

**Community
Foundation of
Western Nevada
2018 Income Tax Return
Public Disclosure Copy**

**STATEMENT THAT THIS IS A TAX RETURN
NOT A FINANCIAL STATEMENT**

The accompanying federal income tax return does **NOT** constitute a financial statement. We have not audited, reviewed or compiled the accompanying income tax return and, accordingly, do not express an opinion or any other form of assurance on it.

An income tax return is not intended to constitute financial statements prepared in accordance with generally accepted accounting principles. Accordingly, it does not necessarily include all financial information or disclosures required by generally accepted accounting principles. If the omitted financial information or disclosures were included with the tax return, they might influence the users' conclusions about the taxpayer's financial position, results of operations and cash flows. Accordingly, this income tax return is not designed to be used in lieu of financial statements.

RECORD RETENTION

Copies of your tax returns are enclosed for your files. It is your responsibility to retain copies of your tax information. We recommend the following guidelines:

- Tax returns – keep indefinitely.
- Supporting documentation – keep for 8 years.
- Records supporting your tax basis in personal, investment and business assets and gift documentation – keep indefinitely.

Please note: Eide Bailly retains copies of tax returns, workpapers and other tax information for a period of eight years. After that, we dispose of all records. If you have questions regarding retention of tax records, please contact us.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
December 31, 2018

Prepared for	Community Foundation of Western Nevada 50 Washington Street No. 300 Reno, NV 89503
Prepared by	Eide Bailly LLP 5441 Kietzke Ln, Ste 150 Reno, NV 89511-2094
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. The return has been transmitted electronically to the IRS and no further action is required.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning _____, 2018, and ending _____, 20____

2018

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

COMMUNITY FOUNDATION OF WESTERN NEVADA

88-0370179

Name and title of officer

**CHRIS ASKIN
PRESIDENT AND CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>19,216,836.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize EIDE BAILLY LLP to enter my PIN 21355
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

88486707300

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 11/14/19

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

Form **990**

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

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION OF WESTERN NEVADA Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 50 WASHINGTON STREET 300 City or town, state or province, country, and ZIP or foreign postal code RENO, NV 89503 F Name and address of principal officer: CHRIS ASKIN SAME AS C ABOVE	D Employer identification number 88-0370179 E Telephone number 775-333-5499 G Gross receipts \$ 53,600,820. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ NEVADAFUND.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1998 M State of legal domicile: NV		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: STRENGTHEN OUR COMMUNITY BY LEADING INITIATIVES AND COMMUNITY ENGAGEMENT ACTIVITIES AS A NEUTRAL		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	15
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	12,572,864.	14,026,197.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,251,045.	4,314,617.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,818,978.	876,022.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,642,887.	19,216,836.
14	Benefits paid to or for members (Part IX, column (A), line 4)	10,761,987.	12,340,527.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	777,045.	871,550.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 216,816.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	503,524.	735,862.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,042,556.	13,947,939.
19	Revenue less expenses. Subtract line 18 from line 12	4,600,331.	5,268,897.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	103,240,108.	120,753,632.
22	Net assets or fund balances. Subtract line 21 from line 20	7,072,809.	13,156,907.
		96,167,299.	107,596,725.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, 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 which preparer has any knowledge.

Sign Here	Signature of officer CHRIS ASKIN, PRESIDENT AND CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name ELISABETH FARLEY Preparer's signature ELISABETH FARLEY Date 11/14/19 Check if self-employed <input type="checkbox"/> PTIN P00520516 Firm's name ▶ EIDE BAILLY LLP Firm's address ▶ 5441 KIETZKE LN, STE 150 RENO, NV 89511-2094 Firm's EIN ▶ 45-0250958 Phone no. 775-689-9100	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 13,248,196. including grants of \$ 12,340,528.) (Revenue \$ 640,722.) THE COMMUNITY FOUNDATION OF WESTERN NEVADA STRENGTHENS THE NORTHERN AND WESTERN 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 \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 13,248,196.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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? <i>If "Yes," complete Schedule C, Part II</i>	4	X
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
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 "Yes," complete Schedule D, Part VIII</i>	11c X	
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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part 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 15		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b		
4a	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 account)? 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 Accounts (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 transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit 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 contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	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:		
a	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.		
a	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		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see 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?		X
If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O.		
	1a 21		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	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?	X	
b	Describe in 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in 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?		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			

Section 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 **CHRIS ASKIN - 775-333-5499**
50 WASHINGTON ST, STE 300, RENO, NV 89503

Part 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 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES PFROMMER BOARD CHAIR	2.00	X		X				0.	0.	0.
(2) TERESA MENTZER BOARD VICE CHAIR	2.00	X		X				0.	0.	0.
(3) TYSON CROSS SECRETARY	2.00	X		X				0.	0.	0.
(4) LESLIE DAANE TREASURER	2.00	X		X				0.	0.	0.
(5) GAIL HUMPHREYS TRUSTEE	2.00	X						0.	0.	0.
(6) MATTHEW GRAY TRUSTEE	2.00	X						0.	0.	0.
(7) STEVE CARRICK TRUSTEE	2.00	X						0.	0.	0.
(8) BARBARA DRAKE TRUSTEE	2.00	X						0.	0.	0.
(9) THOMAS HALL TRUSTEE	2.00	X						0.	0.	0.
(10) NORA JAMES TRUSTEE	2.00	X						0.	0.	0.
(11) CRAIG KING TRUSTEE	2.00	X						0.	0.	0.
(12) CARY LURIE TRUSTEE	2.00	X						0.	0.	0.
(13) SUSANNE PENNINGTON TRUSTEE	2.00	X						0.	0.	0.
(14) ALICIA REBAN TRUSTEE	2.00	X						0.	0.	0.
(15) JAN RUDE-WILLSON TRUSTEE	2.00	X						0.	0.	0.
(16) BETH SCHULER TRUSTEE	2.00	X						0.	0.	0.
(17) DON SEFTON TRUSTEE	2.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LILLI TRINCHERO TRUSTEE	2.00	X						0.	0.	0.
(19) SY JOHSON TRUSTEE	2.00	X						0.	0.	0.
(20) KEVIN MELCHER TRUSTEE	2.00	X						0.	0.	0.
(21) MICHAEL SALOGGA TRUSTEE	2.00	X						0.	0.	0.
(22) CHRIS ASKIN PRESIDENT AND CEO	40.00			X				158,740.	0.	12,358.
1b Sub-total								158,740.	0.	12,358.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								158,740.	0.	12,358.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14,026,197.				
	g Noncash contributions included in lines 1a-1f: \$		3,746,203.				
	h Total. Add lines 1a-1f			14,026,197.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,638,731.			2,638,731.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		283,202.					
		b Less: rental expenses	47,902.				
		c Rental income or (loss)	235,300.				
	d Net rental income or (loss)			235,300.			235,300.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		36,011,968.					
		b Less: cost or other basis and sales expenses	34,336,082.				
		c Gain or (loss)	1,675,886.				
	d Net gain or (loss)			1,675,886.			1,675,886.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a MISCELLANEOUS REVENUE	561000		640,722.	640,722.			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			640,722.				
12 Total revenue. See instructions			19,216,836.	640,722.	0.	4,549,917.	

