A)Post 2017 NOL ScheduleStatement 4Prior Year Post 2017 NOL 10,667.NoL Deduction 10,667.Carryforward of Post 2017 NOL 0.990-T Sch APost-2017 Net Operating Loss DeductionStatement 5Part Year 12/31/19Loss Sustained 22,947.Previously Applied 12,280.Loss Remaining 10,667.Available This Year 10,667.	Description				Amount
Form 990-T (A)Post 2017 NOL ScheduleStatement 4Prior Year Post 2017 NOL 10,667.NOL Deduction 10,667.Carryforward of Post 2017 NOL 0.990-T Sch APost-2017 Net Operating Loss DeductionStatement 5Tax Year 12/31/19Loss Sustained 22,947.Loss Previously AppliedLoss Remaining RemainingAvailable This Year 10,667.	Investment Ma	anagement Fees			99,660.
Prior Year Post 2017 NOLNOL DeductionCarryforward of Post 2017 NOL10,667.10,667.0.990-T Sch APost-2017 Net Operating Loss DeductionStatement 5Fax YearLoss SustainedLoss Previously AppliedLoss RemainingAvailable This Year12/31/1922,947.12,280.10,667.10,667.	Total to Sche	edule A, Part II	, line 14	1 OSL	99,660.
Prior Year Post 2017 NOLNOL DeductionCarryforward of Post 2017 NOL10,667.10,667.0.990-T Sch APost-2017 Net Operating Loss DeductionStatement 5Fax YearLoss SustainedLoss Previously AppliedLoss RemainingAvailable This Year12/31/1922,947.12,280.10,667.10,667.			nSU		
2017 NOLNOL DeductionPost 2017 NOL10,667.10,667.0.990-T Sch APost-2017 Net Operating Loss DeductionStatement 5Tax YearLoss SustainedPreviously AppliedLoss RemainingAvailable This Year12/31/1922,947.12,280.10,667.10,667.	Form 990-T (A	1)	Post 2017 NOL Sche	edule	Statement 4
990-T Sch APost-2017 Net Operating Loss DeductionStatement 5DescriptionLoss Previously AppliedLoss RemainingAvailable This Year12/31/1922,947.12,280.10,667.10,667.		Post	NOL Deduction		
LossLossAvailableTax YearLoss SustainedAppliedRemainingAvailable12/31/1922,947.12,280.10,667.10,667.	10,6	567.	10,667.		0.
LossLossAvailableTax YearLoss SustainedAppliedRemainingAvailable12/31/1922,947.12,280.10,667.10,667.					
Tax YearLoss SustainedPreviously AppliedLoss RemainingAvailable This Year12/31/1922,947.12,280.10,667.10,667.	990-T Sch A	Post-202	17 Net Operating I	oss Deduction	Statement 5
· · · · · · · · · · · · · · · · · · ·	Tax Year I	oss Sustained	Previously		
NOL Carryover Available This Year 10,667. 10,667.	12/31/19	22,947.	12,280.	10,667.	10,667.
	NOL Carryover	Available This	Year	10,667.	10.667.

88-0370179

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12801 01-06-22	2801	01-06-22	
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from line 15. Then go to line 12 of the next column

For Paperwork Reduction Act Notice, see separate instructions.

