		TO.	M	_	
Form	-		U		

Exempt Organization Business Income Tax Return

OMB No. 1545-0047

	FOI Calenc
Department of the Treasury	
Internal Revenue Service	Do not

(and proxy tax dider	/10	1 0 0 0 0 1 2 0 1 2	0		
For calendar year 2019 or other tax year beginnin 0.7 / 0.1 Pepartment of the Treasury Pepartment of the Treasury Pepartment of the Treasury Po not enter SSN numbers on this form as it may be not enter ssn numbers on the numbers of the numbers o	/ エタ, ar uctions an e made pu	nd ending 0 0 / 30 / 2 nd the latest informationablic if your organization	on is a 501(c)(3). 501(c)	o Public Inspection for (3) Organizations Only
Check box if Name of organization (Check box if name cha	nged and se	e instructions.)	D Employer	dentificatio	n number
Figure 4 under conting			(Employees	trust, see in	istructions.)
501()() Print Nevada Community Four	ndati	on, Inc.			0.0
408(e) 220(e) Or Number, street, and room or suite no. If a P.O. box, see inst	ructions.			2414	
408A X 530(a) Type 410 S Rampart Blvd, S	Ste 3	90	E Unrelated (See instru		ctivity code
529(a) City or town, state or province, country, and ZIP or foreign	n postal cod	е	,		
Las Vegas		39145	9000	199	
at end of year F Group exemption number (See instructions.)	<u> </u>		104/) 1-	4	Other truet
187,213,768 G Check organization type ► X 501(c) corp	oration	501(c) trust	401(a) tr		Other trust
Enter the number of the organization's unrelated trades or businesses.	<u> </u>	escribe the only (or fi	rst) unrelated	If only	one, complete
▶ Investment in flowthrough entities		·	ploto Porte I s		
Parts I–V. If more than one, describe the first in the blank space at the end	of the pre	vious sentence, com	piete Parts ra	iliu II, coi	inpicto a
Schedule M for each additional trade or business, then complete Parts III-\	/	t tallam controllo	d aroun?		Yes No
During the tax year, was the corporation a subsidiary in an affiliated group of	or a paren	it-subsidiary controlle	a group?		103 110
If "Yes," enter the name and identifying number of the parent corporation.					
A Maith Tatham		Tele	phone numbe	r ▶ 70	2-892-2326
The books are in care of Keith Latham		(A) Income	(B) Expens		(C) Net
Part I Unrelated Trade or Business Income		<i>(</i> , <i>,</i> ,			
1a Gross receipts or sales b Less returns and allowances c Balance	1c				
D Less returns and anomarises					
2 Cost of goods sold (Schedule A, line 7)					
Gross profit. Subtract line 2 from line 1c		1,439,126			1,439,126
Capital gain net income (attach Schedule D)					
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)					
c Capital loss deduction for trusts	.				
5 Income (loss) from partnership and S corporation (attach	5	-5,769,572			-5,769,572
statement) See Stmt 1	6				
6 Rent income (Schedule C)					
7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from controlled organization (Schedule F)					
" FOA()/7) (0) an (47) argonization (Cohodulo G)					
(Calcadula I)	.				
·	44				
11 Advertising income (Schedule J)					
Other income (See instructions; attach schedule)	12	-4,330,446			-4,330,446
Part II Deductions Not Taken Elsewhere (See instructions)	ns for l	imitations on ded	uctions.) ([Deduction	ons must be dire
Part II Deductions Not Taken Elsewhere (See Instruction connected with the unrelated business income.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
4 Compensation of officers, directors, and trustees (Schedule K)				14	
5 Salaries and wages				. 15	
6 Repairs and maintenance				.	
7 Dad debts				40	
Interest (attach schedule) (see instructions)				40	
19 Taxes and licenses				. 19	
Depreciation (attach Form 4562)		20		\dashv \mid	
Less depreciation claimed on Schedule A and elsewhere on return		<u>Z</u> IQ		21b	
22 Depletion				22	
23 Contributions to deferred compensation plans				. 23	
24 Employee benefit programs				. 24	
25 Excess exempt expenses (Schedule I)					
- Li (Oshadula I)				20	9,60
Other deductions (attach schedule)		See State	ment Z	28	9,600
on Tatal deductions Add lines 14 through //					-4,340,04
29 Unrelated business taxable income before net operating loss deduction.	Subtract	line 26 from line 13		. 23	-/0.0/03
30 Deduction for net operating loss arising in tax years beginning on or after	er January	1, 2018 (see		00	
instructions) 31 Unrelated business taxable income. Subtract line 30 from line 29				30	-4,340,040
* ************************************				. 31	-4,340,04