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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,247,053.	12,247,053.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	71,983.	71,983.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	21,491.	21,491.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	171,098.	68,439.	68,439.	34,220.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	590,477.	236,191.	236,191.	118,095.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	47,280.	18,912.	18,912.	9,456.
10 Payroll taxes	62,695.	25,078.	25,078.	12,539.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	35,365.		35,365.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	25,436.		21,600.	3,836.
12 Advertising and promotion	28,338.	28,338.		
13 Office expenses	31,707.	12,683.	12,683.	6,341.
14 Information technology	65,700.	26,280.	26,280.	13,140.
15 Royalties				
16 Occupancy	53,497.	21,399.	21,399.	10,699.
17 Travel	14,143.	14,143.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,276.	2,276.		
20 Interest	1,255.	502.	502.	251.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	33,443.	13,377.	13,377.	6,689.
23 Insurance	7,752.	3,101.	3,101.	1,550.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT FUND EXPENSES FO	327,229.	327,229.		
b OTHER EXPENSES	89,115.	89,115.		
c INITIATIVE EXPENSES	20,606.	20,606.		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,947,939.	13,248,196.	482,927.	216,816.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	8,530,871.	2	7,256,764.
	3 Pledges and grants receivable, net	4,151,002.	3	1,431,000.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	26,729.	9	24,750.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,559,136.		
	b Less: accumulated depreciation	10b 983,528.	10c	6,575,608.
	11 Investments - publicly traded securities	74,543,441.	11	76,065,695.
	12 Investments - other securities. See Part IV, line 11	10,295,000.	12	14,263,000.
	13 Investments - program-related. See Part IV, line 11	4,608,086.	13	15,136,815.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	103,240,108.	16	120,753,632.	
Liabilities	17 Accounts payable and accrued expenses	64,122.	17	531,952.
	18 Grants payable	3,955,920.	18	6,588,900.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	3,023,719.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,052,767.	25	3,012,336.
	26 Total liabilities. Add lines 17 through 25	7,072,809.	26	13,156,907.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	49,976,925.	27	34,728,047.
	28 Temporarily restricted net assets	30,486,770.	28	56,578,452.
	29 Permanently restricted net assets	15,703,604.	29	16,290,226.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	96,167,299.	33	107,596,725.
	34 Total liabilities and net assets/fund balances	103,240,108.	34	120,753,632.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,216,836.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,947,939.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,268,897.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	96,167,299.
5	Net unrealized gains (losses) on investments	5	6,456,501.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-295,972.
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	107,596,725.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Part II 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10017018.	10083297.	19049229.	12572864.	13717698.	65440106.
2 Tax revenues levied for the organization'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	10017018.	10083297.	19049229.	12572864.	13717698.	65440106.
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)						16674275.
6 Public support. Subtract line 5 from line 4.						48765831.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	10017018.	10083297.	19049229.	12572864.	13717698.	65440106.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1712051.	2300909.	1830743.	2694319.	2602888.	11140910.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	484,625.	320,769.	294,320.	396,044.	787,810.	2283568.
11 Total support. Add lines 7 through 10						78864584.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	61.83 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	60.48 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
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 amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		
1		
2		

Section 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 or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section 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?		
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).		
3 By reason of the relationship described in (2), 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.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
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 in (a) 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 (a) and (b) 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? 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.			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2018

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATION OF WESTERN NEVADA** Employer identification number **88-0370179**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	107	
2 Aggregate value of contributions to (during year)	5,883,345.	
3 Aggregate value of grants from (during year)	5,607,997.	
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,426,814.	10,191,814.	10,274,605.	8,242,813.	8,545,261.
b Contributions	7,736,837.	1,157,541.	50,707.	2,716,657.	41,551.
c Net investment earnings, gains, and losses	-1,005,495.	972,552.	655,464.	-199,854.	138,245.
d Grants or scholarships	635,823.	379,020.	48,596.	383,381.	419,189.
e Other expenditures for facilities and programs	18,445.	454,052.	684,642.	101,624.	63,055.
f Administrative expenses	163,654.	62,021.	55,724.		
g End of year balance	17,340,234.	11,426,814.	10,191,814.	10,274,611.	8,242,813.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 6.00 %
- b Permanent endowment 94.00 %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,149,548.		1,149,548.
b Buildings				
c Leasehold improvements		1,942,607.	924,200.	1,018,407.
d Equipment		75,746.	59,328.	16,418.
e Other		4,391,235.		4,391,235.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,575,608.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) NON PUBLICLY TRADED STOCK	14,263,000.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	14,263,000.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) LIFE INSURANCE POLICIES	78,573.	END-OF-YEAR MARKET VALUE
(2) INVESTMENT IN REAL ESTATE	15,058,242.	END-OF-YEAR MARKET VALUE
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	15,136,815.	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT INTEREST AGREEMENTS	3,012,336.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,012,336.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part 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 X, LINE 2:

THE FOUNDATION IS A NON-PROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3); THEREFORE, NO PROVISION FOR INCOME TAX IS PROVIDED. THE FOUNDATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION AND HAS BEEN DESIGNATED AS A PUBLICLY-SUPPORTED ORGANIZATION. CFX, LLC, CFCP, LLC, CFRSO, LLC AND COMMUNITY HOUSING LAND TRUST, LLC ARE ALL CONSIDERED SINGLE MEMBER LLC'S AND ARE DISREGARDED ENTITIES FOR TAX PURPOSES. THEY ARE INCLUDED IN THE RETURN OF THE FOUNDATION. TAX POSITIONS TO CONSIDER INCLUDE, BUT ARE NOT LIMITED TO:

-IT HAS NOT ENGAGED IN ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX EXEMPT

Part XIII Supplemental Information (continued)

STATUS

-IT HAS NOT ENGAGED IN ANY ACTIVITIES THAT WOULD RESULT IN UNRELATED BUSINESS INCOME TAX

-IT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS

ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE. IN ADDITION, THE FOUNDATION DOES NOT EXPECT ANY MATERIAL CHANGE IN UNCERTAIN TAX POSITIONS WITHIN THE NEXT TWELVE MONTHS.

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)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		6,000.		0.		
		SUB-SAHARAN AFRICA		15,491.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **2**

3 Enter total number of other organizations or entities **2**

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "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)* Yes 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 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)* 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? *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)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "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)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "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 No

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **COMMUNITY FOUNDATION OF WESTERN NEVADA** Employer identification number **88-0370179**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) 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 CARSON CITY, NV 89702	94-2665387	501(C)(3)	10,497.	0.			GENERAL SUPPORT
AIR FORCE ASSOCIATION 1501 LEE HIGHWAY ARLINGTON, VA 22209	52-6043929	501(C)(3)	50,000.	0.			MITCHELL INSTITUTE FOR AEROSPACE STUDIES
ALZHEIMER'S ASSOCIATION 1301 CORDONE AVENUE RENO, NV 89502	94-2897949	501(C)(3)	6,495.	0.			GENERAL SUPPORT
AMERICAN CANCER SOCIETY 630 SIERRA ROSE DRIVE #1A RENO, NV 89511	13-1788491	501(C)(3)	10,497.	0.			CARSON CITY PROGRAMS
AMERICAN CIVIL LIBERTIES UNION 125 BROAD STREET NEW YORK, NY 10004	13-6213516	501(C)(3)	12,500.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 155 COUNTRY ESTATES CIRCLE #200 RENO, NV 89511	13-5613797	501(C)(3)	11,497.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 138.**