#### Employer Community Foundation of Northern Nevada 88-0370179 Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220. **Required Annual Payment** Part I 12,012. 1 Total tax (see instructions) 1 2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 2a b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method 2b c Credit for federal tax paid on fuels (see instructions) 2c d Total. Add lines 2a through 2c 2d 3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation 12,012. does not owe the penalty 3 Enter the tax shown on the corporation's 2020 income tax return. See instructions. **Caution**: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 4 5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, 12,012. enter the amount from line 3 Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty. See instructions. 6 The corporation is using the adjusted seasonal installment method. The corporation is using the annualized income installment method. 7 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax. Part III Figuring the Underpayment (C) (d) (a) (b) Installment due dates. Enter in columns (a) through (d) the 9 15th day of the 4th (Form 990-PF filers: Use 5th month), 04/15/21 06/15/21 09/15/21 12/15/21 6th, 9th, and 12th months of the corporation's tax year 9 10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38, If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, 3,003. 3,003. 3,003. 3,003. 10 enter 25% (0.25) of line 5 above in each column 11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions 11 Complete lines 12 through 18 of one column before going to the next column. 12 Enter amount, if any, from line 18 of the preceding column 12 13 13 Add lines 11 and 12 3,003. 9,009. 6,006. Add amounts on lines 16 and 17 of the preceding column 14 14 0. Ο. 0. 0. Subtract line 14 from line 13. If zero or less, enter -0-15 15 If the amount on line 15 is zero, subtract line 13 from line 16 3,003. 6,006. 14. Otherwise, enter -0-16 **Underpayment.** If line 15 is less than or equal to line 10, 17 subtract line 15 from line 10. Then go to line 12 of the next 3,003. 3,003. 3,003. 3,003. column. Otherwise, go to line 18 17 18 **Overpayment.** If line 10 is less than line 15, subtract line 10

18

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Department of the Treasury Internal Revenue Service Name

Form

## Underpayment of Estimated Tax by Corporations

Form 990-T

Attach to the corporation's tax return. ► Go to www.irs.gov/Form2220 for instructions and the latest information. OMB No. 1545-0123

2021

Form 2220 (2021)

ide	ntification	numbe

Form 99	0-т
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Form 2220 (2021)

#### Part IV Figuring the Penalty

			(a)	(b)	(0)		(d)
9	Enter the date of payment or the 15th day of the 4th month						
	after the close of the tax year, whichever is earlier.						
	(C corporations with tax years ending June 30						
	and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month						
	instead of 4th month.) See instructions	19					
0	Number of days from due date of installment on line 9 to the	10					
	date shown on line 19	20					
1	Number of days on line 20 after 4/15/2021 and before 7/1/2021	21					
22	Underpayment on line 17 x Number of days on line 21 x 3% (0.03)	22	\$	\$	\$		\$
	365						
23	Number of days on line 20 after 6/30/2021 and before 10/1/2021	23					
24	Underpayment on line 17 x Number of days on line 23 x 3% (0.03)	24	\$	\$	\$		\$
		0.5					
25	Number of days on line 20 after 9/30/2021 and before 1/1/2022	25					
26	Underpayment on line 17 x Number of days on line 25 x 3% (0.03)	26	\$	\$	\$		\$
	365						
27	Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	See	Attached W	orksheet		
28	Underpayment on line 17 x Number of days on line 27 x 3% (0.03)	28	\$ -	\$	\$		\$
.0	365	20	9	φ	Ψ		Ψ
29	Number of days on line 20 after 3/31/2022 and before 7/1/2022	29					
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$
81	Number of days on line 20 after 6/30/2022 and before 10/1/2022	31					
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$		\$
.2	365	52	φ	φ	Ψ		Ψ
33	Number of days on line 20 after 9/30/2022 and before 1/1/2023	33					
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$		\$
	365		Ψ	Ψ	Ψ		Ψ
5	Number of days on line 20 after 12/31/2022 and before 3/16/2023	35					
6	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$		\$
	365						
87	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$		\$
8	Penalty. Add columns (a) through (d) of line 37. Enter the to	ital he	ere and on Form 1120, lin	e 34; or the comparable			
	line for other income tax returns					38	\$ 293

These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this

information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2021)

#### Form 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying N	umber
Community	Foundation of	Northern Nev	rada	88-03	70179
(A)	(B)	(C)	(D)	(E)	(F)
*Date	Amount	Adjusted Balance Due	Number Days Balance Due	Daily Penalty Rate	Penalty
		-0-			
04/15/21	3,003.	3,003.	61	.000082192	15.
06/15/21	3,003.	6,006.	92	.000082192	45.
09/15/21	3,003.	9,009.	91	.000082192	67.
12/15/21	3,003.	12,012.	106	.000082192	105.
03/31/22	0.	12,012.	45	.000109589	59.
					KL
				)	
			504		
PU	DL	0	<b>NPY</b>		
enalty Due (Sum of Co	· ->				291.

\* Date of estimated tax payment, withholding credit date or installment due date.