Form	990-T (2019) Nevada Community Foundation, Inc.	88-0241420		r ago =
Dai	4 III Total Unrelated Rusiness Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or bu	isinesses (see	32	
	instructions)		33	
33	Amounts naid for disallowed fringes		34	
34		Outstand line	04	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deducti	ions. Subtract line	35	
	34 from the sum of lines 32 and 33		33	
36	Deductions for net operating loss arising in tax years beginning before January 1, 20	018 (see	36	
	instructions)	00 (1 05	37	0
37	Total of unrelated business taxable income before specific deduction. Subtract line s	36 from line 35	38	1,000
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		30	2/000
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater	ater than line 37,	39	0
	enter the smaller of zero or line 37		33	
Pa	rt IV Tax Computation	•	40	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax or		1-0	
41	the amount on line 39 from: Tax rate schedule or Schedule D (Form	1041)	41	
	the amount on line 39 from.	•	42	
42	Proxy tax. See instructions Alternative minimum tax (trusts only)		43	
43	Tax on Noncompliant Facility Income. See instructions		44	
44	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	0
45 De				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a		
46a	Other credits (see instructions)	46b	4	
b	General business credit. Attach Form 3800 (see instructions)	46c	4 1	
C	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	4 1	
d e	Total credits. Add lines 46a through 46d		46e	
47	Subtract line 46e from line 45		47	
48	Other taxes. Form 8611 Form 8697 Form 8866 Other (att. s	sch.)	40	0
49	The state of the s		45	0
50	2010 not 065 tox liability paid from Form 965-A or Form 965-B, Part II, column (k) li	ine 3	50	
51a	Payments: A 2018 overpayment credited to 2019		4	
b	2019 estimated tax payments	51b	+	
C	Tax deposited with Form 8868	51c	+	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	+	
е	Backup withholding (see instructions)	51e 51f	+	
f	Credit for small employer health insurance premiums (attach Form 8941)	511	+	
g	Other credits, adjustments, and payments: Form 2439 Total	51g		
	Form 4136 Other Total		52	202,911
52	Total payments. Add lines 51a through 51g		53	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached		54	0
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	nt overnaid	55	202,911
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount of lines 55 years went: Credited to 2020 estimated tax	11 Refunded	56	
56	Enter the amount of line 55 you want. Credited to 2020 the Addition and Other Info	ormation (see instruction	s)	
-	art VI Statements Regarding Certain Activities and Other fine	or a signature or other author	ity	Yes No
57	At any time during the 2019 calendar year, did the organization have an interest in over a financial account (bank, securities, or other) in a foreign country? If "YES," the Fincent Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter	the organization may have to r the name of the foreign cour	ntrv	
	FinCEN Form 114, Report of Foreign Bank and I mandat Accounts in 125,			X
	The target of the erganization receive a distribution from, or was it the grant of	rantor of, or transferor to, a fo	reign tru	x X
58				
59	Enter the amount of tax-exempt interest received or accrued during the tax year at	tatements, and to the best of my knowled	ge and belie	of, it May the IDC discuss this return
Ci	Under penalties of perjury, I declare that I have examined this return, including accomplete penalties and simple true correct and complete penalties of preparer (other than taxpayer) is based on all information of which p	preparer has any knowledge.		May the IRS discuss this return with the preparer shown below (see instructions)?
Sig	re 3 17 2021 President a	and CEO		_ (see instructions)? _ Yes No
116	Signature of officer Date Title		1	D.T.N.
-	Print/Type preparer's name Preparer's signature	Date Date	Chec	^ "
Pai	d Jessica P Sayles Jessica P Sayles	02/25/	m's EIN	
	narer Firm's name Houldsworth, Russo & Company	7 PC.	III'S EIN	00 007.1020
	e Only 8675 S Eastern Ave Ste A	Di	one no.	702-269-9992
	Firm's address Las Vegas, NV 89123-2839	Į Pi	one no.	Form 990-T (2019)

