

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: Address change <input checked="" 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 Northern Nevada		D Employer identification number 88-0370179	
	Doing business as		E Telephone number 775-333-5499	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 50 Washington St Ste 300		G Gross receipts \$ 59,536,488.	
	City or town, state or province, country, and ZIP or foreign postal code Reno, NV 89503		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
	F Name and address of principal officer: Eaton Dunkelberger same as C above		H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527				
J Website: NevadaFund.org				
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other <input type="checkbox"/>				
L Year of formation: 1998 M State of legal domicile: NV				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Strengthen community by leading initiatives & community engagement activities as a neutral convener.		
	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	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	26
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	168,528.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	57,200.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	9,563,265.	16,926,824.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	770,872.	878,274.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,225,101.	5,939,935.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	335,467.	284,735.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,894,705.	24,029,768.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	10,128,287.	12,874,515.
	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)	994,320.	969,361.
	b Total fundraising expenses (Part IX, column (D), line 25) 230,015.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	954,207.	2,169,040.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,076,814.	16,012,916.
19 Revenue less expenses. Subtract line 18 from line 12	817,891.	8,016,852.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	127,209,186.	144,978,607.
	22 Net assets or fund balances. Subtract line 21 from line 20	10,526,844.	14,392,473.
		116,682,342.	130,586,134.

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		Date		
	Eaton Dunkelberger, President and CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	Deb Nelson, CPA	Deb Nelson, CPA	11/15/22	<input type="checkbox"/>	P01264758
Firm's name Eide Bailly LLP			Firm's EIN 45-0250958		
Firm's address 800 Nicollet Mall, Ste. 1300 Minneapolis, MN 55402-7033			Phone no. 612-253-6500		

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 \$ 14,835,486. including grants of \$ 12,874,515.) (Revenue \$ 878,274.) The Community Foundation of Northern Nevada strengthens the northern Nevada region by encouraging philanthropy in the form of: donor advised funds that make grants to local charities, scholarship funds, endowments for charitable organizations, and charitable bequests to benefit our communities.

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

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

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

4e Total program service expenses 14,835,486.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	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>		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>		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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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>	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>		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>		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>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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>	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>	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>		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>		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>	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>	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>		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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>	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>	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>		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> See instructions		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>		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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (22); 1b Enter the number of voting members included on line 1a, above, who are independent (22); 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, 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); 7b 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: 8a The governing body? (X); 8b 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 on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (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? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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?

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. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 Eaton Dunkelberger - 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) Chris Askin President and CEO	40.00 1.00			X			168,539.	0.	11,848.	
(2) David Brokaski CFO (as of April)	40.00 0.00			X			86,856.	0.	5,000.	
(3) Melissa Tschanz CFO (thru April)	40.00 0.00			X			40,416.	0.	1,703.	
(4) Kevin Melcher Board Chair (as of July)	2.00 0.00	X		X			0.	0.	0.	
(5) Steve Carrick/Chair (thru June)/Past Board Chair (as of July)	2.00 0.00	X		X			0.	0.	0.	
(6) Beau Keenan Board Vice-Chair (as of July)	2.00 0.00	X		X			0.	0.	0.	
(7) Julia Kingston Treasurer (as of Nov.)	2.00 0.00	X		X			0.	0.	0.	
(8) Leslie Daane/Treasurer (thru June)/Trustee (as of July)	2.00 0.00	X		X			0.	0.	0.	
(9) Elaine Alexander/Treasurer (thru Nov.)/Trustee (as of Dec.)	2.00 0.00	X		X			0.	0.	0.	
(10) Jason Morris Secretary (as of July)	2.00 0.00	X		X			0.	0.	0.	
(11) Tyson Cross/Secretary (thru June)/Trustee (as of July)	2.00 0.00	X		X			0.	0.	0.	
(12) Gail Humphreys Trustee	2.00 1.00	X					0.	0.	0.	
(13) Craig King Trustee	2.00 0.00	X					0.	0.	0.	
(14) Cary Lurie Trustee	2.00 0.00	X					0.	0.	0.	
(15) Susanne Pennington Trustee	2.00 0.00	X					0.	0.	0.	
(16) Alicia Reban Trustee	2.00 0.00	X					0.	0.	0.	
(17) Beth Schuler Trustee	2.00 0.00	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 Trincherro Trustee	2.00 0.00	X						0.	0.	0.
(19) Bonnie Drinkwater Trustee	2.00 0.00	X						0.	0.	0.
(20) Edward Estipona Trustee	2.00 0.00	X						0.	0.	0.
(21) DongJoon Lee Trustee	2.00 0.00	X						0.	0.	0.
(22) Bonnie Read Trustee	2.00 0.00	X						0.	0.	0.
(23) Cheri Hill Trustee (as of July)	2.00 0.00	X						0.	0.	0.
(24) Jill Bechtel Trustee (as of July)	2.00 0.00	X						0.	0.	0.
(25) Dan Lofrese Trustee (as of July)	2.00 0.00	X						0.	0.	0.
(26) Dan Ahearn Trustee (thru April)	2.00 0.00	X						0.	0.	0.
1b Subtotal								295,811.	0.	18,551.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								295,811.	0.	18,551.

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, 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**

See Part VII, Section A Continuation sheets

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	432,950.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	16,493,874.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 8,393,639.				
	h Total. Add lines 1a-1f			16,926,824.			
Program Service Revenue	2 a Nevada Dream Tags	Business Code					
		900099	682,687.	682,687.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue	900099	195,587.	195,587.			
g Total. Add lines 2a-2f			878,274.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,271,456.		168,528.	3102928.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	340,276.			
			(ii) Personal				
	b Less: rental expenses ...	6b	55,541.				
	c Rental income or (loss)	6c	284,735.				
	d Net rental income or (loss)			284,735.		284,735.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	38,119,658.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	35,451,179.				
c Gain or (loss)	7c	2,668,479.					
d Net gain or (loss)			2,668,479.		2668479.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
	b Less: direct expenses	8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			24,029,768.	878,274.	168,528.	6056142.	