0065	Retu	Irn of U.S. Per	rsons With	n Respect to			OMB	No. 1545-1668
Form 8865	Certain Foreign Partnerships Attach to your tax return.						9	1001
	Go to www.irs.gov/Form8865 for instructions and the latest information. Information furnished for the foreign partnership's tax year						2	2021
Department of the Treasury Internal Revenue Service				1, and ending <b>DEC</b>	31 .	2021	Attac Sequ	hment ence No. 865
Name of person filing this re	urn		,	, , ,			tion numbe	
					88	8-037	0179	
	oundation of							
Filer's address (if you aren't	filing this form with your tax r	eturn)	A Category	of filer (see Categories of				licable box(es)):
			B Filer's tax		3 2021	X		31,2021
<b>C</b> Filer's share of liabilities:	Noprocource ¢	Qualified n	beginning Ionrecourse financ	g	, 2021	, and end Other		<u> </u>
	onsolidated group but not the					Ullel	φ	
Name		parent, enter the follow			EIN			
Address								
E Check if any excepted spe	ecified foreign financial assets	are reported on this for	rm. See instructio	ns				
F Information about certain	other partners (see instructio	ons)						
(1) No				(2) Identification		(4)	Check applica	ble box(es)
(1) Name		(2) Address		(3) Identification nu	mber	Category 1	Category 2	Constructive owner
								<u> </u>
						0(-) EIN	(11	·
G1 Name and address of fore	sign partnership Y <b>Partners VI</b>	TT Offaham	о т			<b>2(a)</b> EIN	(If any)	
FIIVALE EQUIL	y faithers vi		з, ц		-	2(h) Refe	erence ID nu	mher
89 Nexus Way						01		
	ayman Islands	KY1-9009					under who	se laws organized
							n Isl	•
4 Date of organization 5 of	incipal place business	6 Principal business activity code numb	er 7 Principal bu	usiness 8	Ba Functio	nal		ange rate hstructions)
12/29/2020Cay	rman Islands	523900	Invest	ment U	S Dol		(	
H Provide the following info	ormation for the foreign partne	ership's tax year:						
1 Name, address, and iden	tification number of agent (if a	iny) in the United States	3 2 Check if	the foreign partnershi	o must file:		_	
					Form 8804		Form 106	5
			Service C	Center where Form 10	65 is filed:			
2 Name and address of for		untry of organization if	Name and	address of person(s) with	custody of th	e books and	d records of th	e foreign
3 Name and address of for	eign partnership's agent in co	unitry of organization, if	ally <b>4</b> partnership	p, and the location of such	books and re	ecords, if dif	fferent	
	the foreign partnership pay o							
5 During the tax year, did	i ino toroign parinoronip pay c	or accrue any interest or	royalty for which	the deduction is not				
		or accrue any interest or				►	Yes	X No
allowed under section	267A? See instructions						<b>Yes</b>	
allowed under section and allowed under section and the sectio	267A? See instructions	uctions				►	<pre>     Yes     S     Yes     Yes </pre>	X No
allowed under section a lf "Yes," enter the total 6 Is the partnership a sec 7 Were any special alloca	267A? See instructions amount of the disallowed ded tion 721(c) partnership, as de tions made by the foreign par	uctions efined in Regulations se rtnership?	ction 1.721(c)-1(b	b)(14)?			\$	
allowed under section 3 If "Yes," enter the total Is the partnership a sec Were any special alloca Enter the number of Fo	267A? See instructions amount of the disallowed ded stion 721(c) partnership, as de tions made by the foreign par rms 8858, Information Returr	uctions efined in Regulations se rtnership? 1 of U.S. Persons With F	ction 1.721(c)-1(b Respect to Foreign	o)(14)?		···· ►	\$ Yes	X No
<ul> <li>allowed under section 3</li> <li>If "Yes," enter the total</li> <li>Is the partnership a sec</li> <li>Were any special alloca</li> <li>Enter the number of Fo</li> <li>(FDEs) and Foreign Bra</li> </ul>	267A? See instructions amount of the disallowed ded stion 721(c) partnership, as de tions made by the foreign par rms 8858, Information Returr inches (FBs), attached to this	uctions efined in Regulations se rtnership? 1 of U.S. Persons With F return. See instructions	ction 1.721(c)-1(b Respect to Foreign	D)(14)?			\$Yes	X No X No 1
<ul> <li>allowed under section 3</li> <li>If "Yes," enter the total 4</li> <li>Is the partnership a sec</li> <li>Were any special alloca</li> <li>Enter the number of Fo</li> <li>(FDEs) and Foreign Bra</li> <li>How is this partnership</li> </ul>	267A? See instructions amount of the disallowed ded stion 721(c) partnership, as de tions made by the foreign par rms 8858, Information Return inches (FBs), attached to this classified under the law of th	uctions efined in Regulations se rtnership? n of U.S. Persons With F return. See instructions re country in which it's c	ction 1.721(c)-1(b Respect to Foreign prganized?	D)(14)?	▶ Ì		\$Yes	X No X No 1