		loundation Inc.	88-U2	31320	1 0	age 3
orm 990-T (2019) Nevada	a Community F	thod of inventory valuation				
chedule A - Cost of Go	oas sold. Eller life	6 Inventory at end of	vear	6	6	
Inventory at beginning of ye		7 Cost of goods so				
Purchases		line 6 from line 5. E				
Cost of labor	3	in Part I, line 2			7	
Additional sec. 263A costs	40	in Part I, line 2	(with respect to	Yes	No	
(attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) app			
b Other costs (attach schedule)	4b					
Total. Add lines 1 through	4b 5	to the organization	?	- J Mith Deal Pro	norty)	
chedule C - Rent Incon	ne (From Real Prop	perty and Personal Propert	y Leas	ed with Real Pro	perty)	
(see instructions)						
Description of property						
N/A						
)						
)						
)	2. Rent received or acc	crued				
		(b) From real and personal property (if the		3(a) Deductions direc	ctly connected with the income	Э
(a) From personal property (if the p	percentage of rent	percentage of rent for personal property excee	eds	in columns 2(a) a	and 2(b) (attach schedule)	
for personal property is more than		50% or if the rent is based on profit or incom	e)			
more than 50%)		30% of it die telle a base a sup				
)						
2)						
3)						
4)						
Total	Tota			(b) Total deductions.		
>= 4 1 Add totals of	columns 2(a) and 2(b). E	nter		Enter here and on page Part I, line 6, column (B	9 1,	
c) Total income. Add totals of				Part I, line 6, column (b		
ere and an page 1 Part I line	6 column (A)					
are and an page 1 Part I line	6 column (A)					
ere and an page 1 Part I line	6 column (A)	ome (see instructions)	T	3. Deductions directly conn	nected with or allocable to	
nere and on page 1, Part I, line Schedule E – Unrelated	Debt-Financed Inc	ome (see instructions) 2. Gross income from or			nected with or allocable to ed property	
ere and an page 1 Part I line	Debt-Financed Inc	ome (see instructions)	(a) S	3. Deductions directly conductions directly conductions debt-finance dept-finance dept-finance description	nected with or allocable to ed property (b) Other deductions	ì
ere and on page 1, Part I, line Schedule E – Unrelated	Debt-Financed Inc	2. Gross income from or allocable to debt-financed	(a) S	Deductions directly conr debt-finance	nected with or allocable to ed property	,
Schedule E - Unrelated 1. Description of debt-fi	Debt-Financed Inc	2. Gross income from or allocable to debt-financed	(a) S	3. Deductions directly conductions directly conductions debt-finance dept-finance dept-finance description	nected with or allocable to ed property (b) Other deductions	;
nere and on page 1, Part I, line Schedule E - Unrelated 1. Description of debt-fi	Debt-Financed Inc	2. Gross income from or allocable to debt-financed	(a) S	3. Deductions directly conductions directly conductions debt-finance dept-finance dept-finance description	nected with or allocable to ed property (b) Other deductions	;
nere and on page 1, Part I, line Schedule E - Unrelated 1. Description of debt-fi N/A	Debt-Financed Inc	2. Gross income from or allocable to debt-financed	(a) S	3. Deductions directly conductions directly conductions debt-finance dept-finance dept-finance description	nected with or allocable to ed property (b) Other deductions	;
nere and on page 1, Part I, line Schedule E - Unrelated 1. Description of debt-fi 1) N/A	Debt-Financed Inc	2. Gross income from or allocable to debt-financed	(a) S	3. Deductions directly conductions directly conductions debt-finance dept-finance dept-finance description	nected with or allocable to ed property (b) Other deductions	}
1. Description of debt-fi N/A (4)	6, column (A) Debt-Financed Inc	2. Gross income from or allocable to debt-financed property	(a) S	3. Deductions directly conductions directly conductions debt-finance dept-finance dept-finance description	nected with or allocable to ed property (b) Other deductions	
1. Description of debt-fi N/A (1) A. Amount of average	6, column (A) Debt-Financed Inc inanced property 5, Average adjusted basis	2. Gross income from or allocable to debt-financed property 6. Column	7.0	3. Deductions directly condebt-finance straight line depreciation (attach schedule)	nected with or allocable to ed property (b) Other deductions (attach schedule) 8. Allocable deduction (column 6 x total of column 6 x total of c	ns
1. Description of debt-fi N/A (4)	6, column (A) Debt-Financed Inc inanced property 5. Average adjusted basis of or allocable to debt-financed property	2. Gross income from or allocable to debt-financed property	7.0	3. Deductions directly condebt-finance debt-finance dept-finance destraight line depreciation (attach schedule)	nected with or allocable to ed property (b) Other deductions (attach schedule) 8. Allocable deduction	ns