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	12,131,524.	12,131,524.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	710,991.	710,991.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	32,000.	32,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	314,362.	125,745.	125,745.	62,872.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	489,694.	195,878.	195,878.	97,938.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,451.	13,380.	13,380.	6,691.
9 Other employee benefits	66,841.	26,736.	26,736.	13,369.
10 Payroll taxes	65,013.	26,005.	26,005.	13,003.
11 Fees for services (nonemployees):				
a Management				
b Legal	578.		578.	
c Accounting	83,509.		83,509.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	364,836.		364,836.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	38,461.		38,461.	
12 Advertising and promotion	24,216.	24,216.		
13 Office expenses	25,432.	10,173.	10,173.	5,086.
14 Information technology	65,762.	26,305.	26,305.	13,152.
15 Royalties				
16 Occupancy	61,005.	24,402.	24,402.	12,201.
17 Travel	2,378.	2,378.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,499.	7,499.		
20 Interest	15,318.	6,127.	6,127.	3,064.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,439.	976.	976.	487.
23 Insurance	10,759.	4,303.	4,304.	2,152.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Direct Fund Expenses	1,432,652.	1,432,652.		
b Initiative expenses	2,580.	2,580.		
c				
d				
e All other expenses	31,616.	31,616.		
25 Total functional expenses. Add lines 1 through 24e	16,012,916.	14,835,486.	947,415.	230,015.
26 Joint costs. Complete this line only if the organization 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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	11,609,182.	2	14,237,105.
	3 Pledges and grants receivable, net	1,060,506.	3	9,177,488.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	38,886.	9	44,280.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,922,607.		
	b Less: accumulated depreciation	10b 1,211,241.	10c	4,711,366.
	11 Investments - publicly traded securities	69,088,899.	11	100,506,971.
	12 Investments - other securities. See Part IV, line 11	21,738,782.	12	13,243,821.
	13 Investments - program-related. See Part IV, line 11	1,057,834.	13	860,000.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	17,952,490.	15	2,197,576.
16 Total assets. Add lines 1 through 15 (must equal line 33)	127,209,186.	16	144,978,607.	
Liabilities	17 Accounts payable and accrued expenses	84,679.	17	94,839.
	18 Grants payable	3,550,627.	18	5,108,939.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,000,000.	23	2,000,000.
	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	4,891,538.	25	7,188,695.
	26 Total liabilities. Add lines 17 through 25	10,526,844.	26	14,392,473.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	35,889,675.	27	50,146,809.
	28 Net assets with donor restrictions	80,792,667.	28	80,439,325.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	116,682,342.	32	130,586,134.
33 Total liabilities and net assets/fund balances	127,209,186.	33	144,978,607.	

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	24,029,768.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,012,916.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,016,852.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	116,682,342.
5	Net unrealized gains (losses) on investments	5	6,208,930.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-1,046,037.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	724,047.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	130,586,134.

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 on 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 on 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 on 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12572864.	13717698.	11185007.	9563265.	16926824.	63965658.
2 Tax revenues levied for the 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	12572864.	13717698.	11185007.	9563265.	16926824.	63965658.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						10954288.
6 Public support. Subtract line 5 from line 4.						53011370.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	12572864.	13717698.	11185007.	9563265.	16926824.	63965658.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2694319.	2602888.	2455641.	2039269.	3443204.	13235321.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				12,280.	68,861.	81,141.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	396,044.	787,810.				1183854.
11 Total support. Add lines 7 through 10						78465974.
12 Gross receipts from related activities, etc. (see instructions)					12	2,588,104.
13 First 5 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 2021 (line 6, column (f), divided by line 11, column (f))	14	67.56 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	60.40 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the reasons 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
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)? <i>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).</i>		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A, Part II, Line 10, Explanation for Other Income:

Miscellaneous

2017 Amount: \$ 396,044.

2018 Amount: \$ 787,810.

Horizontal lines for providing additional information.

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Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Community Foundation of Northern Nevada

Employer identification number

88-0370179

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Community Foundation of Northern Nevada	Employer identification number 88-0370179
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>1,009,536.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>432,950.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>700,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>1,016,307.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>1,505,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Community Foundation of Northern Nevada	Employer identification number 88-0370179
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>1,100,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>400,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>997,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>422,935.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Community Foundation of Northern Nevada	Employer identification number 88-0370179
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	_____ _____ _____	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ 1,270,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization Community Foundation of Northern Nevada	Employer identification number 88-0370179
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Common Stock-Bitcoin _____ _____ _____	\$ <u>1,009,536.</u>	<u>12/17/21</u>
2	Real Estate _____ _____ _____	\$ <u>270,000.</u>	<u>05/21/21</u>
4	Common Stock _____ _____ _____	\$ <u>1,016,307.</u>	<u>12/23/21</u>
8	Real Estate _____ _____ _____	\$ <u>1,100,000.</u>	<u>03/25/21</u>
9	Real Estate _____ _____ _____	\$ <u>400,000.</u>	<u>05/01/21</u>
11	Real Estate _____ _____ _____	\$ <u>997,000.</u>	<u>06/09/21</u>

Name of organization Community Foundation of Northern Nevada	Employer identification number 88-0370179
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

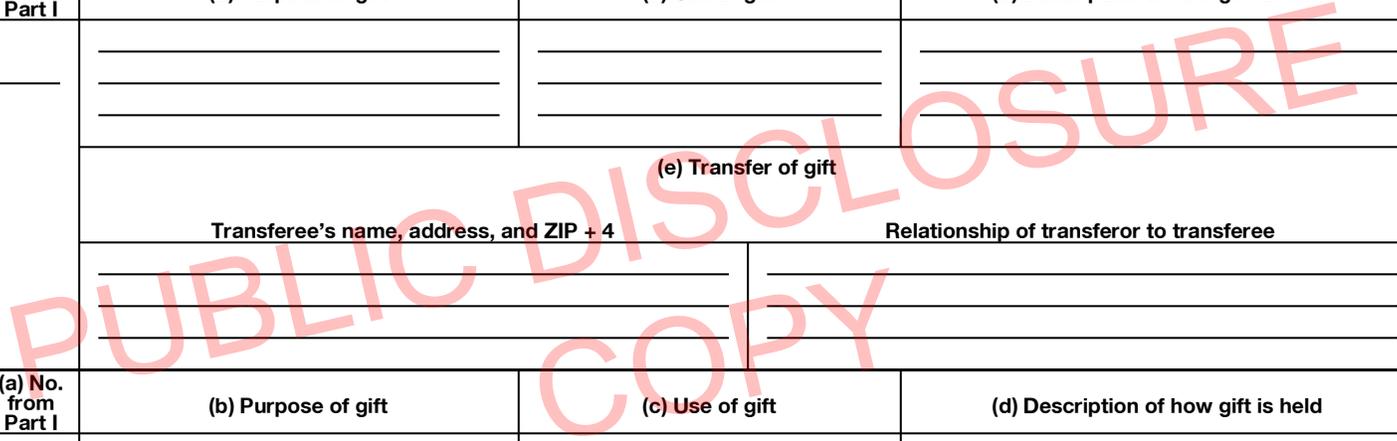
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
14	Real Estate _____ _____ _____	\$ 1,270,000.	12/13/21
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

PUBLIC DISCLOSURE COPY

Name of organization Community Foundation of Northern Nevada	Employer identification number 88-0370179
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



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

2021

Open to Public Inspection

Name of the organization: Community Foundation of Northern 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for types of easements, a table for held easements at the end of the tax year, and yes/no questions about monitoring and reporting.

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.

Form with questions (1a, 1b, 2) regarding collections of art and historical treasures, including checkboxes and dollar amount fields for revenue and assets.