<ul> <li>allowed under section 2</li> <li>If "Yes," enter the total 2</li> <li>Is the partnership a sec</li> <li>Were any special alloca</li> <li>Enter the number of Fo</li> <li>(FDEs) and Foreign Bra</li> <li>How is this partnership</li> <li>10 a Does the filer have an i</li> </ul>	267A? See instructions amount of the disallowed ded stion 721(c) partnership, as de tions made by the foreign par rms 8858, Information Return inches (FBs), attached to this classified under the law of th interest in the foreign partners	uctions efined in Regulations se rtnership? n of U.S. Persons With F return. See instructions ie country in which it's c ship, or an interest indire	ction 1.721(c)-1(b Respect to Foreign prganized? ectly through the f	o)(14)? I Disregarded Entities Foreign partnership, th	► I at's a		\$Yes	X No X No 1
<ul> <li>allowed under section 3</li> <li>If "Yes," enter the total 5</li> <li>Is the partnership a sec</li> <li>Were any special alloca</li> <li>Enter the number of Fo</li> <li>(FDEs) and Foreign Bra</li> <li>How is this partnership</li> <li>10 a Does the filer have an i separate unit under Re</li> </ul>	267A? See instructions amount of the disallowed ded stion 721(c) partnership, as de tions made by the foreign par rms 8858, Information Return inches (FBs), attached to this classified under the law of th nterest in the foreign partners gulations section 1.1503(d)-1	uctions efined in Regulations se rtnership? n of U.S. Persons With F return. See instructions he country in which it's o ship, or an interest indire (b)(4) or part of a comb	ction 1.721(c)-1(b Respect to Foreign organized? ectly through the f pined separate unit	o)(14)? I Disregarded Entities Foreign partnership, the t under Regulations se	at's a ection	Ex Lt	\$Yes Yes Yes d Par	X No X No 1 tnership
<ul> <li>allowed under section 3</li> <li>If "Yes," enter the total 5</li> <li>Is the partnership a sec</li> <li>Were any special alloca</li> <li>Enter the number of Fo</li> <li>(FDEs) and Foreign Bra</li> <li>How is this partnership</li> <li>10 a Does the filer have an i separate unit under Re</li> <li>1.1503(d)-1(b)(4)(ii)?</li> </ul>	267A? See instructions amount of the disallowed ded tion 721(c) partnership, as de tions made by the foreign par rms 8858, Information Return inches (FBs), attached to this classified under the law of th interest in the foreign partners gulations section 1.1503(d)-1 If "No," skip question 10b	uctions efined in Regulations se rtnership? n of U.S. Persons With F return. See instructions te country in which it's of ship, or an interest indire (b)(4) or part of a comb	ction 1.721(c)-1(b Respect to Foreign organized? ectly through the f pined separate unit	o)(14)? n Disregarded Entities oreign partnership, the t under Regulations se	at's a ection	Ex Lt	\$Yes	X No X No 1
<ul> <li>allowed under section 3</li> <li>If "Yes," enter the total 3</li> <li>Is the partnership a sec</li> <li>Were any special alloca</li> <li>Enter the number of Fo</li> <li>(FDEs) and Foreign Bra</li> <li>How is this partnership</li> <li>10 a Does the filer have an i separate unit under Re</li> <li>1.1503(d)-1(b)(4)(ii)?</li> <li>b If "Yes," does the separate</li> </ul>	267A? See instructions amount of the disallowed ded stion 721(c) partnership, as de tions made by the foreign par rms 8858, Information Return inches (FBs), attached to this classified under the law of th nterest in the foreign partners gulations section 1.1503(d)-1 If "No," skip question 10b ate unit or combined separate	uctions efined in Regulations se rtnership? n of U.S. Persons With F return. See instructions the country in which it's of ship, or an interest indire (b)(4) or part of a comb	ction 1.721(c)-1(b Respect to Foreign prganized? ectly through the f pined separate unit	o)(14)? Disregarded Entities oreign partnership, th t under Regulations se fined in Regulations	at's a ection	Ex Lt	\$Yes Yes d Par Yes	X No X No 1 tnership X No