3 Enter total number of other organizations listed in the line 1 table **▶ 0.**

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

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN MEDIA COUNCIL 1621 CENTRAL AVENUE CHEYENNE, WY 82001	82-3235497	501(C)(3)	85,000.	0.			GENERAL SUPPORT
ARTOWN 528 WEST 1ST STREET RENO, NV 89503	88-0412311	501(C)(3)	12,000.	0.			GENERAL SUPPORT
AWAKEN INC PO BOX 40635 RENO, NV 89504	38-3843380	501(C)(3)	16,400.	0.			GENERAL SUPPORT
BARACK OBAMA PRESIDENTIAL LIBRARY 2500 W. GOLF ROAD HOFFMAN ESTATES, IL 60169	83-0426548	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BENT ON LEARNING 26 BROADWAY NEW YORK, NY 10004	54-2154416	501(C)(3)	11,000.	0.			#IAMENOUGH CAMPAIGN
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 AND GIRLS CLUB OF TRUCKEE MEADOWS - 2680 E. NINTH STREET - RENO, NV 89512	88-0142068	501(C)(3)	73,500.	0.			GENERAL SUPPORT
BUILD A RESCUE KENNEL 28 HIGHWAY 95A NORTH YERINGTON, NV 89447	26-1759463	501(C)(3)	6,134.	0.			GENERAL SUPPORT
CALIFORNIA COMMUNITY FOUNDATION 221 SOUTH FIGUEROA STREET LOS ANGELES, CA 90012	95-3510055	501(C)(3)	10,500.	0.			WILDFIRE RELIEF FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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CARSON VALLEY COMMUNITY FOOD CLOSET - PO BOX 2911 - GARDNERVILLE, NV 89410	88-0258742	501(C)(3)	13,000.	0.			PERSONAL CARE AND HYGIENE PROGRAM
CARSON-TAHOE HEALTH FOUNDATION PO BOX 2168 CARSON CITY, NV 89702	88-0502320	501(C)(3)	50,000.	0.			CANCER PATIENT SUPPORT
CATAMOUNT FUND C/O MCDONALD CARANO, ATTN: JOSH HIGGINS RENO, NV 89501	88-0370686	501(C)(3)	50,000.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES OF NORTHERN NEVADA - P.O. BOX 5099 - RENO, NV 89513	88-0339754	501(C)(3)	7,000.	0.			GENERAL SUPPORT
CENTER FOR DISASTER PHILANTHROPY 1201 CONNECTICUT AVE. NW WASHINGTON, DC 20036	45-5257937	501(C)(3)	320,641.	0.			HURRICANES HARVEY AND IRMA
CHARITY: WATER 40 WORTH STREET, SUITE 330 NEW YORK, NY 10013	22-3936753	501(C)(3)	6,080.	0.			2018 CHARITY: BALL GALA
CITY OF MIDLAND AQUATICS 3003 NORTH A STREET MIDLAND, TX 79705	75-1254435	501(C)(3)	11,991.	0.			SIDELINE SCOUT SYSTEM
CITY OF RENO POLICE DEPARTMENT 455 EAST SECOND STREET RENO, NV 89505	88-6000201	501(A) GOV	58,278.	0.			VARIOUS FUNDS
CITY OF RENO P.O. BOX 1900 RENO, NV 89505	88-6000201	501(A) GOV	46,402.	0.			VARIOUS FUNDS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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COACHART 312 ARIZONA AVE. SANTA MONICA, CA 90401	94-3389547	501(C)(3)	40,000.	0.			GENERAL SUPPORT
COMMUNITY HEALTH ALLIANCE 680 SOUTH ROCK BLVD. RENO, NV 89502	88-0293149	501(C)(3)	7,000.	0.			GENERAL SUPPORT
CONGREGATION TEMPLE EMANU-EL 1031 MANZANITA LANE RENO, NV 89509		501(C)(3)	150,000.	0.			CAPITAL IMPROVEMENT
DEERFIELD ACADEMY PO BOX 306 DEERFIELD, MA 01342	04-2103563	501(C)(3)	16,000.	0.			GENERAL SUPPORT
DIOCESE OF RENO 290 S. ARLINGTON AVENUE, SUITE 200 RENO, NV 89501	88-0338219	501(C)(3)	49,500.	0.			TODAY TOMORROW TOGETHER CAMPAIGN
DOCTORS WITHOUT BORDERS USA, INC. 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	10,000.	0.			GENERAL SUPPORT
DOMESTIC VIOLENCE RESOURCE CENTER 1735 VASSAR STREET RENO, NV 89502	94-2605396	501(C)(3)	16,350.	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
EARTHJUSTICE 50 CALIFORNIA STREET, SUITE 500 SAN FRANCISCO, CA 94111	94-1730465	501(C)(3)	8,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDDY HOUSE P.O. BOX 6207 RENO, NV 89513	45-3023511	501(C)(3)	26,000.	0.			GENERAL SUPPORT
EXCEL CHRISTIAN SCHOOL 850 BARING BLVD SPARKS, NV 89434	47-0926478	501(C)(3)	17,100.	0.			SCHOOL SUPPLIES
FEEDING PETS OF THE HOMELESS 400 W. KING STREET CARSON CITY, NV 89703	26-3010540	501(C)(3)	10,750.	0.			PROCEDURE EXPENSES
FISH-FRIENDS IN SERVICE HELPING 138 E. LONG STREET CARSON CITY, NV 89706	94-2590904	501(C)(3)	10,497.	0.			GENERAL SUPPORT
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	27,633.	0.			GENERAL SUPPORT
FOUNDATION OF EXCELLENCE AT WOODLAND CHRISTIAN SCHOOL - 1787 MATMOR ROAD - WOODLAND, CA 95776	31-1715318	501(C)(3)	2,500,000.	0.			PERFORMING ARTS CENTER
FRIENDS OF NEVADA WILDERNESS P.O. BOX 9754 RENO, NV 89507	88-0211763	501(C)(3)	25,486.	0.			TAHOE FUND
GIRL SCOUTS OF THE SIERRA NEVADA 605 WASHINGTON STREET RENO, NV 89503	88-0060580	501(C)(3)	31,763.	0.			VARIOUS FUNDS
GRACE COMMUNITY CHURCH 1220 ROBB DRIVE RENO, NV 89521		501(C)(3)	7,500.	0.			HOPE FIRST CAMPAIGN