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 make 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 program
 - 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	22,952,859.	20,228,522.	17,340,234.	11,426,814.	10,191,814.
b Contributions	8,063,524.	2,254,974.	904,423.	7,736,837.	1,157,541.
c Net investment earnings, gains, and losses	3,302,472.	1,605,845.	2,654,589.	-1,005,495.	972,552.
d Grants or scholarships	1,128,394.	749,013.	340,297.	635,823.	379,020.
e Other expenditures for facilities and programs		210,885.	161,402.	18,445.	454,052.
f Administrative expenses	246,120.	176,584.	169,025.	163,654.	62,021.
g End of year balance	32,944,341.	22,952,859.	20,228,522.	17,340,234.	11,426,814.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 4.4500 %
 - b Permanent endowment 95.5500 %
 - c Term endowment .0000 %
- 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		3,751,954.		3,751,954.
b Buildings		1,829,297.	1,010,285.	819,012.
c Leasehold improvements		120,431.	115,253.	5,178.
d Equipment		152,978.	85,703.	67,275.
e Other		67,947.		67,947.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,711,366.

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	7,131,500.	End-of-Year Market Value
(B) LLCs	288,928.	End-of-Year Market Value
(C) TTC World Equity Fund	156,044.	End-of-Year Market Value
(D) TTC Offshore Fund		
(E) SPC-Global Long Short	96,308.	End-of-Year Market Value
(F) TTC Offshore Fund		
(G) SPC-Multi Strategy	3,990,500.	End-of-Year Market Value
(H) Whippoorwill Offshore	327,619.	End-of-Year Market Value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	13,243,821.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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	7,151,730.
(3) Funds Held for Others	36,965.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	7,188,695.

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 FASB 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 V, line 4:

The Foundation's endowments consist of approximately 75 individual funds established by donors to provide annual funding for specific activities and general operations. The Endowment also includes certain net assets without donor restrictions that have been designated for endowment by the Board of Directors.

Part X, Line 2:

Management believes that each entity has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the consolidated financial statements. The Foundation would recognize future

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	Covid Relief	30,000.	Wire Transfer	0.		

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2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 1

3 Enter total number of other organizations or entities 0

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

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Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I, Line 2:

The organization requires reporting back from the grantee to support the funds were used for the intended charitable purpose.

Schedule F, Part IV:

The Foundation reviews its direct and indirect investments during the tax period for determining required foreign filings.

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

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

The Foundation invests in partnerships that hold direct or indirect interests in passive foreign investment companies (PFICs). The Foundation would file Form 8621s for underlying investments that generate unrelated business income. The Foundation would not file Form 8621s where the investment partnerships have properly filed Form 8621s,

**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

2021

**Open to Public
Inspection**

Name of the organization **Community Foundation of Northern 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 noncash 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)	10,933.	0.			General support
Air Force Association 1501 Lee Highway Suite 400 Arlington, VA 22209	52-6043929	501(C)(3)	50,000.	0.			Mitchell Institute for Aerospace Studies
American Cancer Society PO Box 231359 Las Vegas, NV 89105	13-1788491	501(C)(3)	10,933.	0.			Carson City programs
American Civil Liberties Union - ACLU - 125 Broad Street 18th Floor - New York, NY 10004	13-6213516	501(C)(3)	20,000.	0.			General support
American Heart Association 4445 S. Jones Blvd., Suite B1 Las Vegas, NV 89103	13-5613797	501(C)(3)	11,933.	0.			Carson City programs
Amnesty International USA Inc. 5 Penn Plaza, 16th Floor New York, NY 10001	52-0851555	501(C)(3)	10,000.	0.			General support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 179.**

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) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Artown 528 West 1st Street Reno, NV 89503	88-0412311	501(C)(3)	31,000.	0.			General support
Awaken Inc PO Box 40635 Reno, NV 89504	38-3843380	501(C)(3)	61,000.	0.			General support
Bail Project Inc Attn: Gift Processing - PO Box 102592 - Pasadena, CA 91189	81-4985512	501(C)(3)	6,000.	0.			General support
Bishop Manogue High School Development Office - 110 Bishop Manogue Drive - Reno, NV 89511	90-0111463	501(C)(3)	6,000.	0.			Campus Ministry
Boosted Diplomas 725 Belgrave Ave Reno, NV 89502	83-3151044	501(C)(3)	70,000.	0.			2021 Women's Giving Circle Grant
Boston College Cadigan Alumni Center - 140 Commonwealth Avenue - Chestnut Hill, MA 02467	04-2103545	501(C)(3)	13,000.	0.			Carroll School of Management
Boy Scouts of America Nevada Area Council - 500 Double Eagle Court - Reno, NV 89511	88-0059912	501(C)(3)	75,000.	0.			General support
Boys & Girls Club of the Peninsula 401 Pierce Road Menlo Park, CA 94025	94-1552134	501(C)(3)	25,000.	0.			General support
Boys & Girls Clubs of King County 603 Stewart St., #300 Seattle, WA 98101	91-0532600	501(C)(3)	10,000.	0.			General support

Schedule I (Form 990)

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Boys and Girls Club of Truckee Meadows - 2680 E. Ninth Street - Reno, NV 89512	88-0142068	501(C)(3)	358,500.	0.			It Just Takes One Campaign
Boys and Girls Clubs of Greater Sacramento - 5212 Lemon Hill Avenue - Sacramento, CA 95824	68-0338324	501(C)(3)	300,000.	0.			Woodland Branch
Carson City Parks & Recreation 3303 Butti Way, Building #9 Carson City, NV 89701	47-4750761	501(a) Gov	20,000.	0.			DT #77 Prison Hill
Carson Tahoe Regional Healthcare PO Box 2168 Carson City, NV 89702	88-0502320	501(C)(3)	54,665.	0.			2021 Proposal
Carson Valley Community Food Closet - PO Box 2911 or 1255 Waterloo Ln., Suite B - Gardnerville, NV 89410	88-0258742	501(C)(3)	6,000.	0.			Costume Patch program
Carson Valley Conservation District - 1702 County Rd., Suite A - Minden, NV 89423	88-0111624	501(C)(3)	24,998.	0.			DT #66
Catamount Fund Ltd. Catamount Enterprises LLC - 100 W. Liberty Street, 10th Floor - Reno, NV 89501	88-0370686	501(C)(3)	75,000.	0.			General support
Catholic Charities of Northern Nevada - PO Box 5099 - Reno, NV 89503	88-0339754	501(C)(3)	18,199.	0.			General support
Center for Adaptive Riding 550 W Plumb Ln - Suite B #137 - Reno, NV 89509	26-2361245	501(C)(3)	10,000.	0.			Equine Therapy

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Center for Spiritual Livin 4685 Lakeside Drive Reno, NV 89509	88-0117475	501(C)(3)	66,000.	0.			General support
City of Reno P.O. Box 1900 Reno, NV 89505	88-6000201	501(a) Gov	293,958.	0.			Project Hero
City of Reno Police Department 455 East Second Street Reno, NV 89505	81-5397381	501(a) Gov	72,901.	0.			Kennel for new K-9
City of Sparks 1400 Baring Blvd. Sparks, NV 89434	88-6000202	501(a) Gov	10,000.	0.			All Abilities Playground - Sparks Marina
Clean Air Task Force 114 State Street, 6th Floor Boston, MA 02109	04-3512550	501(C)(3)	20,000.	0.			General support
CoachArt 445 S. Figueroa St, Ste 3100 Los Angeles, CA 90071	94-3389547	501(C)(3)	50,000.	0.			General support
Common Sense Media 650 Townsend 650 Townsend Suite 435 San Francisco, CA 94103	41-2024986	501(C)(3)	10,000.	0.			Giving Tuesday campaign
Communities in Schools of Nevada 2080 E. Flamingo Rd., Ste. 225 Las Vegas, NV 89119	88-0292094	501(C)(3)	30,000.	0.			General support
Communities United For Children & Families - PO BOX 22 - Susanville, CA 96130	68-0375124	501(C)(3)	25,000.	0.			Westwood Family Resource Center

