F	orm <b>990-T</b>	Exempt Organization Business Income Tax Retu	Iro		OMB No. 1545-0047
		(and blown fax finder section 6032/2)			2020
		For calendar year 2020 or other tax year beginning $07/01/20$ , and ending $06/30/21$			2020
		GO TO WWW.ITS GOV/FORMOODT for instructions and the second			Open to Public Inspection
_		bo not enter 33N numbers on this form as it may be made public if your organization i	s a 50°	1(c)(3).	for 501(c)(3)
Α	The state of the s				Organizations Only
В	Exempt under section			eyer ide	remode of fightiper
		Foundation, inc	88-	024	1420
		Number, street, and room or suite no. If a P.O. box, see instructions			tion number
	408(e) 220(e)	Type 1980 Festival Plaza, Ste 300		nstruction	
	408A <b>X</b> 530(a)	City or town, state or province, country, and ZIP or foreign postal code			
	529(a) 529A			Chec	k box if
G	Check organization type	Book value of all assets at end of year   228, 677, 292	Connect	an am	nended return.
H		Other trust 401(a) trust Other trust			able reinsurance entity
ï		Claim a refund shown on Form			
J	Enter the number of atta	shed School ling a consolidated return with a 501(c)(2) titleholding corporation			
K	During the tax year was	the corporation a coloridity of the corporation and the corporatio			1
			oup?		Yes X No
	• Too, order the hanne	and identifying number of the parent corporation			
L	The books are in care of	Noith Istham			
F	Part I Total Unre	Plated Rusiness Toyoble in a service Telephone	e num	ber 🕨	702-892-2326
1		rated business rakatile ilitining			
	instructions)	isos taxable income computed from all unrelated trades or businesses (see			,
2		······································		1	5,609,602
3	A -1 -1 11 4		- 1	2	
4				3	5,609,602
5	Total unrelated busines	is taxable income before not operating leases. O. I		4	560,960
6	Deduction for net opera	ating loss. See instructions		5	5,048,642
7	Total of unrelated busin	less taxable income before specific deduction and discount in the second		6	0
	Captract line o Holli Illie	; 0	1		
8	Specific deduction (gen	erally \$1,000, but see instructions for exceptions)	-	7	5,048,642
9	Trusts. Section 199A d	eduction. See instructions	-	8	1,000
0	Total deductions. Add	lines 8 and 9	-	9	
1	Unrelated business ta	xable income. Subtract line 10 from line 7. If line 10 is greater than line 7.	-	10	1,000
	Citter Zeio				
P	MITTER TOTAL COLLECT	uramon	<u> </u>	11	5,047,642
1	Organizations taxable as	corporations. Multiply Part I, line 11 by 21% (0.21)			1 060 00-
2		rates. See instructions for tax computation. Income tax on the amount on	-	1	1,060,005
		Lax tale schedule or Cohodule D (F 4044)			•
3	Proxy tax. See instructi		-	2	0
4	Other tax amounts. See	instructions		3	
5			····  -	4	
6	Tax on noncompliant f	admity intollie. See listinchions	- 1	6	
	Total. Add lines 3 through	For calendar year 2020 or other tax year beginning 7 / 9 1 / 20 , and ending 0 6 / 30 / 21    Check box if address changed.			1 060 005
or i	Paperwork Reduction A	ct Notice, see instructions.		7	1,060,005 Form <b>990-T</b> (2020)
					rom <b>330-1</b> (2020)