<ul> <li>allowed under section 3</li> <li>If "Yes," enter the total 3</li> <li>Is the partnership a sec</li> <li>Were any special alloca</li> <li>Enter the number of Fo</li> <li>(FDEs) and Foreign Bra</li> <li>How is this partnership</li> <li>10 a Does the filer have an i separate unit under Re</li> <li>1.1503(d)-1(b)(4)(ii)?</li> <li>If "Yes," does the separ section 1.1503(d)-1(b)</li> </ul>	267A? See instructions amount of the disallowed ded stion 721(c) partnership, as de tions made by the foreign par rms 8858, Information Return inches (FBs), attached to this classified under the law of th interest in the foreign partners gulations section 1.1503(d)-1 If "No," skip question 10b ate unit or combined separate (5)(ii)?	uctions efined in Regulations se rtnership? n of U.S. Persons With F return. See instructions the country in which it's of ship, or an interest indire (b)(4) or part of a comb	ction 1.721(c)-1(b Respect to Foreign prganized? ectly through the f pined separate unit	o)(14)? Disregarded Entities oreign partnership, th t under Regulations se fined in Regulations	at's a ection	Ex Lt	\$Yes Yes Yes d Par	X No X No 1 tnership
<ul> <li>allowed under section 2 If "Yes," enter the total 5</li> <li>Is the partnership a sec</li> <li>Were any special alloca</li> <li>Enter the number of Fo (FDEs) and Foreign Bra</li> <li>How is this partnership</li> <li>Does the filer have an i separate unit under Re</li> <li>1.1503(d)-1(b)(4)(ii)?</li> <li>If "Yes," does the separ section 1.1503(d)-1(b)</li> <li>Does this partnership</li> </ul>	267A? See instructions amount of the disallowed ded stion 721(c) partnership, as de tions made by the foreign par rms 8858, Information Return inches (FBs), attached to this classified under the law of th nterest in the foreign partners gulations section 1.1503(d)-1 If "No," skip question 10b ate unit or combined separate	uctions efined in Regulations se rtnership? n of U.S. Persons With F return. See instructions te country in which it's of ship, or an interest indire (b)(4) or part of a comb e unit have a dual consol	ction 1.721(c)-1(b Respect to Foreign organized? ectly through the f bined separate unit lidated loss, as de	o)(14)? Disregarded Entities oreign partnership, th t under Regulations se fined in Regulations	at's a ection	Ex Lt	\$Yes Yes d Par Yes	X No X No 1 tnership X No
<ul> <li>allowed under section 2 If "Yes," enter the total 5</li> <li>Is the partnership a sec</li> <li>Were any special alloca</li> <li>Enter the number of Fo (FDEs) and Foreign Bra</li> <li>How is this partnership</li> <li>Does the filer have an i separate unit under Re</li> <li>1.1503(d)-1(b)(4)(ii)?</li> <li>If "Yes," does the separ section 1.1503(d)-1(b)</li> <li>Does this partnership r</li> <li>The partnership's to</li> </ul>	267A? See instructions amount of the disallowed deduction 721(c) partnership, as de titions made by the foreign part rms 8858, Information Return inches (FBs), attached to this classified under the law of the nterest in the foreign partners gulations section 1.1503(d)-1 If "No," skip question 10b ate unit or combined separate (5)(ii)? neet <b>both</b> of the following req	uctions efined in Regulations se rtnership? n of U.S. Persons With F return. See instructions the country in which it's of ship, or an interest indire (b)(4) or part of a comb e unit have a dual consol utirements? ere less than \$250,000.	ction 1.721(c)-1(b Respect to Foreign organized? ectly through the f pined separate unit lidated loss, as de	b)(14)? I Disregarded Entities Foreign partnership, the t under Regulations set fined in Regulations	at's a ection	Ex Lt	\$Yes Yes d Par Yes	X No X No 1 tnership X No
<ul> <li>allowed under section 2 If "Yes," enter the total 5</li> <li>Is the partnership a sec</li> <li>Were any special alloca</li> <li>Enter the number of Fo (FDEs) and Foreign Bra</li> <li>How is this partnership</li> <li>Does the filer have an i separate unit under Re<ol> <li>1.1503(d)-1(b)(4)(ii)?</li> <li>If "Yes," does the separ section 1.1503(d)-1(b)</li> <li>Does this partnership ro<ol> <li>The partnership's to</li> <li>The value of the par</li> </ol> </li> </ol></li></ul>	267A? See instructions amount of the disallowed ded stion 721(c) partnership, as de tions made by the foreign par rms 8858, Information Return inches (FBs), attached to this classified under the law of th interest in the foreign partners gulations section 1.1503(d)-1 If "No," skip question 10b ate unit or combined separate (5)(ii)? neet <b>both</b> of the following req tal receipts for the tax year we	uctions efined in Regulations se rtnership? n of U.S. Persons With F return. See instructions the country in which it's of ship, or an interest indire (b)(4) or part of a comb e unit have a dual consol utirements? ere less than \$250,000.	ction 1.721(c)-1(b Respect to Foreign organized? ectly through the f pined separate unit lidated loss, as de	b)(14)? I Disregarded Entities Foreign partnership, the t under Regulations set fined in Regulations	at's a ection	Ex Lt	\$Yes Yes Yes Yes	X No X No 1 tnership X No No