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELA BIMA WORLD PO BOX 3390 STATELINE, NV 89449	46-3987940	501(C)(3)	40,000.	0.			GENERAL SUPPORT
HISTORIC FOURTH WARD SCHOOL FOUNDATION - P.O. BOX 4 - VIRGINIA CITY, NV 89440	88-0463462	501(C)(3)	10,048.	0.			BUILDING REPAIRS
HOLY CROSS CATHOLIC CHURCH 5950 VISTA BLVD. SPARKS, NV 89436	27-4337740	501(C)(3)	6,000.	0.			GENERAL SUPPORT
HORIZON CHRISTIAN CHURCH 1995 EAST PRATER WAY SPARKS, NV 89434	30-0313994	501(C)(3)	12,000.	0.			GENERAL SUPPORT
HUNTINGTON BEACH UNION HIGH SCHOOL DISTRICT - 5832 BOLSA AVENUE - HUNTINGTON BEACH, CA 92649	95-6001644	501(C)(3)	13,548.	0.			METER BOARD PURCHASE
IMMACULATE CONCEPTION AND ST. JOSEPH PARISH - 1107 N. ORLEANS STREET - CHICAGO, IL 60610	36-2171711	501(C)(3)	12,000.	0.			GENERAL SUPPORT
IN HER SHOES FOUNDATION 155 N MICHIGAN AVE #9012 CHICAGO, IL 60601	27-3434394	501(C)(3)	10,000.	0.			GENERAL SUPPORT
INDIANAPOLIS STARS DIVING CLUB, INC - 12728 PORTAGE WAY - FISHERS, IN 46037	35-2050978	501(C)(3)	38,476.	0.			VARIOUS FUNDS
INTERNATIONAL SWIMMING HALL OF FAME - ONE HALL OF FAME DRIVE - FORT LAUDERDALE, FL 33316	59-1087179	501(C)(3)	20,000.	0.			OPERATIONAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEEP TRUCKEE MEADOWS BEAUTIFUL P.O. BOX 7412 RENO, NV 89510	88-0254957	501(C)(3)	31,640.	0.			TAHOE FUND
KENNY GUINN CENTER FOR POLICY PRIORITIES - 3281 S. HIGHLAND DRIVE, SUITE 810 - LAS VEGAS, NV 89109	46-4075622	501(C)(3)	67,328.	0.			VARIOUS FUNDS
KIDDIE HAWK AIR ACADEMY 4 WEST DRY CREEK CIRCLE, SUITE 100 LITTLETON, CO 80120	84-1482078	501(C)(3)	300,000.	0.			LIVING LEGENDS OF AVIATION FUND
KNPB - CHANNEL 5 1670 N. VIRGINIA STREET RENO, NV 89503	88-0172215	501(C)(3)	25,750.	0.			GENERAL SUPPORT
KUNR FM 88.7 UNIVERSITY OF NEVADA-RENO, MS 294 RENO, NV 89557	94-2781749	501(C)(3)	7,800.	0.			GENERAL SUPPORT
LAKE TAHOE CONSERVATION FUND P.O. BOX 7124 TAHOE CITY, CA 96145	01-0974628	501(C)(3)	16,000.	0.			GENERAL SUPPORT
LIFEPOINTE CHURCH 1616 WEST STREET WOODLAND, CA 95695		501(C)(3)	1,100,000.	0.			BUILDING FUND
LUTHERAN CHURCH OF THE GOOD SHEPHERD - 357 CLAY STREET - RENO, NV 89501	88-0069965	501(C)(3)	7,655.	0.			VARIOUS FUNDS
MAISON T ORTIZ YOUTH OUTDOOR SKILLS INC - 4790 CAUGHLIN PARKWAY, APT. 753 - RENO, NV 89519	81-4941102	501(C)(3)	7,500.	0.			OUTDOOR SKILLS CAMP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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MAKE A WISH FOUNDATION 2800 CLUB CENTER DRIVE SACRAMENTO, CA 95835	68-0027351	501(C)(3)	10,697.	0.			GENERAL SUPPORT
MAPLIGHT.ORG 2223 SHATTUCK AVENUE BERKELEY, CA 94704	33-1094233	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	100,000.	0.			CUBESTAT PROJECT
MISSION VIEJO NADADORES DIVE TEAM 22652 GALILEA MISSION VIEJO MISSION VIEJO, CA 92692	33-0099234	501(C)(3)	15,765.	0.			PROGRAMS
MONTEREY BAY AQUARIUM 886 CANNERY ROW MONTEREY, CA 93940	94-2487469	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MOVEMEANT FOUNDATION PO BOX 1737 BEND, OR 97709	45-4407747	501(C)(3)	11,500.	0.			GENERAL SUPPORT
MUSTANG HERITAGE FOUNDATION P.O. BOX 979 GEORGETOWN, TX 78627	88-0512149	501(C)(3)	40,147.	0.			GENERAL SUPPORT
NATIONAL FOREST FOUNDATION 27 FORT MISSOULA RD. #3 MISSOULA, MT 59804	52-1786332	501(C)(3)	148,000.	0.			PROGRAMS
NATIONAL WORLD WAR II MUSEUM 945 MAGAZINE STREET NEW ORLEANS, LA 70130	72-1200790	501(C)(3)	250,000.	0.			HIGGINS CAMPAIGN FUND

Schedule I (Form 990)

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NEVADA DISCOVERY MUSEUM 490 S. CENTER STREET RENO, NV 89501	61-1474845	501(C)(3)	87,738.	0.			GENERAL SUPPORT
NEVADA DIVING CENTER 11260 MESSINA WAY RENO, NV 89521	45-3941312	501(C)(3)	45,000.	0.			WORLD LEVEL CHAMPIONSHIP DIVING
NEVADA HUMANE SOCIETY INC. 2825 LONGLEY LANE, SUITE B RENO, NV 89502	88-0072720	501(C)(3)	352,380.	0.			PROGRAMS
NEVADA HUMANITIES P.O. BOX 8029 RENO, NV 89507	23-7358959	501(C)(3)	50,271.	0.			GENERAL SUPPORT
NEVADA LAND TRUST P.O. BOX 20288 RENO, NV 89515	88-0287591	501(C)(3)	174,749.	0.			GENERAL SUPPORT
NEVADA MUSEUM OF ART 160 W. LIBERTY STREET RENO, NV 89501	88-6003042	501(C)(3)	175,000.	0.			GENERAL SUPPORT
NEVADA POLICY RESEARCH INSTITUTE 7130 PLACID STREET LAS VEGAS, NV 89119	88-0276314	501(C)(3)	25,000.	0.			GENERAL SUPPORT
NEVADA WOMEN'S FUND 770 SMITHRIDGE DRIVE, SUITE 300 RENO, NV 89502	94-2860375	501(C)(3)	49,708.	0.			PROGRAMS
NORTHEASTERN NEVADA STEWARDSHIP GROUP - PO BOX 1677 - ELKO, NV 89803	88-0426812	501(C)(3)	15,525.	0.			SAGEBRUSH PROPAGATION

Schedule I (Form 990)