For	m 990-T (2020) Nevada Community Foundation, Inc. art III Tax and Payments	. 88-0241420	Dogo 2
1a	Foreign tay credit (corporations 11 + 5		Page <b>2</b>
b	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  Other credits (see instructions)	1a	
c		1b	
d		1c	
	First year minimum tax (attach Form 880) or 8827)	1d	-
е	a creation and mics ta though to		
2	Subtract line 1e from Part II, line 7		1e
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697	Form 8866	1,060,005
	Other (attach statement)		
4	I oral tax. Add lines 2 and 3 (see instructions)	lofowed	3
		<b>L</b>	
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), li		4 1,060,005
6a	dyfficitis. A 2019 Overpayment credited to 2020		5
b	2020 estimated tax payments. Check if section 643(g) election applies	6a 202,91	<u> </u>
C	Tax deposited with Form 8868	6b 857,10	00
d	Foreign organizations: Tay paid or withhold	6c	
е	Foreign organizations: Tax paid or withheld at source (see instructions)  Backup withholding (see instructions)	6d	
f	Backup withholding (see instructions)  Credit for small employer health insurance promises of the first of th	6e	
g	The strain insulative Diemining (affact Form 00.44)	6f	
9	Form 2439		
7	Other Total	6g	
8	Total payments. Add lines 6a through 6g  Estimated tax penalty (see instructions) Charlet (5)		7 1,060,011
	tax portary (ace instructions). Check it form 2220 is attached		8
9	Tax que, if line / is smaller than the total of lines 4.5.		
	over payment. If line 7 is larger than the total of lines 4.5, and 8, enter amount over	naid	
			10 6
Pal	Statements Regarding Certain Activities and Other Inform	mation (see instructions	11
1	At any time during the 2020 calendar year, did the organization have an interest in or	a signature or eth	Yes No
1	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," the decree ▶	organization may have to file	е
			У
2	During the tax year, did the organization receive a distribution from, or was it the gran oreign trust?		<u>X</u>
	5 · · · · · · · · · · · · · · · · · · ·	tor of, or transferor to, a	
- 1	f "Yes," see instructions for other forms the organization may have to file.		X
3 E	Enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization change its method of accounting 0.		
4a [	Did the organization change its method of accounting? (see instructions)	\$	
b I	4a is "Yes." has the organization described the above 15		X
е	f 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-F	PF, or Form 1128? If "No,"	
Par	V Supplemental Information		
Provide	the explanation required by Part IV line 4b. Alazarra		
	e the explanation required by Part IV, line 4b. Also, provide any other additional inform	nation. See instructions.	
• • • • • • • • • • • • • • • • • • • •	Under penaltips of porius. Literature 4.	***************************************	
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemetrue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	ents, and to the best of my knowledge a	and belief, it
Here	1 y y y second on an information of which prepare	er rias any knowledge.	May the IRS discuss this retur with the preparer shown below (see instructions)?
	Signature of officer Posts	i CEO	
	Print/Type preparer's pame		X Yes No
Paid	Toggies B. Caral	Date	Check if PTIN
Prepar	loessica F Sayles	01/18/22	self-employed P01530213
Use O	LOMDANY L		88-0374623
236 OI	"y 80/5 S Eastern Ave Ste A		00 00/4020
	Firm's address Las Vegas, NV 89123-2839		702-260 0002

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A Name of the organization

► 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

B Employer identification number

Nevada Community Foundation, Inc. 88-0241420 C Unrelated Business Activity Code (see instructions) ▶900099 D Sequence: of E Describe the unrelated trade or business ▶ Flow-through K-1 S-Corp Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net Gross receipts or sales 1a Less returns and allowances **c** Balance ..... 1c Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) 3,918,733 Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) 3,918,733 4b Capital loss deduction for trusts C 4c Income (loss) from partnership and S corporation (attach 5 statement) See Stmt 1 1,735,319 5 1,735,319 Rent income (Part IV) 6 6 Unrelated debt-financed income (Part V) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Part VI)

Total. Combine lines 3 through 12 13 5,654,052 5,654,052 Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

9

10

11

12

1	Compensation of officers, directors, and trustees (Part X)  Salaries and wages		
2	Salaries and wages	1	
3			
4	Repairs and maintenance Bad debts	3	
5	Interest (attach statement) (see instructions)  Taxes and licenses	4	
6	Taxes and licenses	5	
7	Depreciation (attach Form 4562) (see instructions)	6	34,850
8	Less depreciation claimed in Port III and classification	-	
9		8b	0
10	Contributions to deferred compensation plans Employee benefit programs	9	
11	Employee benefit programs	10	
12	Excess exempt expenses (Part VIII)	11	
13	Excess exempt expenses (Part VIII)  Excess readership costs (Part IX)  Other deductions (attach statement)	12	
14	Other deductions (attach statement)  Total deductions Add lines 1 through 1.1	13	
15	Total deductions. Add lines 1 through 14	14	9,600
16	Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,	15	44,450
	calling (2)		_
17		16	5,609,602
18	Deduction for net operating loss (see instructions)  Unrelated business taxable income. Subtract line 17 from line 16  Paperwork Reduction Act Notice, see instructions	17	
	Paperwork Reduction Act Notice see instructions	18	5,609,602

Investment income of section 501(c)(7), (9), or (17)

organization (Part VII)

Exploited exempt activity income (Part VIII)

Advertising income (Part IX)

Other income (see instructions; attach statement)