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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Community Chest Inc. P.O. Box 980 Virginia City, NV 89440	88-0266600	501(C)(3)	13,300.	0.			Mental Health Counseling/DV Adocate
Community Health Alliance 680 South Rock Blvd. Reno, NV 89502	88-0293149	501(C)(3)	7,250.	0.			General support
Cooperative For Assistance And Relief Everywhere Inc - Gift Center P.O. Box 1870 - Merrifield, VA 22116	13-1685039	501(C)(3)	60,000.	0.			General support
Doctors Without Borders US Inc. PO Box 5022 Hagerstown, MD 21741	13-3433452	501(C)(3)	11,750.	0.			Giving Tuesday match
Domestic Violence Resource Center 1735 Vassar Street Reno, NV 89502	94-2605396	501(C)(3)	31,250.	0.			General support
Douglas County Sheriffs Advisory Council - P.O. Box 1002 - Minden, NV 89423	20-1308918	501(C)(3)	10,000.	0.			General support
Downtown Emergency Service Center DESC Fund Development 515 Third Ave Seattle, WA 98104	91-1275815	501(C)(3)	20,000.	0.			General support
DRI Research Foundation 2215 Raggio Parkway Reno, NV 89512	94-2879252	501(C)(3)	25,000.	0.			General support
Ducks Unlimited c/o B. Lawson 7907 Tres Arroyos Drive Sparks, NV 89436	13-5643799	501(C)(3)	16,969.	0.			#65 Stillwater National Wildlife Refuge

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Earthjustice 50 California Street Suite 500 San Francisco, CA 94111	94-1730465	501(C)(3)	30,000.	0.			Climate and Energy programs
Economic Development Foundation Of Greater Reno-Tahoe - 401 Ryland Street Suite 101 - Reno, NV 89502	88-0509413	501(C)(3)	75,190.	0.			Invoice #10745
Eddy House P.O. Box 6207 Reno, NV 89513	45-3023511	501(C)(3)	72,250.	0.			General support
Evergreen Collaborative PO Box 21961 Seattle, WA 98111	86-1741610	501(C)(3)	20,000.	0.			General support
FISH-Friends in Service Helping 138 E. Long Street Carson City, NV 89706	94-2590904	501(C)(3)	10,933.	0.			General support
Food Bank of Northern Nevada 550 Italy Drive McCarran, NV 89434	94-2924979	501(C)(3)	118,100.	0.			General support
Foundation for Excellence at Woodland Christian School - 1787 Matmor Road - Woodland, CA 95776	31-1715318	501(C)(3)	15,000.	0.			Football Field Lighting
Friends of Nevada Wilderness P.O. Box 9754 Reno, NV 89507	88-0211763	501(C)(3)	15,932.	0.			#248 Noxious Weed Monitoring #9
Fun Camp Inc. PO Box 40505 Reno, NV 89504	94-3152378	501(C)(3)	20,000.	0.			General support

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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GiveWell 1714 Franklin Street #100335 Oakland, CA 94612	20-8625442	501(C)(3)	20,000.	0.			Mazimum Impact fund
Great Basin Outdoor School 1000 Bible Way, #53 Reno, NV 89502	88-0396516	501(C)(3)	15,803.	0.			#249 Truckee Snapshot/Day Camp
Hela Bima World PO Box 3390 Stateline, NV 89449	46-3987940	501(C)(3)	155,000.	0.			General support
Historic Fourth Ward Schoo Foundation - P.O. Box 4 - Virginia City, NV 89440	88-0463462	501(C)(3)	18,482.	0.			2020 Endowment Distribution
Holy Cross Catholic Church 5950 Vista Blvd. Sparks, NV 89436	27-4337740	501(C)(3)	13,000.	0.			General support
Holy Virgin Mary Church 3060 Jefferson Blvd West Sacramento, CA 95691		501(C)(3)	15,000.	0.			General support
Hope City Church 8543 White Fir St. Reno, NV 89523	46-2919385	501(C)(3)	60,000.	0.			Pastor position
Hopewell Fund PO Box 38068 Baltimore, MD 21297	47-3681860	501(C)(3)	150,000.	0.			Rare Impact Fund
Humane Society of Silicon Valley 901 Ames Avenue Milpitas, CA 95035	94-1196215	501(C)(3)	20,000.	0.			Medical fund

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

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

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Mary's Place PO Box 1711 Seattle, WA 98111	27-2087950	501(C)(3)	10,000.	0.			General support
Massachusetts Institute of Technology - 77 Massachusetts Avenue - Cambridge, MA 02139	04-2103594	501(C)(3)	101,000.	0.			Department of Chemical Engineering
Meun Educational Charitabl Foundation - 1123 White Oak Loop - Minden, NV 89423	83-1940466	501(C)(3)	37,000.	0.			2021 Scholarships
Moonridge Foundation P.O. Box 1766 Las Vegas, NV 89125	61-1747676	501(C)(3)	33,335.	0.			Delivering with Dignity
National World War II Museum 945 Magazine Street New Orleans, LA 70130	72-1200790	501(C)(3)	1,010,000.	0.			Patriot Circle
Naval Submarine League 405 N. Henry Street Alexandria, VA 22314	52-1270467	501(C)(3)	10,000.	0.			General support
Nevada Community Foundatio 1980 Festival Plaza Drive, #300 Las Vegas, NV 89135	88-0241420	501(C)(3)	50,000.	0.			Nevada Patient Health Information Foundation
Nevada Health Centers Inc. 3325 Research Way Carson City, NV 89706	94-3199117	501(C)(3)	6,000.	0.			Resource Guide
Nevada Humane Society Inc. 2825 Longley Lane Suite B Reno, NV 89502	88-0072720	501(C)(3)	321,576.	0.			General support

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Nevada Humanities P.O. Box 8029 Reno, NV 89507	23-7358959	501(C)(3)	35,620.	0.			2020 Distribution
Nevada Land Trust P.O. Box 20288 Reno, NV 89515	88-0287591	501(C)(3)	18,892.	0.			100% Board Giving
Nevada Military Support Alliance 985 Damonte Ranch Parkway Suite 310 Reno, NV 89521	27-1095956	501(C)(3)	53,747.	0.			Close of Fund
Nevada Museum of Art 160 W. Liberty Street Reno, NV 89501	88-6003042	501(C)(3)	21,352.	0.			Silver Circle
Nevada News Bureau Inc. 7455 Arroyo Crossing Parkway Suite Las Vegas, NV 89113	27-3192716	501(C)(3)	7,500.	0.			General support
Nevada Policy Research Institute 7130 Placid Street Las Vegas, NV 89119	88-0276314	501(C)(3)	32,000.	0.			Housing and Parent Education
Nevada Rural Counties RSVP Program 2621 Northgate Lane, Suite 6 Carson City, NV 89706	94-3164032	501(C)(3)	31,579.	0.			Senior services
Nevada Women's Fund 770 Smithridge Drive, Suite 300 Reno, NV 89502	94-2860375	501(C)(3)	17,850.	0.			General grant fund
North Valley Community Foundation 1811 Concord Ave Suite 220 Chico, CA 95928	68-0161455	501(C)(3)	6,000.	0.			Aaron Rogers Small-Business Fund