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NORTHERN NEVADA CHILDREN'S CANCER FOUNDATION - 3550 BARRON WAY, #9A - RENO, NV 89511	20-8623503	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NORTHERN NEVADA H.O.P.E.S. 580 W. FIFTH STREET RENO, NV 89503	86-0865357	501(C)(3)	41,000.	0.			PROGRAMS
NOTE-ABLE MUSIC THERAPY SERVICES P.O. BOX 428 SPARKS, NV 89432	86-1067227	501(C)(3)	21,250.	0.			PROGRAMS
PACER CENTER 8161 NORMANDEALE BLVD. MINNEAPOLIS, MN 55437	41-1306304	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PERSHING COUNTY SCHOOL DISTRICT P.O. BOX 389 LOVELOCK, NV 89419	88-0263854	501(A) GOV	8,500.	0.			PROGRAMS
PLANNED PARENTHOOD COLOMBIA WILLAMETTE - 3727 NE MARTIN LUTHER KING JR. BLVD. - PORTLAND, OR 97212	93-6031270	501(C)(3)	40,000.	0.			EDUCATION AND OUTREACH
PLANNED PARENTHOOD MAR MONTE 1605 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501(C)(3)	27,050.	0.			GENERAL SUPPORT
PRIMAVERA FOUNDATION 151 W. 40TH STREET TUCSON, AZ 85713	86-0733182	501(C)(3)	35,000.	0.			GENERAL SUPPORT
PROTECT RURAL NAPA EDUCATION FUND P.O. BOX 2385 YOUNTVILLE, CA 94599	47-4102715	501(C)(3)	20,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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RENO CHAMBER ORCHESTRA, SUITE 5 925 RIVERSIDE DRIVE RENO, NV 89503	88-0134278	501(C)(3)	15,744.	0.			PROGRAMS
RENO SPARKS GOSPEL MISSION P.O. BOX 5956 RENO, NV 89513	88-6005643	501(C)(3)	9,200.	0.			PROGRAMS
RENOWN HEALTH FOUNDATION 1155 MILL STREET RENO, NV 89502	94-2972749	501(C)(3)	13,000.	0.			PROGRAMS
ROSIES PLACE INC 889 HARRISON AVENUE BOSTON, MA 02118	04-2582187	501(C)(3)	20,000.	0.			GENERAL SUPPORT
SACRAMENTO REGIONAL FAMILY JUSTICE CENTER FOUNDATION - 3701 POWER INN ROAD, SUITE 310 - SACRAMENTO, CA 95826	46-4522608	501(C)(3)	52,000.	0.			GENERAL SUPPORT
SAGE RIDGE SCHOOL 2515 CROSSBOW COURT RENO, NV 89511	86-0852480	501(C)(3)	24,000.	0.			GENERAL SUPPORT
SAINT JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	10,200.	0.			GENERAL SUPPORT
SAINT TERESA OF AVILA CATHOLIC SCHOOL - 567 SOUTH RICHMOND STREET - CARSON CITY, NV 89703	27-4337666	501(C)(3)	20,000.	0.			GENERAL SUPPORT
SANTA CLARA UNIVERSITY 500 EL CAMINO REAL SANTA CLARA, CA 95053	94-1156617	501(C)(3)	52,000.	0.			PROGRAMS

Schedule I (Form 990)