Schedule A (Form 990-T) 2020

10

Schedule A (Form 990-T) 2020 Nevada Cor Part III Cost of Goods Sold	mmunity Found	lation, Inc	. 88-0241420	
1 Inventory at beginning of the	Enter method of in	ventory valuation		Page
at beginning of veal			1	
2 Purchases 3 Cost of labor	***************************************		2	
3 Cost of labor 4 Additional section 263A costs (attach statemen			3	-
Additional section 263A costs (attach statemen  Other costs (attach statement)	t)		4	
Other costs (attach statement)  Total. Add lines 1 through 5			5	
Total. Add lines 1 through 5 Inventory at end of year				
Inventory at end of year  Cost of goods sold. Subtract line 7 from line 6			6	
Cost of goods sold. Subtract line 7 from line 6	Entanh			
Do the rules of section 263A (with respect to pro	anomhu man de e e	************		
Part IV Rent Income (From Real Pro  1 Description of property (property street address  A B  C D	perty and Personal city, state, ZIP code). Cr	Property Leased eck if a dual-use (see	I with Real Property) instructions)	Yes No
	A			
Rent received or accrued	A	B	С	D
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)			1	
Total rents received or accrued by property.				
Add lines 2a and 2b, columns A through D				
Total rents received or goomed A LLU				
Total rents received or accrued. Add line 2c colur	nns A through D. Enter he	ere and on Part I, line 6	6, column (A)	
Deductions directly connected with the income				
in lines 2(a) and 2(b) (attach statement)				
Total deductions. Add line 4 columns A through	D. Enter here and on Par	I, line 6, column (B)	<b>&gt;</b>	
Officiated Dept-Financed Inco	ma (coo inchuration			
Description of debt-financed property (street addre	es city state 710	01		
A	oss, city, state, ZIP code).	Check if a dual-use (s	see instructions)	
В				
С				
D				
Gross income from or allocable to debt-financed	Α	В	С	D
Deductions directly connected with or allocable				
an oday connected with of allocable				
to deht-financed property				
to debt-financed property				
to debt-financed property Straight line depreciation (attach statement)				,
to debt-financed property  Straight line depreciation (attach statement)  Other deductions (attach statement)				
to debt-financed property  Straight line depreciation (attach statement)  Other deductions (attach statement)  Total deductions (add lines 3a and 3b				
to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D)				
to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable				
to debt-financed property  Straight line depreciation (attach statement)  Other deductions (attach statement)  Total deductions (add lines 3a and 3b, columns A through D)  Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
to debt-financed property  Straight line depreciation (attach statement)  Other deductions (attach statement)  Total deductions (add lines 3a and 3b, columns A through D)  Amount of average acquisition debt on or allocable to debt-financed property (attach statement)  Average adjusted basis of or allocable to debt-				
to debt-financed property  Straight line depreciation (attach statement)  Other deductions (attach statement)  Total deductions (add lines 3a and 3b, columns A through D)  Amount of average acquisition debt on or allocable to debt-financed property (attach statement)  Average adjusted basis of or allocable to debt-				
to debt-financed property  Straight line depreciation (attach statement)  Other deductions (attach statement)  Total deductions (add lines 3a and 3b, columns A through D)  Amount of average acquisition debt on or allocable to debt-financed property (attach statement)  Average adjusted basis of or allocable to debt-financed property (attach statement)  Divide line 4 by line 5				
to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5	%	%	%	%
to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6				%
to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6  Total gross income (add line 7, columns A through				%
to debt-financed property Straight line depreciation (attach statement) Other deductions (atdach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6  Total gross income (add line 7, columns A through Allocable deductions. Multiply line 3c by line 6	D). Enter here and on Pa	art I, line 7, column (A)		%
Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6  Total gross income (add line 7, columns A through Allocable deductions. Multiply line 3c by line 6	D). Enter here and on Pa	art I, line 7, column (A)		%
Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6  Total gross income (add line 7, columns A through Allocable deductions. Multiply line 3c by line 6	D). Enter here and on Pathrough D. Enter here an	art I, line 7, column (A)	mn (B)	%