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Northeastern Nevada SAFE 225 Silver Street Suite 104 Elko, NV 89801	82-0865580	501(C)(3)	6,168.	0.			Communication Technology
Northern Nevada H.O.P.E.S. 580 W. Fifth Street Reno, NV 89503	86-0865357	501(C)(3)	69,500.	0.			Giving Tuesday match
Northern Nevada International Center - 855 West 7th Street Suite 270 - Reno, NV 89503	94-2796785	501(C)(3)	12,500.	0.			General support
Northwest Harvest P.O. Box 12272 Seattle, WA 98102	91-0826037	501(C)(3)	20,000.	0.			General support
Note-Able Music Therapy Services 2590 Orovada Street Reno, NV 89512	86-1067227	501(C)(3)	18,000.	0.			Therapy at WCSO Detention Center
Our Lady Of The Snows 1138 Wright Street Reno, NV 89509	90-0111465	501(C)(3)	7,500.	0.			General support
PACE Coalition 1645 Sewell Drive Suite 41 Elko, NV 89801	75-3080264	501(C)(3)	6,230.	0.			Trainings and Awareness
PACER Center 8161 Normandale Blvd. Minneapolis, MN 55437	41-1306304	501(C)(3)	15,000.	0.			General support
PBS Reno 1670 N. Virginia Street Reno, NV 89503	88-0172215	501(C)(3)	26,700.	0.			General support

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Pershing County, Nevada P.O. Box 820 Lovelock, NV 89419	88-6000131	501(a) Gov	12,750.	0.			Fair & Rec youth programs
Planned Parenthood Federation of America - PO Box 97166 Attn: Online Services - Washington, DC 20090	13-1644147	501(C)(3)	12,500.	0.			Birth control, abortion services
Planned Parenthood Mar Monte 1605 The Alameda San Jose, CA 95126	94-1583439	501(C)(3)	7,500.	0.			Annual campaign
Planned Parenthood of the Great Northwest and the Hawaiian Islands - 2001 East Madison Street - Seattle, WA 98122	91-0686012	501(C)(3)	20,000.	0.			Seattle PP/Health Center
Plumas Rural Services 711 E Main Street Quincy, CA 95971	94-2722880	501(C)(3)	25,000.	0.			Per grant agreement
Plymouth Housing 2113 3rd Avenue Seattle, WA 98121	91-1122621	501(C)(3)	20,000.	0.			General support
Pregnancy Support Group of Woodland, Inc. - 120 Court Street - Woodland, CA 95695	68-0070815	501(C)(3)	10,000.	0.			Spero
Primavera Foundation Inc. 151 W. 40th Street Tucson, AZ 85713	86-0733182	501(C)(3)	10,000.	0.			Veteran support
Rare Book School 2023 Ivy Rd Charlottesville, VA 22903	54-1667557	501(C)(3)	20,000.	0.			Annual Fund

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Reach Up Reach Out Ministries Inc. 9018 Balboa Blvd, #323 Northridge, CA 91325	47-4179363	501(C)(3)	15,000.	0.			Healed Ones 5K Race
Reno Chamber Orchestra 925 Riverside Drive Suite 5 Reno, NV 89503	88-0134278	501(C)(3)	12,486.	0.			2020 Distribution
Reno Initiative for Shelte and Equality - PO Box 5254 - Reno, NV 89513	45-5617917	501(C)(3)	11,166.	0.			2020 Distribution
Reno Little Theater 147 E Pueblo Street Reno, NV 89502	88-0054639	501(C)(3)	37,652.	0.			General support
Reno Sparks Gospel Mission P.O. Box 5956 Reno, NV 89513	88-6005643	501(C)(3)	9,000.	0.			Feminine Hygiene products
Renown Health Foundation 245 E. Liberty Street, Suite 400 Reno, NV 89501	94-2972749	501(C)(3)	46,365.	0.			Children's Hospital
Rockefeller Family Fund 475 Riverside Drive, Suite 900 New York, NY 10115	13-6257658	501(C)(3)	100,000.	0.			Democracy Power & Innovation Fund
Rockefeller Philanthropy Advisors Inc. - 6 West 48th Street, 10th Floor - New York, NY 10036	13-3615533	501(C)(3)	50,000.	0.			Fund-Listen4Good
Ron Wood Family Resource Center 2621 Northgate Lane #62 Carson City, NV 89706	86-0865470	501(C)(3)	6,500.	0.			Foster Youth

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Sacramento Region Community Foundation - 740 University Avenue Suite 110 - Sacramento, CA 95825	94-2891517	501(C)(3)	25,000.	0.			Bucher Family Charitable Fund
Sage Ridge School 2515 Crossbow Court Reno, NV 89511	86-0852480	501(C)(3)	295,000.	0.			AIM campaign
Samaritan's Purse PO Box 3000 Boone, NC 28607	58-1437002	501(C)(3)	10,000.	0.			General support
San Angelo Area Foundation 221 S. Irving St. San Angelo, TX 76903	73-1634145	501(C)(3)	10,000.	0.			WHIT Project
Santa Clara University 500 El Camino Real Santa Clara, CA 95053	94-1156617	501(C)(3)	50,000.	0.			Miller Center
Seattle Public Schools MS: 33-343 2445 3rd Ave South Seattle, WA 98124	91-6001541	501(c)(3)	10,000.	0.			General support
Sertoma Inc PO Box 1546 Minden, NV 89423	20-1318250	501(C)(3)	15,000.	0.			2021 Book Scholarships
Sierra Nevada Journeys 190 East Liberty Street Reno, NV 89501	01-0881587	501(C)(3)	68,190.	0.			General support
Silicon Valley Community Foundation - 2440 West El Camino Real Suite 300 - Mountain View, CA 94040	20-5205488	501(C)(3)	50,000.	0.			Destination: Home