1. Description of debt-fi N/A 4. Amount of average acquisition debt on or	6, column (A) Debt-Financed Inc inanced property 5. Average adjusted basis of or allocable to	2. Gross income from or allocable to debt-financed property 6. Column 4 divided	7. (3. Deductions directly condebt-finance straight line depreciation (attach schedule)	nected with or allocable to ed property (b) Other deductions (attach schedule) 8. Allocable deduction (column 6 x total of column 6 x total of c	ns
1. Description of debt-fi N/A 4. Amount of average acquisition debt-financed property (attach schedule)	6, column (A) Debt-Financed Inc inanced property 5. Average adjusted basis of or allocable to debt-financed property	2. Gross income from or allocable to debt-financed property 6. Column 4 divided	7. (3. Deductions directly condebt-finance straight line depreciation (attach schedule)	nected with or allocable to ed property (b) Other deductions (attach schedule) 8. Allocable deduction (column 6 x total of column 6 x total of c	ns
1. Description of debt-fi N/A 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	6, column (A) Debt-Financed Inc inanced property 5. Average adjusted basis of or allocable to debt-financed property	2. Gross income from or allocable to debt-financed property 6. Column 4 divided	7. (3. Deductions directly condebt-finance straight line depreciation (attach schedule)	nected with or allocable to ed property (b) Other deductions (attach schedule) 8. Allocable deduction (column 6 x total of column 6 x total of c	ns
1. Description of debt-fi N/A 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2)	6, column (A) Debt-Financed Inc inanced property 5. Average adjusted basis of or allocable to debt-financed property	2. Gross income from or allocable to debt-financed property 6. Column 4 divided	7. (% %	3. Deductions directly condebt-finance straight line depreciation (attach schedule)	nected with or allocable to ed property (b) Other deductions (attach schedule) 8. Allocable deduction (column 6 x total of column 6 x total of c	ns
1. Description of debt-fi N/A 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3)	6, column (A) Debt-Financed Inc inanced property 5. Average adjusted basis of or allocable to debt-financed property	2. Gross income from or allocable to debt-financed property 6. Column 4 divided	7. (% % %	3. Deductions directly condebt-finance debt-finance debt-finance destraight line depreciation (attach schedule) Gross income reportable column 2 x column 6)	(b) Other deductions (attach schedule) 8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	ns imns
1. Description of debt-fi N/A 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2)	6, column (A) Debt-Financed Inc inanced property 5. Average adjusted basis of or allocable to debt-financed property	2. Gross income from or allocable to debt-financed property 6. Column 4 divided	7. (% % % %	3. Deductions directly condebt-finance straight line depreciation (attach schedule) Gross income reportable column 2 x column 6)	(b) Other deductions (attach schedule) 8. Allocable deduction (column 6 x total of column 3(a) and 3(b)) Enter here and on p	ns umns
1. Description of debt-fi N/A 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3)	6, column (A) Debt-Financed Inc inanced property 5. Average adjusted basis of or allocable to debt-financed property	2. Gross income from or allocable to debt-financed property 6. Column 4 divided	7. (% % % %	3. Deductions directly condebt-finance debt-finance debt-finance destraight line depreciation (attach schedule) Gross income reportable column 2 x column 6)	(b) Other deductions (attach schedule) 8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	ns umns
1. Description of debt-fi 1. Description of debt-fi 1. N/A 2) 3) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) (4)	6, column (A) Debt-Financed Inc inanced property 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	2. Gross income from or allocable to debt-financed property 6. Column 4 divided	7. (% % % % % Ente	3. Deductions directly condebt-finance debt-finance debt-finance destraight line depreciation (attach schedule) Gross income reportable column 2 x column 6) There and on page 1, 1, line 7, column (A).	(b) Other deductions (attach schedule) 8. Allocable deduction (column 6 x total of column 3(a) and 3(b)) Enter here and on p	ns umns