Schedule A (Form 990-T) 2020 Part VI Interest. An	Nevada C	ommuni	ty Fou	ndation	, Inc.	88	-0241	420	Dogs 2
rait vi interest, An	nuities, Roya	alties, and	Rents fro	m Contro	lled Orga	nizatio	ns (see in	structio	Page 3
					Exempt/Non	exempt C	controlled C	rganizatio	n
Name of controlled organization		2. Employer identification number	inc	let unrelated come (loss) instructions)	4. Total of a payments	specified	5. Part of that is inclu controlling or	column 4 uded in the rganization's	Deductions directly     connected with     income in column 5
(1)							gross i	ncome	
(2)									
(3)									
(4)					ļ				
		Nor	nexempt Cont	rolled Organi	zations				
7. Taxable income	8. Net unrela income (los (see instruct	ated ss)	9. Total	of specified ents made	1( tha	0. Part of colors included trolling organ	I in the ization's		Deductions directly connected with come in column 10
(1)						gross incor	ne		
(2)									
(3)									
(4)									
Part VII Investment II  1. Description of incor				, or (17) C	► Prganizatio	ne 8, columr <b>on (</b> See	. ,		ne 8, column (B)
	ne .	2. Amou	int of income	directly o	luctions connected tatement)	i	Set-asides ach statement)		5. Total deductions and set-asides (add columns 3 and 4)
(1)									
(2)									
(4)		-							
Totals		Enter here line 9, o	nts in column 2. and on Part I, column (A)					Er	d amounts in column 5. Iter here and on Part I, line 9, column (B)
Part VIII Exploited Exect  1 Description of exploited active	inpt Activity	income,	Other Tha	n Advertis	sing Incor	ne (see	instruction	ons)	
	VILY.								
<ul><li>2 Gross unrelated business in</li><li>3 Expenses directly connecte</li><li>line 10, column (B)</li></ul>	u with broduction	i oi linrelatei	hijeinace inc	omo Enter b	ana and P		- 1	2	
Iine 10, column (B)	lated trade or bu	siness. Sub	tract line 3 fro	m line 2. If a	gain, comple	te	·····	3	
lines 5 through 7  5 Gross income from activity t	hat is not unrelease	od bu-					L	4	
<ul><li>5 Gross income from activity t</li><li>6 Expenses attributable to inc</li></ul>	ome entered on I	leu business lino 5	income					5	
<ul><li>Expenses attributable to inc</li><li>Excess exempt expenses. S</li></ul>	onio onicorda on i	III IC U						6	
4. Enter here and on Part II,	IIIIE IZ.							7	

Schedule A (Form 990-T) 2020 Nevada Co Part IX Advertising Income	ommunity Found	dation, Inc	88-0241420	Page
Name(s) of periodical(s). Check box if report A B C	rting two or more periodica	als on a consolidated b	pasis.	
Enter amounts for each poviodical lists delicated				
Enter amounts for each periodical listed above in	_			
2 Gross advertising income	A	В	С	D
a Add columns A through D. Enter here and c		1)		
3 Direct advertising costs by periodical	, , , , , , , , , , , , , , , , , , , ,	7		
a Add columns A through D. Enter here and o	n Port I line 44 selver (			
<ul> <li>Advertising gain (loss). Subtract line 3 from line</li> <li>2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8</li> <li>Readership costs</li> <li>Circulation income</li> <li>Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero</li> <li>Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7</li> </ul>		y		
a Add line 8, columns A through D. Enter the g     Part II, line 13      Compensation of Officers,  1. Name			tions)  3. Percentage of time devoted	Compensation     attributable to
(1)			to business	unrelated business
2)				%
3) 4)				%
				%
Part XI Supplemental Information	(see instructions)			<b>•</b>
- spp://www.mormution	(see instructions)			

8072 Nevada Community Foundation, Inc.
88-0241420 Federal Statements

1/18/2022 2:07 PM Page 1

FYE: 6/30/2021

# Statement 1 - Form 990-T, Part I, Line 4 - Charitable Contributions

Description	Amount
Current year Contributions Prior year Contributions	\$
Total Contributions Available Less: Contributions Disallowed Total Deduction Allowed	2,722,889 2,722,889 2,161,929 560,960

8072 Nevada Community Foundation, Inc.
88-0241420 Federal Statements

FYE: 6/30/2021

1/18/2022 2:07 PM

Page 1

Flow-through K-1 S-Corp

Statement 1 - Schedule A (990T), Part I, Line 5 - Income (Loss) from Partnerships or S-Corps

Name of Partnership or S-Cor Westlake Services Holding	rp	Gross Income	Direct Deductions (Part. only	Net /)Income
WSH Dividends WSH Interest WSHC Investment interest WSHC Other deductions Total	\$	1,582,081 5,382 161,204 -13,286 -62	\$	\$ 1,582,081 5,382 161,204 -13,286 -62
	\$	1,735,319	\$ 0	\$ 1,735,319

Flow-through K-1 S-Corp <u>Statement 2 - Schedule A (990T), Part II, Line 14 - Other Deductions</u>