Form 88	65 (2	2021)	Community Founda	tion	of Northern	Nevada	L		88	-03701	L79	Page <b>2</b>
12 a	ls th	e filer of	this Form 8865 claiming a foreign-de	rived inta	ngible income deduction	under section 2	50) with re	spect to				
	anya	amounts	listed on Schedule N?						🕨	Yes	X	No
b	If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses)											
	from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction											
	eligible income (FDDEI)											
C	If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the											
									🕨			
d		·	the amount of gross income derived		1	0 1						
			s computation of FDDEI						🕨			
13			ber of foreign partners subject to se									
			ip or of receiving a distribution from						🕨			
14			uring the tax year were any transfers								v	No
15 0					or pariod batwaan the pa				🚩	Yes	Δ	
15 a			ny transfers of property or money wit quire disclosure under Regulations s	-		-						
			amount or value of each transfer, an					•		Yes	X	No
b			ership assume a liability or receive pr					• • • • • • • • • • • • • • • • • • • •	ithin			
-		•	od of transferring the property to the			-						
			r value of each transfer, the debt assi						., ►	Yes	X	No
Sign Here if You're F			nalties of perjury, I declare that I have examined complete. Declaration of preparer (other								is true,	
This Form	· -	conect, a	ind complete. Declaration of preparer (other	unan genera	a partner or infined liability con	ipany member) is c	iaseu un an in	normation of wi	lich prepa	arer nas any kno	Jwiedge.	
Separatel Not With									_			
Tax Retur	n.		gnature of general partner or limited liability								Date	
Paid		Print/Type	e preparer's name	Prepar	rer's signature		Date	Chec		if PTIN		
Prepa	arer								employed			
Use		Firm's n						Firm's El				
Only		Firm's a	ddress ►					Phone n	0.			
Sche	d   a		Constructive Ownership	of Dout	anglein Interact	beels the her	vaa that		o filor	lf vou obr		
Sche	uule	A	box b, enter the name, add									
			interest you constructively			nuncation nu		any) or the	e perso	511(3) 11103		
			<b>a</b> X Owns a direct interest	own. o	h build a build have a build a bui		constructiv	a interact				
-											Check if	Check if
			Name		Address			Identificatio	on number	r (if any)	foreign person	direct partner
Priv	at	e Ea	uity Partners	89 Nexus Way				99-9999999			X	
		- <b>1</b>		Camana Bay, Cayman Islands					_			
Sche	dule	A-1	Certain Partners of Foreig								I	
			News		A datum a r			l de est	<b>6</b> 1 <sup>1</sup>	( <b>f</b> )		Check if
			Name		Address			Identi	fication n	umber (if any)		foreign person
Sche	dule	e A-2	Foreign Partners of Secti	on 721(		e instruction	,					
Name o	of forei rtner	ign	Address		Country of organization	U.S. tax identification		Check if rel U.S. trans			age interes	
pa					(if any)	(if an	iy)			Capital	_	ofits
											6	%
Dearth		a a sa a la tra d	 			1				9	/ol	%
			ave any other foreign person as a dir Affiliation Schedule. List			lomootio) in v	which the			<u>Yes</u>		No
Sche	uule	: <b>А-</b> З	a direct interest or indirect					e loreign p	ainer			
			Name	Address				EIN (if any)		Total or income o		Check if foreign partner- ship
Priv	rat	e Eq	uity Partners		ld Danbury H		3	5-1045	5939			
				Wilt	on, CT 0689	97-0812						