Form 990-T (2019)

Form 990-T (2019) Nevada Community Foundation, Inc. 88-0241420 Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.) 7. Excess readership 4. Advertising costs (column 6 gain or (loss) (col. 2. Gross 6. Readership 5. Circulation minus column 5, but 3. Direct 2 minus col. 3). If advertising income costs not more than 1. Name of periodical advertising costs a gain, compute income column 4). cols. 5 through 7. (1) N/A (2) <u>(4)</u> Totals from Part I Enter here and Enter here and on Enter here and on on page 1, page 1, Part I, page 1, Part I, Part II, line 26. line 11, col. (B). line 11, col. (A). Totals, Part II (lines 1-5) Schedule K - Compensation of Officers. Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
27/3		%	
(1) N/A		%	
(2)		%	
(3)		%	
(4)		>	
Total. Enter here and on page 1, Part II, line 14			Form 990-T (2019)

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number

Name		_			8-024	142	0	
N	evada Community Foundati	on, Inc.		0	0-023	132		s X No
D: 1	the comparation diapage of any investment(s) in a	qualified opportunity fund	during the tax year?	or loss				15 82 110
lf "Y	es " attach Form 8949 and see its instructions for	additional requirements to	or reporting your gain	01 1088.	_			
P	art I Short-Term Capital Gains an	d Losses (See instri	uctions.)	(g) Adjustments to	n gain	(h) G	ain or (I	oss)
	See instructions for how to figure the amounts to enter on	(d) Proceeds	(e) Cost	or loss from Form	() T	Subtr	ract colu	mn (e) from
	the lines below. This form may be easier to complete if you round off cents to	(sales price)	(or other basis)	8949, Part I, line	2,			nd combine n column (g)
	whole dollars.			column (g)		uie ie	Suit With	Toolullii (g)
	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b							
1b	Totals for all transactions reported on Form(s) 8949							
	with Box A checked					_		
2	Totals for all transactions reported on Form(s) 8949							
	with Box B checked					+		
3	Totals for all transactions reported on Form(s) 8949							3,34
	with Box C checked	3,342			-	+		3,32
					4			
	Short-term capital gain from installment sales from							
5	Short-term capital gain or (loss) from like-kind exc	changes from Form 8824			5			
_	Unused capital loss carryover (attach computation	n)			6			
6	Unused capital loss carryover (attach computation	''/						
	Net short-term capital gain or (loss). Combine line	os 1a through 6 in column	h		7			3,34
		d Lossos (See instri	ictions)					
	Part II Long-Term Capital Gains and See instructions for how to figure the amounts to enter or	(d)	(e)	(g) Adjustments			Gain or	
	the lines below.	Proceeds	Cost	or loss from Form 8949, Part II, line				umn (e) from and combine
	This form may be easier to complete if you round off cents to	(sales price)	(or other basis)	column (g)	, 2,			th column (g)
	whole dollars.							
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b							
8b	Totals for all transactions reported on Form(s) 8949							
	with Box D checked					+		
9	Totals for all transactions reported on Form(s) 8949							
	with Box E checked					+		
10	Totals for all transactions reported on Form(s) 8949		00 000				1	435,78
	with Box F checked	1,458,680	22,896	0		+		200 / 10
					11			
11	Enter gain from Form 4797, line 7 or 9				····			
					12	,		
12	Long-term capital gain from installment sales fro	m Form 6252, line 26 or 3	37			+-		
						.		
13	Long-term capital gain or (loss) from like-kind ex	changes from Form 8824			13	<u>}</u>		
						.		
1/	Capital gain distributions (see instructions)				14	+-		
						_	1	125 70
15	Net long-term capital gain or (loss). Combine line	es 8a through 14 in colum	ın h		1	5	1,	435,78
	Day III Cummony of Parts and							3,34
40	Enter excess of net short-term capital gain (line	7) over net long-term cap	ital loss (line 15)				9	
4 -	Net equital gain. Enter excess of net long-term of	apital gain (line 15) over i	net short-term capital i	loss (line /)				435,78
17	Add lines 16 and 17. Enter here and on Form 11	120, page 1, line 8, or the	proper line on other re	eturns	1	8	1,	439,12
	N-4 If leases evened doing con Canifal LOSSE	s in the instructions.				chedu	le D (F	orm 1120) 2
Fo	r Paperwork Reduction Act Notice, see the Instructions	for Form 1120.					- 1.	
DA	A							