Description		A	Amount
Tax preparation		\$	9,600
Total		\$	9,600

#### **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

2020

Employer identification number

Schedule D (Form 1120) 2020

Nevada Community Founda	ation, Inc.			88-02	41420
Did the corporation dispose of any investment(s) If "Yes," attach Form 8949 and see its instruction	in a qualified opportunity fu	nd during the tax year?			Yes X No
Snort-Term Capital Gains	and losses_Asset	s Held One Year	r Less		
See instructions for how to figure the amounts to enter the lines below.  This form may be easier to complete if you round off cents to whole dollars.	on (d) Proceeds	(e) Cost (or other basis)	(g) Adjustments or loss from Fort 8949, Part I, line	m(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
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			column (g)		the result with column (g)
1b Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked					
2 Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3 Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked		4,819			-4,81
4 Short-term capital gain from installment sales	from Form 6252, line 26 or	37		4	
5 Short-term capital gain or (loss) from like-kind					
6 Unused capital loss carryover (attach computa	ation)			6	(
7 Net short-term capital gain or (loss). Combine Part II Long-Term Capital Gains a	lines 1a through 6 in column	h		7	-4,81
See Instructions for how to figure the amounts to enter o the lines below.  This form may be easier to complete if you round off cents to	r (d) Proceeds (sales price)	(e) Cost	(g) Adjustments to or loss from Form	(s)	(h) Gain or (loss) Subtract column (e) from
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	()	(or other basis)	8949, Part II, line column (g)	2,	column (d) and combine the result with column (g)
Bb Totals for all transactions reported on Form(s) 8949 with Box D checked					
Totals for all transactions reported on Form(s) 8949     with Box E checked					
10 Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked	3,953,797	30,245			3,923,552
I1 Enter gain from Form 4797, line 7 or 9				11	
2 Long-term capital gain from installment sales fr	om Form 6252, line 26 or 3	7		12	
3 Long-term capital gain or (loss) from like-kind e	exchanges from Form 8824			13	
4 Capital gain distributions (see instructions)				14	
5 Net long-term capital gain or (loss). Combine lin Part III Summary of Parts I and II					3,923,552
6 Enter excess of net short-term capital gain (line	7) over net long-term capita	al loss (line 15)		16	
<ul> <li>7 Net capital gain. Enter excess of net long-term</li> <li>8 Add lines 16 and 17. Enter here and on Form 1</li> <li>Note: If losses exceed gains, see Capital Losse</li> </ul>	capital gain (line 15) over ne	t short-term capital loss	s (line 7)	17	3,918,733 3,918,733
or Paperwork Reduction Act Notice, see the Instructions	for Form 1120.			Sch	edule D (Form 1120) 2020

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 Name(s) shown on return

▶ 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 Nevada Community Foundation, Inc.

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

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 and the structions of 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.
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) 1000 B showing to the 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 <b>Note</b> above)  (B) Short-term transactions reported on Form(s) 1099-B showing basis <b>wasn't</b> reported to the IRS  (C) Short-term transactions and the IRS
X (C) Short-term transactions not reported to you on Form 1099-B

	transactions in	or reported to yo	ou on Form 1099-B				
(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column</i> (e) in the separate	If you enter an enter a c See the ser	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result
				instructions	Code(s) from instructions	Amount of adjustment	with column (g)
Short Term Los	ss WSHC K	1				adjustinent	
	01/01/20	12/31/20		4,819			-4,81
	2						
				,			
					9		
2 Totals. Add the amounts in one negative amounts). Enter each Schedule D, line 1b (if Box above is checked), or line 3	n total here and incl A above is checked)	ude on your  i, line 2 (if Box B hecked)		4,819			-4.819

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.

Attachment Sequence No. 12A

Social security number or taxpayer identification number

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

88-0241420

## Nevada Community Foundation, Inc.

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

(F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount in column (g), (e) (h) (b) (c) (d) enter a code in column (f). Cost or other basis. Description of property Date sold or Gain or (loss). Date acquired Proceeds See the Note below See the separate instructions Subtract column (e) (Example: 100 sh. XYZ Co.) disposed of (Mo., day, yr.) (sales price) and see Column (e) from column (d) and (Mo., day, yr.) (see instructions) (f) in the separate combine the result Code(s) from instructions Amount of with column (g) instructions adjustment Long Term Gain WSHC K1 01/01/13 12/31/20 34,171 1256 Loss WSHC K1 34,171 01/01/13 12/31/20 30,245 Excess Distribution -30,24501/01/13 12/31/20 3,919,626 3,919,626 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 B above is checked), or line 10 (if Box F above is checked) 3,953,797 30,245 3,923,552