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SEATTLE PUBLIC SCHOOLS 3445 3RD AVE S, MS: 33-343 SEATTLE, WA 98124	91-6001541	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SIERRA NEVADA JOURNEYS 190 EAST LIBERTY STREET RENO, NV 89501	01-0881587	501(C)(3)	132,583.	0.			PROGRAMS
SIERRA NEVADA WATER POLO 6566 S MCCARRAN BLVD, SUITE A RENO, NV 89509	87-0813543	501(C)(3)	10,360.	0.			GENERAL SUPPORT
SMITHSONIAN INSTITUTION MRC 522 CAPITAL GALLERY, SUITE 609E 600 MARYLAND AVENUE SW - WASHINGTON, DC	53-0206027	501(C)(3)	18,840.	0.			PROGRAMS
SMITHSONIAN NATIONAL MUSEUM OF NATURAL HISTORY - PO BOX 37012 MRC 135 - WASHINGTON, DC 20013	53-0206027	501(C)(3)	18,000.	0.			GENERAL SUPPORT
SOROPTIMIST INTERNATIONAL OF THE TRUCKEE MEADOWS - P.O. BOX 20125 - RENO, NV 89515	94-2342761	501(C)(3)	31,800.	0.			PROGRAMS
SPARKS CHRISITAN FELLOWSHIP 510 GREENBRAE DRIVE SPARKS, NV 89431		501(C)(3)	26,600.	0.			GENERAL SUPPORT
ST. ALBERT THE GREAT CATHOLIC CHURCH - 1259 ST. ALBERT'S DRIVE - RENO, NV 89503	27-4337925	501(C)(3)	6,000.	0.			GENERAL SUPPORT
STANFORD UNIVERSITY 326 GALVEZ STREET STANFORD, CA 94305	94-1156365	501(C)(3)	36,000.	0.			PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STATE OF NEVADA COMMISSION FOR WOMEN - 515 E. MUSSER STREET - CARSON CITY, NV 89703	88-6000022	501(C)(3)	15,200.	0.			PROGRAMS
STATE OF NEVADA DEPARTMENT OF WILDLIFE - 6980 SIERRA CENTER PKWY., #120 - RENO, NV 89511	88-6000022	501(A) GOV	276,908.	0.			PROGRAMS
STEP 2 3700 SAFE HARBOR WAY RENO, NV 89512	94-3025207	501(C)(3)	20,000.	0.			GENERAL SUPPORT
SUSANNE AND GLORIA YOUNG FOUNDATION - 4260 MEADOWGATE TRAIL - RENO, NV 89519	26-3617880	501(C)(3)	125,481.	0.			GENERAL SUPPORT
TAHOE-PYRAMID TRAIL 4790 CAUGHLIN PARKWAY, SUITE 138 RENO, NV 89519	55-0895667	501(C)(3)	25,800.	0.			GENERAL SUPPORT
TEMPLE SINAI 3405 GULLING RD RENO, NV 89503		501(C)(3)	7,560.	0.			GENERAL SUPPORT
THE BRIDGE CHURCH 1330 FOSTER DRIVE RENO, NV 89509	88-0089157	501(C)(3)	60,031.	0.			BENEVOLENCE
THE HARRAH AUTOMOBILE FOUNDATION 10 SOUTH LAKE STREET RENO, NV 89501	94-2777978	501(C)(3)	96,000.	0.			PROGRAMS
THE NATURE CONSERVANCY OF NEVADA ONE EAST 1ST STREET, #1007 RENO, NV 89501	53-0242652	501(C)(3)	55,448.	0.			PROGRAMS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIPPING POINT COMMUNITY 220 MONTGOMERY STREET SUITE 850 SAN FRANCISCO, CA 94104	20-2121739	501(C)(3)	25,000.	0.			GENERAL SUPPORT
TOTALLY LOCAL VC 375 LOS CABOS LANE VENTURA, CA 93001	81-2646767	501(C)(3)	10,000.	0.			THOMAS FIRE
TOWN OF TONOPAH P.O. BOX 151 TONOPAH, NV 89049		501(C)(3)	27,822.	0.			GENERAL SUPPORT
TRACY'S KIDS INC 5509 DEVON ROAD BETHSEDA, MD 20814	26-3835257	501(C)(3)	50,000.	0.			GENERAL SUPPORT
TRINITY EPISCOPAL CHURCH P.O. BOX 2246 RENO, NV 89505	88-0073425	501(C)(3)	38,582.	0.			GENERAL SUPPORT
TRUCKEE DONNER LAND TRUST P.O. BOX 8816 TRUCKEE, CA 96162	68-0245327	501(C)(3)	65,000.	0.			TAHOE FUND
TRUCKEE MEADOWS COMMUNITY COLLEGE FOUNDATION - 7000 DANDINI BLVD. - RENO, NV 89512	88-0185319	501(C)(3)	9,221.	0.			PROGRAMS
TRUCKEE MEADOWS PARKS FOUNDATION 50 COWAN DRIVE RENO, NV 89509	45-4837735	501(C)(3)	39,650.	0.			GENERAL SUPPORT
TRUCKEE RIVER WATERSHED COUNCIL P.O. BOX 8568 TRUCKEE, CA 96162	91-1818748	501(C)(3)	147,000.	0.			TAHOE FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
U.S. DIVING FOUNDATION P.O. BOX 4352 CARMEL, IN 46082	84-1612105	501(C)(3)	405,000.	0.			PROGRAMS
UNICEF 101 MONTGOMERY STREET, SUITE 625 SAN FRANCISCO, CA 94104	13-1760110	501(C)(3)	30,000.	0.			GENERAL SUPPORT
UNION AMERICANA DE NATACION 201 SOUTH CAPITOL AVE., SUITE 555 INDIANAPOLIS, IN 46225	45-4134929	501(C)(3)	41,000.	0.			PROGRAMS
UNITED WAY OF NORTHERN NEVADA & THE SIERRA - 639 ISBELL ROAD, SUITE 460 - RENO, NV 89509	88-0059327	501(C)(3)	137,332.	0.			GENERAL SUPPORT
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - THE CLUB AT UKS SPINDLETOP HALL, 3414 IRON WORKS PIKE - LEXINGTON, KY 40511	61-6033693	501(C)(3)	29,136.	0.			SPINDLETOP HALL
UNIVERSITY OF NEVADA RENO MAIL STOP 0076 RENO, NV 89557	88-6000024	501(C)(3)	12,500.	0.			PERSHING COUNTY 4-H RESTROOM IMPROVEMENTS
UNIVERSITY OF WASHINGTON PO BOX 641039 PULLMAN, WA 99164		501(C)(3)	10,000.	0.			PRESS CANCER RESEARCH
UNLV FOUNDATION BOX 451006 4505 S. MARYLAND PKWY. LAS VEGAS, NV 89154	94-2790134	501(C)(3)	5,500.	0.			COLLEGE OF LIBERAL ARTS
UNR FOUNDATION MAIL STOP 0007 RENO, NV 89557	94-2781749	501(C)(3)	360,290.	0.			BOYD SCHOLARSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN LOTUS PROJECT 3125 IDLEWILD DRIVE RENO, NV 89509	81-0892375	501(C)(3)	5,500.	0.			GENERAL SUPPORT
URBAN ROOTS GARDEN CLASSROOMS 100 VINE STREET RENO, NV 89503	01-0944615	501(C)(3)	16,997.	0.			PROGRAMS
VOLUNTEERS OF AMERICA 335 RECORD STREET, SUITE 227 RENO, NV 89512	13-1692595	501(C)(3)	11,390.	0.			PROGRAMS
WESTERN NEVADA COLLEGE FOUNDATION BRISTLECONE BUILDING 145 2201 WEST COLLEGE PARKWAY - CARSON CITY, NV 89703	88-0283783	501(C)(3)	10,000.	0.			REACH FOR THE STARS GALA
WOMEN LIKE US FOUNDATION 3200 LA ROTONDA DR, #512 RANCHO PALOS VERDES, CA 90275	35-2130290	501(C)(3)	10,000.	0.			CENTERS IN KENYA
WORLD ACROBATICS SOCIETY 900 AVON PLACE CHATTANOOGA, TN 37405	52-2065710	501(C)(3)	10,000.	0.			GALLERY OF LEGENDS

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	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
THE ORGANIZATION PROVIDES SCHOLARSHIPS FOR STUDENTS. THE SCHOLARSHIPS ARE PAID DIRECTLY TO THE SCHOOLS. THE STUDENT IS REQUIRED TO RETURN THE ACCEPTANCE LETTER ALONG WITH AN ATTENDANCE RECORD	7	71,983.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTS OVER \$5,000 THAT ARE DESIGNATED FOR A SPECIFIC USE REQUIRE GRANTEEES TO REPORT ON THE USE OF THE FUNDS. ORGANIZATIONS ARE REQUESTED TO SEND A THANK-YOU LETTER TO THE DONOR ADVISORS, AND THESE THANK-YOU LETTERS GENERALLY INCLUDE INFORMATION FROM THE ORGANIZATION THAT THE GRANT WAS USED AS SPECIFIED IN THE ACCOMPANYING GRANT CORRESPONDENCE.

PART III, COLUMN (A):

(A) TYPE OF GRANT OR ASSISTANCE: THE ORGANIZATION PROVIDES SCHOLARSHIPS

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF WESTERN NEVADA

Employer identification number

88-0370179

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHRIS ASKIN PRESIDENT AND CEO	(i)	158,740.	0.	0.	11,158.	1,200.	171,098.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

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

Name of the organization: **COMMUNITY FOUNDATION OF WESTERN NEVADA**
Employer identification number: **88-0370179**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1	15,000.	FAIR MARKET VALUE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	17	2,120,689.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	6	1,163,000.	FAIR MARKET VALUE
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (OTHER PERSONA)	X	1	331,100.	FAIR MARKET VALUE
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement: **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
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.		