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Sisters of Saint Joseph of Carondelet - 11999 Chalon Road - Los Angeles, CA 90049	94-1605666	501(C)(3)	9,000.	0.			General support
Smithsonian Institution NASM Capital Gallery, Office of Advancement - MRC 522 PO Box 37012 - Washington, DC 20013	53-0206027	501(C)(3)	100,000.	0.			NASM improvements
Social Advocates for Youth 2447 Summerfield Rd Santa Rosa, CA 95405	94-1711490	501(C)(3)	10,000.	0.			General support
Soroptimist International of Truckee Meadows - P.O. Box 20125 - Reno, NV 89515	94-2342761	501(C)(3)	43,750.	0.			2021 Summer scholarships
SOS Children's Villages 1620 I Street, NW Suite 220 Washington, DC 20006	13-6188433	501(C)(3)	30,000.	0.			General support
St. Albert the Great Catholic Church - 1259 St. Albert's Drive - Reno, NV 89503	27-4337925	501(C)(3)	11,500.	0.			Catholic Services Appeal
St. Teresa of Avila Catholic School - 567 South Richmond Avenue - Carson City, NV 89703	27-4337666	501(c)(3)	10,000.	0.			Scholarships/Improvements
Stanford University - Development Services - P.O. Box 20466 - Standford, CA 94309	94-1156365	501(C)(3)	2,044,000.	0.			Buck/Cardinal Club
State of Nevada Department of Wildlife - 6980 Sierra Center Pkwy., #120 - Reno, NV 89511	88-6000022	501(a) Gov	468,990.	0.			DT #73 Nelson Creek

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Step 2 Inc. 3700 Safe Harbor Way Reno, NV 89512	94-3025207	501(C)(3)	34,300.	0.			Victims' Services Program
Susanne and Gloria Young Foundation - 2588 Edgerock Road - Reno, NV 89519	26-3617880	501(C)(3)	111,700.	0.			Fall 2021 grant to SNJ
Tahoe-Pyramid Trail 4790 Caughlin Parkway Suite 138 Reno, NV 89519	55-0895667	501(C)(3)	22,050.	0.			General support
Temple Sinai 3405 Gulling Rd Reno, NV 89503	88-0203508	501(C)(3)	11,560.	0.			General support
The Children's Cabinet Inc Main Office - 1090 South Rock Blvd. - Reno, NV 89502	77-0097156	501(C)(3)	51,600.	0.			General support
The Discovery Museum 490 S. Center Street Reno, NV 89501	61-1474845	501(C)(3)	29,000.	0.			Family Membership/General support
The Impact Society 135 Madison Ave., 8th Floo New York, NY 10016	46-4657948	501(C)(3)	25,000.	0.			Membership fee
The Nature Conservancy of Nevada One East 1st Street, #1007 Reno, NV 89501	53-0242652	501(C)(3)	7,956.	0.			General support
The Northwest School 1415 Summit Ave. Seattle, WA 98122	91-1061146	501(C)(3)	10,000.	0.			General support

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Salvation Army - Reno NV 1931 Sutro Street Reno, NV 89512	94-1156347	501(C)(3)	15,000.	0.			General support
The Salvation Army- Northwest Division - 111 Queen Anne Avenue Nort - Seattle, WA 98109	94-1156347	501(C)(3)	10,000.	0.			Angel Tree program
Thunderbird Lodge Preservation Society - 316 California Avenue, #36 - Reno, NV 89509	88-0434866	501(C)(3)	10,000.	0.			General support
Tipping Point Community 220 Montgomery St, Suite 850 San Francisco, CA 94104	20-2121739	501(C)(3)	81,000.	0.			End chronic homelessness in S.F.
Tracy's Kids Inc 5509 Devon Road Bethesda, MD 20814	26-3835257	501(C)(3)	15,000.	0.			General support
Truckee Meadows Community College Foundation - 7000 Dandini Blvd. RDMT 200J - Reno, NV 89512	88-0185319	501(C)(3)	59,871.	0.			1971 Society
Truckee Meadows Parks Foundation 50 Cowan Dr Reno, NV 89509	45-4837735	501(C)(3)	61,525.	0.			General support
Truckee River Foundation PO Box 18153 Reno, NV 89511	20-3378838	501(C)(3)	324,314.	0.			#247 OTR Partnership & public engagement
Truckee River Watershed Council P.O. Box 8568 Truckee, CA 96162	91-1818748	501(C)(3)	76,000.	0.			#257 Prosser Basin

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Two Top Mountain Adaptive Sports Foundation - 10914 Claylick Road - Mercersburg, PA 17236	26-0466490	501(C)(3)	10,000.	0.			Equipment and land purchase
UCLA Foundation PO Box 7145 Pasadena, CA 91109	95-2250801	501(C)(3)	10,000.	0.			Student support
UNICEF 101 Montgomery Street Suite 625 San Francisco, CA 94104	13-1760110	501(C)(3)	15,000.	0.			Haiti Relief efforts
United States Diving Foundation Inc - P.O. Box 4352 - Carmel, IN 46082	31-1153995	501(C)(3)	472,394.	0.			2021 proposed priorities
United Way of Northern Nevada & the Sierra - 639 Isbell Road Suite 460 - Reno, NV 89509	88-0059327	501(C)(3)	5,500.	0.			NV Energy Campaign
University of California Berkeley Foundation Gift Services - 1995 University Ave., Suit 401 - Berkeley, CA 94704	94-6090626	501(C)(3)	14,000.	0.			Gloub Collection Maintenance
UNR Foundation - Financial Services and Records - 1664 N Virginia Street Mail Stop 0162 - Reno, NV 89557	94-2781749	501(C)(3)	36,000.	0.			Dean's Excellence Fund #250010
UNR Foundation - Morrill Hall Alumni Center - Mail Stop 0007 - Reno, NV 89557	94-2781749	501(C)(3)	129,860.	0.			Travel & training - UNR Diving
Vivint Gives Back 4391 North 300 West Provo, UT 84604	85-0497760	501(C)(3)	10,000.	0.			Autism Awareness

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Volunteers of America 335 Record Street, Suite 227 Reno, NV 89512	13-1692595	501(C)(3)	24,000.	0.			General support
Washington and Lee University Office of University Development - 204 W Washington St - Lexington, VA 24450	54-0505977	501(C)(3)	25,000.	0.			Annual Fund
Washoe CASA Foundation PO Box 948 Reno, NV 89504	94-2991444	501(C)(3)	10,000.	0.			In honor of Susan Nissenbaum
Washoe County 1001 E. Ninth Street Reno, NV 89512	88-6000138	501(a) Gov	162,651.	0.			TRF #244
Washoe County Search and Rescue Inc. - PO Box 20012 - Reno, NV 89515	23-7007538	501(C)(3)	5,500.	0.			General support
Western Folklife Center 501 Railroad Street Elko, NV 89801	87-0447025	501(C)(3)	10,500.	0.			Media Program
Wichita State University 1846 Fairmount Street Wichita, KS 67260	48-1124839	501(C)(3)	31,500.	0.			COVID-19 Student Emergency Fund
Women and Children's Cente of the Sierra - 3905 Neil Road, #2 - Reno, NV 89502	80-0159352	501(C)(3)	19,000.	0.			Lifeskills Program
World Food Programme 1725 Eye Street NW, Suite 510 Washington, DC 20006	13-3843435	501(C)(3)	10,000.	0.			Humanitarian efforts - Madagascar

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA of Greater Seattle c/o Member & Donor Service - 909 Fourth Ave - Seattle, WA 98104	91-0482710	501(C)(3)	10,000.	0.			General support
Raymond C Rude Supporting Foundation - 50 Washington St, Suite 300 - Reno, NV 89503	80-0676831	501(C)(3)	131,779.	0.			General support

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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
Children and Family	1	4,350.	0.		
Education	148	706,641.	0.		