Form 8865 (2021)

(Rev. October 2021)
Department of the Treasury

SCHEDULE O

(Form 8865)

# Transfer of Property to a Foreign Partnership (Under Section 6038B)

Attach to Form 8865. See the Instructions for Form 8865. 0005 4 - + 60 . . . ... OMB No. 1545-1668

Internal Revenue Serv	/ice	► Go	to www.irs.gov/Form	8865 for instructions	and the latest infor		
Name of transfero	r					Filer's identifying nu	mber
	Commun	itv F	oundation of	E Northern N	Ievada	88-03701	79
Name of foreign p	artnership Pr	ivate	Equity Part	ners VIII (	Offs EIN (if any		ice ID number (see instr)
5 1		1 vace	Equity fur			01	,
-			rship (as defined in Regu			ions	Yes X No
	•		lied to avoid the recognit	• •		L	Yes No
2 Was any in	tangible property t	ransferred c	onsidered or anticipated t	to be, at the time of the tr	ansfer or at any		
time therea	fter, a platform co	ntribution as	defined in Regulations s	ection 1.482-7(c)(1)?			Yes No
Part I Tr	ansfers Reportabl	e Under Se	ction 6038B				
Type of property	(a) Date of transfer	(b) Description	(c) Fair market value on date of transfer	(d) Cost or other	(e) Recovery period	(f) Section 704(c)	(g) Gain recognized
	transier	of property	on date of transfer	basis		allocation method	on transfer
Cash	12/31/21		1,008,777.				
Stock, notes							
receivable							
and payable,							
and other securities							
3660111163							
Inventory							
inventory							
Tangible							
property							
used in trade							
or business							
Intangible							
property 🚽							
described in							
section							
197(f)(9) Intangible							
property, other							
than intangible							
property described in							
section 197(f)(9)							
Other							
property							
Totals			1,008,777.				
					0000 %	(b) After the trans	 
3 Enter the tr	ansteror's percent	age interest	in the partnership: (a) Be	iore the transfer •	0000 %	(b) After the trans	ifer 1.5110 %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispos	sitions Reportable	Under Section 603	38B					
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner	
Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)?								
LHA For Paperwork	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865. Schedule O (Form 8865) 10-2021							

Electronic Filing PDF Attachment

PUBLIC DISCLOSURE COPY

#### ERTIFICATE OF AMENDMENT OF

#### **ARTICLES OF INCORPORATION**

OF

#### COMMUNITY FOUNDATION OF WESTERN NEVADA

#### A NEVADA NON-PROFIT CORPORATION

Steven Carrick, as Chair of the Community Foundation of Western Nevada, a Nevada Non-Profit Corporation, and Tyson Cross, as Secretary of Community Foundation of Western Nevada, a Nevada Non-Profit Corporation, certify as fo lows:

1. That at the regularly scheduled meeting of the Board of Trustees of this Corporation held via Zoom from the office of the Corporation at 50 Washington Street, Suite 300, Reno, Nevada on December 2, 2020, a motion was approved. The Board of Trustees advised that this change would be beneficial to the Corporation.