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 8949 (2020)

# Nevada Community Foundation, Inc. 88-0241420 Form 990-T Estimates

Estimated Tax on Unrelated Business Taxable **Income for Tax-Exempt Organizations** OMB No. 1545-0047 (Worksheet) (and on Investment Income for Private Foundations) ► Go to www.irs.gov/Form990W for instructions and the latest information. Department of the Treasury 2021 Internal Revenue Service Keep for your records. Do not send to the Internal Revenue Service. Unrelated business taxable income expected in the tax year \_\_\_\_\_ 5,047,642 Tax on the amount on line 1. See instructions for tax computation 1,060,005 Alternative minimum tax for trusts. See instructions 3 Total. Add lines 2 and 3 1,060,005 Estimated tax credits. See instructions 5 Subtract line 5 from line 4 1,060,005 Other taxes. See instructions 7 Total. Add lines 6 and 7 8 1,060,005 Credit for federal tax paid on fuels. See instructions Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see 1,060,005 Enter the tax shown on the 2020 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 1,060,005 2021 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 ..... 1,060,005

			(a)	(b)	(c)	(d)
11	Installment due dates. See instructions	11	10/15/21	12/15/21	03/15/22	06/15/22
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.					
13	installment method, or is a "large organization."	12	266,000	266,000	266,000	266,000
	instructions	13	6			
14	Payment due (Subtract line 13 from line 12)	14	265,994	266,000	266,000	266,000
rori	Paperwork Reduction Act Notice, se	e instr	uctions.			Form <b>990-W</b> (2021)

4.

5. All other activities

	Business	ncome Activit	y Sum	mary		2020
Name Nevada Commun	nity Foundation, In	ıc.			Taxpayer Identif	ication Numbe
	ome (and allocation of Prior				00-02414	20
A. Total Pre-2018 Net Ope	rating Losses Carried Forward				N7 / N .	
B. Total Pre-2018 Net Ope	rating Loss allocated to Sch A activitie	·······	••••••		N/A A	
C. Total Pre-2018 Net Ope	rating Loss allocated to Sch A activitie rating Loss allocated to Form 990-T, L	ine 6			B	
D. Pre-2018 Applied (Sum)	of B and C)				C	
E. Pre-2018 Remaining (Lin	ne A minus Line D)		• • • • • • • • • • • • • • • • • • • •		D	
F. Pre-2018 Net Operating	Losses Expiring this Year				E	
G. Pre-2018 Net Operating	Losses Expiring this Year Losses Carried Forward				F	
,					G	,
<b>Unrelated Busines</b>	s Income Activity with Income	Code		Net Income		Pre2018 NOL
1. Flow-through	h K-1 S-Corp				, moduca	
2.	II K I 5-COLD	900099	1	5,609,602		
3.			2			
			2			
4.			J			
4			3			
5			4			
5 6			4 5			
5			4 5			
5. 6. 7. 8.			4 5 6 7			
5			5			
5. 6. 7. 8. 9.			5			
5. 6. 7. 8. 9. 0.			5. 6. 7. 8. 9.			
5. 6. 7. 8. 9. 0. 1.			4. 5. 6. 7. 8. 9. 10. 11			
5. 6. 7. 8. 9. 0. 1.			4. 5. 6. 7. 8. 9. 10. 11			
5			4. 5. 6. 7. 8. 9. 10. 11. 12. 13.			
5			4. 5. 6. 7. 8. 9. 10. 11. 12. 13.			
5			4. 5. 6. 7. 8. 9. 10. 11. 12. 13.			
5			4. 5. 6. 7. 8. 9. 10. 11. 12. 13.			

5. \_\_\_\_

6. Totals \_\_\_\_\_\_6.

Form **990-T** 

**Charitable Contribution Carryover Worksheet** 

For calendar year 2020, or tax year beginning 07/01/20

06/30/21 , ending

2020

Name

Nevada Community Foundation, Inc.