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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 grantees 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.

The scholarships are paid directly to the schools. The student is required to return the acceptance letter along with an attendance record to complete

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
Community Foundation of Northern 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 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 checked="" 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		
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) 2021

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 and/or 1099-NEC 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)	163,539.	5,000.	0.	11,848.	0.	180,387.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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 Northern 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				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		20,500.	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	27	3,447,137.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous	X	2	486,252.	FMV
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential	X	5	2,021,000.	FMV
16	Real estate - Commercial	X	2	2,370,000.	FMV
17	Real estate - Other				
18	Collectibles	X	2	9,250.	FMV
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (IRA)	X	9	39,500.	Stated 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 V, 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) 2021

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

Community Foundation of Northern Nevada

Employer identification number

88-0370179

Form 990, Part VI, Section A, line 1a:

The Foundation Executive Committee consists of the Board Officers, the Past President, and the President & CEO. The Executive Committee has broad authority on behalf of the board of directors.

Form 990, Part VI, Section A, line 4:

Changed name to Community Foundation of Northern Nevada effective 1/1/2021.

Form 990, Part VI, Section B, line 11b:

Upon receipt of the Form 990 from the auditing firm, the Foundation's CEO and CFO review the document. The CEO provides a copy to the Foundation Board of Trustees. Once the Form 990 is filed, the Board of Trustees additionally reviews and approves the Form 990 at the 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 listed as being a possible conflict of interest.

Form 990, Part VI, Section B, Line 15:

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

Schedule O (Form 990) 2021

Name of the organization

Community Foundation of Northern Nevada

Employer identification number

88-0370179

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 on Foundations 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 on 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 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 website.

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

Change in Value of Split Interest Arrangement

724,047.

**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

2021

Open to Public Inspection

Name of the organization **Community Foundation of Northern 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	96,726.	1,269,880.	Community Foundation of Northern Nevada
CFCP, LLC - 20-0310840 50 Washington Street, Suite 300 Reno, NV 89503	Hold property	Nevada	3,986,952.	1,779,381.	Community Foundation of Northern Nevada
CFRSO, LLC 50 Washington Street, Suite 300 Reno, NV 89503	Hold property	Nevada	-44,913.	411,046.	Community Foundation of Northern Nevada
Community Housing Land Trust, LLC 50 Washington Street, Suite 300 Reno, NV 89503	Hold property	Nevada	554,097.	4,244,220.	Community Foundation of Northern Nevada

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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 - 80-0676831, 50 Washington St, Reno, NV 89503	Supporting organization for the Community Foundation of Northern	Nevada	501(c)(3)	Line 12a, I	Community Foundation of Northern Nevada	X	

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

Schedule R (Form 990) 2021

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.

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
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b	X	
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n	X	
1o	X	
1p		X
1q	X	
1r		X
1s	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) Raymond C. Rude Supporting Foundation	B	131,779.	General Ledger
(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 Northern Nevada.

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Form **990-W**
(Worksheet)

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0047

(and on Investment Income for Private Foundations) Form 990-T

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990W for instructions and the latest information.
▶ Keep for your records. Do not send to the Internal Revenue Service.

2022

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2021 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	12,012.
c	2022 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	Adjusted To 12,040.

	(a)	(b)	(c)	(d)
11	Installment due dates. See instructions			12/15/22
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."			12,040.
13	2021 Overpayment. See instructions			
14	Payment due (Subtract line 13 from line 12)			12,040.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

IRS e-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20__

2021

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer: Community Foundation of Northern Nevada; EIN or SSN: 88-0370179

Name and title of officer or person subject to tax: Eaton Dunkelberger, President and CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 2 columns: Form type (1a-10a) and Amount (b 1b-10b). Includes checkboxes for each form type and numerical entries for total revenue, tax, and balance due.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) ... and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize Eide Bailly LLP to enter my PIN 21355. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax: ***** THIS IS NOT A FILEABLE COPY ***** 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.

41548905975 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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: Deb Nelson, CPA Date: 11/15/22

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

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

Form 8879-TE (2021)

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.

Type or print	Name of exempt organization or other filer, see instructions. Community Foundation of Northern Nevada	Taxpayer identification number (TIN) 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. 50 Washington St Ste 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Reno, NV 89503	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

Eaton Dunkelberger

- 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **November 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2021** 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-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-TE and Form 8879-TE for payment instructions.

Extended to November 15, 2022
Exempt Organization Business Income Tax Return
 (and proxy tax under section 6033(e))

2021

Department of the Treasury
Internal Revenue Service

For calendar year 2021 or other tax year beginning _____, and ending _____

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**
 ▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for 501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	Print or Type	Name of organization (<input checked="" type="checkbox"/> Check box if name changed and see instructions.) Community Foundation of Northern Nevada Number, street, and room or suite no. If a P.O. box, see instructions. 50 Washington St Ste 300 City or town, state or province, country, and ZIP or foreign postal code Reno, NV 89503	<p>D Employer identification number 88-0370179</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year ▶ 144,978,607.</p>			

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ **Eaton Dunkelberger** Telephone number ▶ **775-333-5499**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	58,200.
2 Reserved	2	
3 Add lines 1 and 2	3	58,200.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	58,200.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	58,200.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	57,200.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	12,012.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	12,012.

LHA For Paperwork Reduction Act Notice, see instructions.

Part I, Line 1 - Section 1.263(a) - 1(f) De Minimis Safe Harbor Election

The organization is making the de minimis safe harbor election under Reg. Sec. 1.263(a) - 1(f).

PUBLIC DISCLOSURE
COPY

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1

OMB No. 1545-0047

2021

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization Community Foundation of Northern Nevada	B Employer identification number 88-0370179
C Unrelated business activity code (see instructions) ▶ 525990	D Sequence: 1 of 1

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

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

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

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

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ▶

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶				0.
11 Total dividends-received deductions included in line 10 ▶				0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Form 990-T (A)	Income (Loss) from Partnerships	Statement 2
----------------	---------------------------------	-------------

Description	Net Income or (Loss)
TTC World Equity Fund QP, LP - Ordinary Business Income (loss)	167,350.
Tiff Realty and Resources II, LLC - Ordinary Business Income (loss)	1,177.
Total Included on Schedule A, Part I, line 5	168,527.

Form 990-T (A)	Other Deductions	Statement 3
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Description	Amount
Investment Management Fees	99,660.
Total to Schedule A, Part II, line 14	99,660.

Form 990-T (A)	Post 2017 NOL Schedule	Statement 4
----------------	------------------------	-------------

Prior Year Post 2017 NOL	NOL Deduction	Carryforward of Post 2017 NOL
10,667.	10,667.	0.

990-T Sch A	Post-2017 Net Operating Loss Deduction	Statement 5
-------------	--	-------------

Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
12/31/19	22,947.	12,280.	10,667.	10,667.
NOL Carryover Available This Year			10,667.	10,667.