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

Schedule M (Form 990) 2018

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF WESTERN NEVADA

Employer identification number

88-0370179

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CONVENER.

FORM 990, PART VI, SECTION A, LINE 1:

THE FOUNDATION EXECUTIVE COMMITTEE CONSISTS OF THE BOARD OF OFFICERS, THE
CHARIS OF EACH COMMITTEE, AND THE PAST PRESIDENT. THE EXECUTIVE COMMITTEE
HAS BROAD AUTHORITY ON BEHALF OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

UPON RECEIPT OF THE FORM 990 FROM THE AUDITING FIRM, THE FOUNDATION'S CEO
AND CONTROLLER REVIEWS THE DOCUMENT. THE CEO PROVIDES A COPY TO THE
FOUNDATION TREASURER, WHO ALSO REVIEWS THE DOCUMENT. IF ANY ERRORS OR
CORRECTIONS ARE SPOTTED THE AUDITING FIRM IS REQUESTED TO MAKE CHANGES
BEFORE THE DOCUMENT IS REVIEWED BY THE FOUNDATION'S FINANCE COMMITTEE,
WHICH IS REPRESENTATIVE OF THE BOARD OF TRUSTEES. ONCE THE FORM 990 IS
THEREBY APPROVED IT MAY BE FILED, AND THE BOARD OF TRUSTEES ADDITIONALLY
REVIEWS AND APPROVES THE FORM 990 AT THEIR NEXT SCHEDULED MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

IN ACCORDANCE WITH THE FOUNDATION'S CONFLICT OF INTEREST POLICY, EACH BOARD
MEMBER ANNUALLY COMPLETES A CONFLICT OF INTEREST FORM WHERE THEY LIST ANY
AND ALL REAL, POSSIBLE, OR PERCEIVED CONFLICTS OF INTEREST. THESE FORMS
ARE REVIEWED BY STAFF FOR COMPLETENESS AND MAINTAINED IN THE BOARD RECORD
BOOK WITH BOARD MINUTES AND COMMITTEE MINUTES FOR THE REMAINDER OF THE
YEAR. AT EACH BOARD MEETING WHEN GRANTS ARE CONSIDERED FOR APPROVAL, BOARD
MEMBERS ARE RECUSED FROM VOTING FOR GRANTS TO ORGANIZATIONS THEY HAVE

Name of the organization

COMMUNITY FOUNDATION OF WESTERN NEVADA

Employer identification number

88-0370179

LISTED AS BEING A POSSIBLE CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

ONCE ANNUALLY, THE BOARD CONSIDERS COMPENSATION FOR THE CEO. A PERFORMANCE REVIEW IS PERFORMED WITH ALL BOARD MEMBERS. ADDITIONALLY THE CEO REPORTS ON ACHIEVEMENTS OF ANNUAL GOALS AND OBJECTIVES FROM THE PRIOR YEAR. THIS INFORMATION IS REVIEWED BY THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE ALSO REVIEWS INFORMATION COMPILED BY THE COUNCIL OF FOUNDATION THAT TABULATES COMPENSATION FOR CEO'S OF COMMUNITY FOUNDATIONS NATIONWIDE. COMPENSATION AND/OR SALARY INCREASES ARE THEN DETERMINED IN ACCORDANCE WITH ACCEPTABLE COMPENSATION FOR THE CEO PER NATIONAL AND REGIONAL PAY RANGES AND ANNUAL PERFORMANCE OF THE CEO IN MEETING FOUNDATION GOALS AND OBJECTIVES.

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 COUNCIL OF FOUNDATION'S ANNUAL COMPENSATION STUDY FOR SIMILAR POSITIONS AT COMMUNITY FOUNDATIONS NATIONWIDE. ALTHOUGH THE CEO HAS SOLE DISCRETION IN HIRING, TRAINING, MANAGING, AND EVALUATING STAFF, THE EXECUTIVE COMMITTEE RECEIVES COMPLETE PERSONNEL REPORTS ON ALL STAFF REGARDING PERFORMANCE AND COMPENSATION.

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **COMMUNITY FOUNDATION OF WESTERN NEVADA** Employer identification number **88-0370179**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CFX, LLC 50 WASHINGTON STREET, SUITE 300 RENO, NV 89503	HOLD PROPERTY	NEVADA	1,000.	1,376,949.	COMMUNITY FOUNDATION OF WESTERN NEVADA
CFCP, LLC - 20-0310840 50 WASHINGTON STREET, SUITE 300 RENO, NV 89503	HOLD PROPERTY	NEVADA	89,000.	2,408,732.	COMMUNITY FOUNDATION OF WESTERN NEVADA
CFRSO, LLC 50 WASHINGTON STREET, SUITE 300 RENO, NV 89503	HOLD PROPERTY	NEVADA	915.	933,458.	COMMUNITY FOUNDATION OF WESTERN 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)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
RAYMOND C. RUDE SUPPORTING FOUNDATION 50 WASHINGTON ST RENO, NV 89503	SUPPORTING ORGANIZATION FOR THE COMMUNITY FOUNDATION OF WESTERN	NEVADA	501(C)(3)	LINE 12A, I	N/A		X

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

Schedule R (Form 990) 2018

SEE PART VII FOR CONTINUATIONS

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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) Section 512(b)(13) controlled entity?	
								Yes	No

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

Note: 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 more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information.

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 WESTERN NEVADA.

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.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. COMMUNITY FOUNDATION OF WESTERN NEVADA	Employer identification number (EIN) or 88-0370179
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. C/O 5441 KIETZKE LN #150	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RENO, NV 89511	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CHRIS ASKIN

- The books are in the care of ▶ **50 WASHINGTON ST, STE 300 - RENO, NV 89503**
Telephone No. ▶ **775-333-5499** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2018** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.