**Employer Identification Number** 88-0241420

Corporate returns are allowed to carry over unused charitable contributions for 5 years

V	Vorksheet 1 990T, Part I Charitable Contribution Deduction				
1	Current year contributions	Tal			
2	Prior year contributions, see Worksheet 2 (corporations only)				
3	Total available contributions (Add lines 1 and 2)	2	2,722,889		
4	Form 000 Thusing a full transfer of the state of the stat			3	2,722,889
-	Form 990-T business taxable income (Part I, Line 3)	4	5,609,602		2,722,003
-	ourion doubtly contribution limit (Multiplier used is 1.1%)	5	560,960		
O	Take the lesser of Line 3 or 5; this is the charitable deduction applied to business				
7	Subtract Line 6 from Line 3; the remaining contributions are carried forward on	ess income .		6	560,960
	on tributions are carried forward on	Worksheet 2	(corporations only)	7	2 161 929

Preceding		Prior Years	Current Year	Next Year	
Tax Year h 06/30/16	Excess Contributions	Amount Used	Carryover	Amount Used	Carryover
n 06/30/17 d 06/30/18 d 06/30/19 t 06/30/20	329,333 493,714 2,000,000	100,158	229,175 493,714 2,000,000	229,175 331,785	161,929 2,000,000
Charitable Contribution Carryover to 2020 Current Year			2,722,889		= 7000,00

Form **990** 

## **Two Year Comparison Report**

For calendar year 2020, or tax year beginning 07/01/20 , ending 06/30/21

2019 & 2020

Name

					Taxpay	er Identification Number
_1	Nevada Community Foundation, Inc	•			88-0	0241420
	4.0.1%		2019	2020		Differences
	1. Contributions, gifts, grants	1.	22,334,684	11,316	.842	-11,017,842
	2. Wembership dues and assessments	1 2				
Φ	3. Government contributions and grants	3.				
n	4. Program service revenue	1	75,293	112	,741	37,448
Ф	1 4. III COLLICIT III COLLIC	5.	17,534,104		383	-10,801,721
e <	The second mem tax exempt bonus	6.		7.0	7000	10,001,121
œ	7. Net gain or (loss) from sale of assets other than inventory	7.	1,585,143	5,685	896	4,100,753
	8. Net income or (loss) from fundraising events	8.		7,000	7000	7,100,733
	9. Net income or (loss) from gaming	9.				
	IV. Net gain or (loss) on sales of inventory	10.				
	11. Other revenue	11.	-5,745,416	1,835	490	7,580,906
-	12. Total leveriue. Add lines 1 through 11	12.	35,783,808	25 683	352	-10,100,456
	13. Grants and similar amounts paid	13.	11,896,293	11,669	960	-226,333
(0	14. Benefits paid to or for members	14.		==7005	, 500	220,333
o)	15. Compensation of officers, directors, trustees, etc.	15.	312,937	335	,167	22,230
2	16. Salaries, other compensation, and employee benefits	16.	365,209		,758	67,549
0	17. Professional fundraising fees	17.	330/200	302	, 130	07,349
×	other professional fees	18.	821,605	1,012	016	190,411
- 1	13. Occupancy, rent, utilities, and maintenance	19.	38,754		,014	-740
- 1	20. Depreciation and Depletion	20.	8,703		,564	-139
F	21. Other expenses	21.	3,164,595	3,787	401	622,806
Г	-21 Fotal expenses. Add lines 15 through 21	22.	16,608,096	17,283		675,784
-	23. Excess or (Deficit). Subtract line 22 from line 12	23.	19,175,712	8,399		-10,776,240
- 1	24. Total exempt revenue	24.	35,783,808	25,683	352	-10,770,240 $-10,100,456$
c r	- otal unicialed revenue	25.	-4,330,446	5,654	052	9,984,498
atie	Total excludable revenue	26.	17,779,570	8,712	458	-9,067,112
Ë	1. Total assets	27.	187,213,768	228,677	202	41,463,524
ا يو	o. rotal nabilities	28.	15,789,120	13,325	472	-2,463,648
S	. Retained earnings	29.	171,424,648	215,351,	820	43,927,172
計	i rampor or voting members or governing body	30.	7	8	020	-J, JLI, 11C
-	11. Number of independent voting members of governing body	31.	7	8		
3	2. Number of employees	32.	7	7		
3	3. Number of volunteers	33.	7	8		