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return. **Form 990-T**

2021

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

Name Community Foundation of Northern Nevada	Employer identification number 88-0370179
--	---

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)		1	12,012.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c	2d		
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3		12,012.
4 Enter the tax shown on the corporation's 2020 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4		
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5		12,012.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	04/15/21	06/15/21	09/15/21	12/15/21
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	3,003.	3,003.	3,003.	3,003.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11				
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				
14 Add amounts on lines 16 and 17 of the preceding column	14		3,003.	6,006.	9,009.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		3,003.	6,006.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	3,003.	3,003.	3,003.	3,003.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

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

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2021 and before 7/1/2021	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2021 and before 10/1/2021	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2021 and before 1/1/2022	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	See Attached Worksheet		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2022 and before 7/1/2022	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2022 and before 10/1/2022	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2022 and before 1/1/2023	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2022 and before 3/16/2023	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			291.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **8865**

Return of U.S. Persons With Respect to Certain Foreign Partnerships

OMB No. 1545-1668

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form8865 for instructions and the latest information.

2021

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign partnership's tax year
beginning **JAN 1**, 2021, and ending **DEC 31**, 2021

Attachment
Sequence No. **865**

Name of person filing this return Community Foundation of Northern Nevada	Filer's identification number 88-0370179
---	--

Filer's address (if you aren't filing this form with your tax return)	A Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/>
	B Filer's tax year beginning JAN 1 , 2021, and ending DEC 31 , 2021

C Filer's share of liabilities: Nonrecourse \$ _____ Qualified nonrecourse financing \$ _____ Other \$ _____

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name	EIN
Address	

E Check if any excepted specified foreign financial assets are reported on this form. See instructions

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership
Private Equity Partners VIII Offshore, L

89 Nexus Way
Camana Bay, Cayman Islands KY1-9009

2(a) EIN (if any)
2(b) Reference ID number 01
3 Country under whose laws organized Cayman Islands

4 Date of organization 12/29/2020	5 Principal place of business Cayman Islands	6 Principal business activity code number 523900	7 Principal business activity Investment	8a Functional currency US Dollars	8b Exchange rate (see instructions)
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H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States	2 Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input type="checkbox"/> Form 1065 Service Center where Form 1065 is filed:
--	--

3 Name and address of foreign partnership's agent in country of organization, if any	4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different
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5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions Yes No
If "Yes," enter the total amount of the disallowed deductions \$ _____

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? Yes No

7 Were any special allocations made by the foreign partnership? Yes No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions **1**

9 How is this partnership classified under the law of the country in which it's organized? **Ex Ltd Partnership**

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b Yes No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? Yes No

11 Does this partnership meet **both** of the following requirements?
 1. The partnership's total receipts for the tax year were less than \$250,000.
 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.
 If "Yes," **don't** complete Schedules L, M-1, and M-2. Yes No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **8865** (2021)

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N? Yes No
- b** If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ _____
- c** If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ _____
- d** If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ _____
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ _____
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? Yes No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regulations section 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions Yes No
- b** Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment Yes No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. 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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ _____ Signature of general partner or limited liability company member ▶ _____ Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

Schedule A Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a Owns a direct interest b Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner
Private Equity Partners	89 Nexus Way Camana Bay, Cayman Islands	99-9999999		<input checked="" type="checkbox"/>

Schedule A-1 Certain Partners of Foreign Partnership (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 Foreign Partners of Section 721(c) Partnership (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner? Yes No

Schedule A-3 Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
Private Equity Partners	15 Old Danbury Rd Wilton, CT 06897-0812	35-1045939		

**SCHEDULE O
(Form 8865)**

(Rev. October 2021)
Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 8865. See the Instructions for Form 8865.**
▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor Community Foundation of Northern Nevada		Filer's identifying number 88-0370179
Name of foreign partnership Private Equity Partners VIII Offs	EIN (if any)	Reference ID number (see instr) 01

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions Yes No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? Yes No
- 2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/21		1,008,777.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			1,008,777.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.0000** % (b) After the transfer **1.5110** %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 10-2021

Electronic Filing PDF Attachment

PUBLIC DISCLOSURE
COPY

**CERTIFICATE OF AMENDMENT OF
ARTICLES OF INCORPORATION
OF
COMMUNITY FOUNDATION OF WESTERN NEVADA
A NEVADA NON-PROFIT CORPORATION**

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

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

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

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

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

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

Dated: January 28, 2021

By: _____

Steven Carrick

C

By: _____

Tyson Cross

Secretary

STATE OF NEVADA)

) ss.

COUNTY OF WASHOE)

This instrument was acknowledged before me on _____, 2021 by Steven Carrick, as Chair of the Community Foundation of Western Nevada.

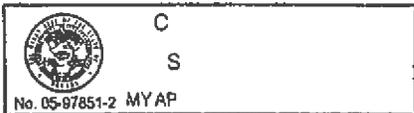
Notary Public

STATE OF NEVADA)

) ss.

COUNTY OF WASHOE)

This instrument was acknowledged before me on January 28, 2021 by Tyson Cross, as Secretary of the Community Foundation of Western Nevada.



Julia M. Dambek

Notary Public

**CERTIFICATE OF AMENDMENT OF
ARTICLES OF INCORPORATION
OF
COMMUNITY FOUNDATION OF WESTERN NEVADA
A NEVADA NON-PROFIT CORPORATION**

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Dated: Jan, 28, 2021.

By: 

Steven Carrick
Chair

By: _____

Tyson Cross
Secretary

STATE OF NEVADA)

) ss.

COUNTY OF WASHOE)

This instrument was acknowledged before me on _____, 2021 by
Steven Carrick, as Chair of the Community Foundation of Western Nevada.



Notary Public

STATE OF NEVADA)

) ss.

COUNTY OF WASHOE)

This instrument was acknowledged before me on _____, 2021 by
Tyson Cross, as Secretary of the Community Foundation of Western Nevada.

Notary Public

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State



Commercial Recordings & Notary Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138
North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

KIMBERLEY PERONDI
Deputy Secretary for
Commercial Recordings

OFFICE OF THE
SECRETARY OF STATE

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

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

Special Handling Instructions:

Submitter ID: 538994

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Certificates	Fees	20222455707	7/12/2022 2:40:47 PM	Approved	1	\$50.00	\$50.00
Total							\$50.00

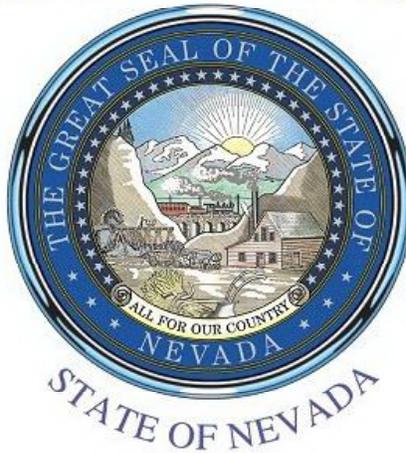
Payments

Type	Description	Payment Status	Amount
Credit Card	6576620471876676103049	Success	\$50.00
Total			\$50.00

Credit Balance: \$0.00

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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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

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



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/12/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202207122819688

You may verify this certificate
online at <http://www.nvsos.gov>