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No.

Department of the Treasury Internal Revenue Service

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Social security number or taxpayer identification number

Name(s) shown on return

Nevada Community Foundation, Inc 88-0241420

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

X (C) Short-term	(b)	(c)	(d)	(e) Cost or other basis. See the Note below	If you enter an a enter a coo	any, to gain or loss. mount in column (g), le in column (f). rate instructions.	(h) Gain or (loss). Subtract column (e)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column</i> (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Short term cap	oital gai 01/01/19	n WSHC K1 12/31/19	3,342				3,342
2 Totals. Add the amount	ts in columns (d) (e)	(a), and (h) (subtract					
negative amounts). Ente Schedule D, line 1b (if above is checked), or lil	er each total here and Box A above is che	cked), line 2 (if Box B	3,342				3,34

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2019)

Social security number or taxpayer identification number

Nevada Community Foundation, Inc.

88-0241420

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a. you aren't required to report these transactions on Form 8949 (see instructions).

oa, yo	u alent legt	alled to lebo	it tilese transaoti	One on reminer.		. (.	lata
You must check Box I a separate Form 8949, more of the boxes, com	page 2, for each	ch applicable bo forms with the	ox. If you have more I same box checked as	ong-term transactions s you need.	s than will lit on	this page for one o	r
(E) Long-term t	ransactions rep	orted on Form((s) 1099-B showing b	asis was reported to tassis wasn't reported	the IRS (see N to the IRS	ote above)	
(F) Long-term to	(b)	(c) Date sold or	(d)	(e) Cost or other basis. See the Note below	If you enter an enter a co	any, to gain or loss. amount in column (g), ide in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column (e)</i> in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Gain on excess	s dist WS 01/01/13	нс к1 12/31/19	1,457,823				1,457,823
Long term cap	01/01/13	12/31/19	857				857
Other portfol	io losses 01/01/13	WSHC K1 12/31/19		5			-5
Section 1256	contracts 01/01/13	WSHC K1 12/31/19		22,891			-22,891

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E 1,435,784 1,458,680 22,896 above is checked), or line 10 (if Box F above is checked) Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number