2. That the Board of Trustees of this Corporation unanimously voted to approve and adopt the resolution amending the Articles of Incorporation. The Board of Trustees advised that the adoption of the amendment would be beneficial to the Corporation and is required by the Internal Revenue Code. The motion and resolution adopted by the Board of Trustees is as follows:

RESOLVED, that it is considered advisable in the judgement of the Board of Trustees that the name of the Corporation be amended to change from the Community Foundation of Western Nevada, to the Community Foundation of Northern Nevada.

RESOLVED, that the amendment of the Articles of Incorporation is adopted and approved.

This Corporation was originally 'ncorporated in the State of Nevada on September 16, 1996.

	-		
Dated:	Dowary	28	, 2021.
201	1		S

	Ву:
	Steven Carrick
	C ·
	By:
	Tyson Cross
	Secretary
STATE OF NEVADA )	
) ss.	
COUNTY OF WASHOE )	- OSUN'
This instrument was acknow Steven Carrick, as Chair of the Co	wledged before me on, 2021 by, 2021 by, mmunity Foundation of Western Nevada.
OUBLIC	Notary Public
STATE OF NEVADA )	
) ss.	
COUNTY OF WASHOE )	
This instrument was acknow	wledged before me on <u>January</u> 28, 2021 by Community Foundation of Western Nevada.
C	this In Dombet
S No. 05-97851-2 MY AP	
No. 00/8/00/12 11111	- Notary Public

Notary Public

#### **CERTIFICATE OF AMENDMENT OF**

#### **ARTICLES OF INCORPORATION**

OF

#### COMMUNITY FOUNDATION OF WESTERN NEVADA

#### A NEVADA NON-PROFIT CORPORATION

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RESOLVED, that the amendment of the Articles of Incorporation is adopted and approved.

This Corporation was originally incorporated in the State of Nevada on September 16, 1996.

Dated: ar 28 , 2021.	
Ε	By: Steven Carrick
E	Chair By:
	Tyson Cross
	Secretary
STATE OF NEVADA )	
) ss.	
COUNTY OF WASHOE )	
This instrument was acknowledged before me Tyson Cross, as Secretary of the Community Founda	

Notary Public

BARBARA K. CEGAVSKE

Secretary of State

#### KIMBERLEY PERONDI

Deputy Secretary for Commercial Recordings

#### **STATE OF NEVADA**



OFFICE OF THE SECRETARY OF STATE Commercial Recordings & Notary Division 202 N. Carson Street Carson City, NV 89701 Telephone (775) 684-5708 Fax (775) 684-7138

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**Work Order #:** W2022071201548 July 12, 2022 Receipt Version: 1

Submitter ID: 538994

### 50 Washington Street Suite 300 Reno, NV 89503, USA

#### **Special Handling Instructions:**

David Brokaski

Description	Fee Description	n Filing Number	Filing	Filing	Qty	Price	Amount
			Date/Time	Status			
Certificates	Fees	20222455707	7/12/2022	Approved	1	\$50.00	\$50.00
			2:40:47 PM				
Total							\$50.00
Payments		nSI					
Туре	Description		Payment S	Payment Status			Amount
Credit Card	65766204718	6576620471876676103049		Success			\$50.00
Total							\$50.00
Total		0		C	redit E	Balance:	\$50.00 \$0.00

David Brokaski 50 Washington Street Suite 300 Reno, NV 89503, USA

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Community Foundation of Northern Nevada**, as a DOMESTIC NONPROFIT CORPORATION (82) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 09/16/1996, and is in good standing in this state.



Certificate Number: B202207122819688 You may verify this certificate online at <u>http://www.nvsos.gov</u> IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/12/2022.

Barbara K. Cegarske

BARBARA K. CEGAVSKE Secretary of State