2.5	evada Community Foundation	on. Inc.		88-	0241	
2:1	the second on diamena of any investment(s) in a (rualified opportunity fund	during the tax year?			Yes X No
Dia If "Y	es." attach Form 8949 and see its instructions for	additional requirements in	or reporting your gain	or loss.		
_	art I Short-Term Capital Gains and	d Losses (See instru	uctions.)			(h) Osin an (lega)
	See instructions for how to figure the amounts to enter on	(d)	(e)	(g) Adjustments to gain or loss from Form(s)		(h) Gain or (loss) Subtract column (e) from
	the lines below.	Proceeds (sales price)	Cost (or other basis)	8949, Part I, line 2,		column (d) and combine
	This form may be easier to complete if you round off cents to whole dollars.	(outes price)		column (g)	-	the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949					2 242
•	with Box C checked	3,342				3,342
					4	
4	Short-term capital gain from installment sales from	n Form 6252, line 26 or 3	7			
5	Short-term capital gain or (loss) from like-kind exc	changes from Form 8824			5	
6	Unused capital loss carryover (attach computation	າ)			6	
7	Net short-term capital gain or (loss). Combine line	es 1a through 6 in column	h		7	3,342
F	Part II Long-Term Capital Gains and	d Losses (See Instru	(e)	(g) Adjustments to gain	1	(h) Gain or (loss)
	See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 8949, Part II, line 2,		Subtract column (e) from column (d) and combine
	This form may be easier to complete if you round off cents to whole dollars.	(,		column (g)		the result with column (g)
	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949					
	with Box E checked					
10	Totals for all transactions reported on Form(s) 8949					1,435,784
	with Box F checked	1,458,680	22,896		Т	1,450,701
11	Enter gain from Form 4797, line 7 or 9				11	
	Long-term capital gain from installment sales from	m Form 6252, line 26 or 3	37		12	
	Long-term capital gain or (loss) from like-kind ex				13	
					14	
					15	1,435,784
	Net long-term capital gain or (loss). Combine line	es oa unough 14 in coluit				
_	Part III Summary of Parts I and II Enter excess of net short-term capital gain (line	7) over net long-term can	ital loss (line 15)		16	3,342
16	Enter excess of net short-term capital gain (line where he had been been been been been been been bee	onital gain (line 15) over i	net short-term capital I	oss (line 7)	17	1,435,784
17	Net capital gain. Enter excess of net long-term c Add lines 16 and 17. Enter here and on Form 11	20 nage 1 line 8 or the	proper line on other re	eturns	18	1,439,126
	Note: If losses exceed gains, see Capital Losses r Paperwork Reduction Act Notice, see the Instructions to	S III LIIE IIISLI UCLIOIIS.	p		Sc	hedule D (Form 1120) 2019
D/	r raperwork Reduction Act Notice, see the matructions of					

Form 8949

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No.

Department of the Treasury Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Social security number or taxpayer identification number

Name(s) shown on return

Nevada Community Foundation,

88-0241420

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

X (C) Short-term t	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an a enter a coo	any, to gain or loss. mount in column (g), le in column (f). rate instructions.	(h) Gain or (loss). Subtract column (e)	
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column</i> (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
Short term cap	oital gai 01/01/19	n WSHC Kl 12/31/19	3,342				3,342	

above is checked), or line 3 (if Box C above is checked) Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

3,342

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

Social security number or taxpayer identification number

Nevada Community Foundation, Inc.

88-0241420

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (F) Long-term t	ransactions not	reported to you	on Form 1099-B				
(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e)	If you enter an enter a co	any, to gain or loss. amount in column (g), ide in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions	Code(s) from instructions	Amount of adjustment	combine the result with column (g)
Gain on exces	01/01/13	12/31/19	1,457,823				1,457,823
Long term cap	ital gain 01/01/13	WSHC K1 12/31/19	857				857
Other portfol	o losses 01/01/13	WSHC K1 12/31/19		5			-5
Section 1256	contracts			22,891			-22,891
2 Totals. Add the amount negative amounts). Ente Schedule D, line 8b (if above is checked), or line	er each total here and Box D above is ched	ked), line 9 (if Box E	1,458,680	22,896			1,435,784

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8868**

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service

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

u File a separate application for each return. u 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

OMB No. 1545-0047

Form 8868 (Rev. 1-2020)

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. Taxpaver identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 88-0241420 Nevada Community Foundation, Inc. Number, street, and room or suite no. If a P.O. box, see instructions. 410 S Rampart Blvd, Ste 390 File by the City, town or post office, state, and ZIP code. For a foreign address, see instructions. due date for filing your return. See NV 89145 Las Vegas instructions 07 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Code Is For 07 Form 990-T (corporation) 01 Form 990 or Form 990-EZ 80 02 Form 1041-A Form 990-BL Form 4720 (other than individual) 09 03 Form 4720 (individual) 10 04 Form 5227 Form 990-PF 11 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 05 12 Form 8870 06 Form 990-T (trust other than above) Keith Latham 410 S. Rampart Blvd. #390 NV 89145 The books are in the care of uLas Vegas Telephone No. ▶ 702-892-2326 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 a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time un 05/15/21, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or \blacktriangleright x tax year beginning 07/01/19, and ending 06/30/20If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0 3a any nonrefundable credits. See instructions b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 202,911 estimated tax payments made. Include any prior year overpayment allowed as a credit 3b 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. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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