Form **990T** 

## Two Year Comparison Report

For calendar year 2020, or tax year beginning 07/01/20

, ending 06/30/21

2019 & 2020

Name

Taxpayer Identification Number

	Name 1			l axpaye	r Identification Number
-	Nevada Community Foundation, Inc	3.		88-0	241420
	1 Cross profit		2019	2020	Differences
	<ol> <li>Gross profit/loss on business activities</li> <li>Capital gains/losses</li> </ol>	1.			
9	2. Capital gains/losses	2.	1,439,126		2,479,607
5	<ul><li>3. Income/loss from partnerships and S corporations</li><li>4. Rent income (net of expense)</li></ul>		-5,769,572	1,735,319	7,504,891
o 2	Unrelated debt-financed income (net of expense)	4.			
0	Income from controlled organizations (net of expense)	5.			
	7. Section 501(c)(7)(9)(17) organization income (net of expense)	6.			
	8. Exploited exempt activity income (net of expense)	7.			
	9. Advertising income (net of expense)	8.			
	III ()ther income	9.			
	11. Total trade or business income. Combine lines 1 through 10	10.	4 220 446	E 654 050	
	12. Compensation of officers, directors, and trustees		-4,330,446	5,654,052	9,984,498
		12.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
<b>v</b>	16. Interest	16.			
്ഗ	i i i daco di di licelises	17.		24 050	04.070
2	i o i artable cortifibutions	18.		34,850	34,850
٩	19. Depreciation and Depletion	19.			
Ш	<b>Pu.</b> Contributions to deterred compensation plans	20			
	21. Employee benefit programs	21.			
	zz. Other deductions	22.	9,600	0 600	
	23. Total deductions. Add lines 12 through 22	23.	9,600	9,600 44,450	24 050
	24. Net income (990T/first activity); Subtract line 23 from 11	24.	-4,340,046	5,609,602	34,850 9,949,648
	25. Number of unrelated business activities for this return	25.	1	3,009,002	9,949,648
	26. Unrelated business taxable income from all trades	26.	-4,340,046	5,609,602	9,949,648
	27. Disallowed employee fringe benefits	27.	270 20 70 20	3,003,002	3,343,040
	28. Charitable contributions	28.			-560,960
	23. Taxable Income before NUL Joss	29.		5,609,602	5,609,602
	30. Net operating loss (pre-2018)	30.		3,000,002	3,003,002
	31. Specific deduction	31.	1,000	1,000	
	52. Officiated business taxable income.	32.		5,608,602	5,608,602
S	33. Income tax (corporate or trust)	33.		1,060,005	1,060,005
d :	34. Proxy tax	34.			
0	35. Other taxes 36. Total taxes	35.			
O	77. Other and I'm	36.		1,060,005	1,060,005
90 ×	S. Conoral hypinosa are dit	37.			
Ö	38. General business credit	38.			
_	99. Credit for prior year minimum tax	39.			
	0. Total credits	40.			
L	11. Net tax after credits 12. Recapture taxes and 965 tax	41.		1,060,005	1,060,005
	3. Total Taxes	42.		1 000 000	
	Prior year overpayment and estimated tax payments	43.	202 011	1,060,005	1,060,005
L 4	E Doumand was doubt	44. 45.	202,911	1,060,011	857,100
4	Payment made with extension     Backup withholding and foreign withholding	46.			
e 4	7. Other payments	47.			
[	o. rotal payments	48.	202,911	1 000 011	OFF 4AA
4 6	o. Dalatice due/(Overpayment)	49.	-202,911	1,060,011	857,100
5	Overpayment applied to next year	50.	202,911	-6	202,905
5	1. Penalties	51.	202,311	6	-202,905
5	2. Total due/(Refund)	52.			
	or control of the second of th				

Form SchM

Two Year Comparison for Unrelated Business Activity

For calendar year 2020, or tax year beginning 07/01/20 , ending 06/30/21

2019 & 2020

Organization Name

Nevada Community Foundation, Inc.

Taxpayer Identification Number 88-0241420

Unincorporated Business Income Tax Code: 900099 Activity: Flo	w-th	rough K-1 S-C	Corp	*
		2019	2020	Differences
Gross profit/loss on business activities     Gapital gains/losses	1.			Differences
La Capital dallis/losses	1 -	1,439,126	3,918,733	2,479,607
3. Income/loss from partnerships and S corporations	3.	-5,769,572	1,735,319	7,504,891
4. Rental income (net of expense)	4.	,		,,002,091
3. Officialed dept-financed income (net of expense)	5			
6. Interest, and other income from controlled organizations (net of exper	se 6.			
7. Investment income of specific organizations (net of expense)	7.			
<b>6.</b> Exploited exempt activity income (net of expense)	0			
9. Advertising income (net of expense)	9.			
re. Other income	10			
11. Total trade or business income. Combine lines 1 through 10	11.	-4,330,446	5,654,052	0 004 400
12. Compensation of officers, directors, and trustees	12.	7557880	3,034,032	9,984,498
13. Other salaries and wages	13.			
- Repairs and maintenance	44			
10. Dad debts	15.			
0	16.			
v   //. raxes and licenses	47		24 050	0.1.0
6 [18. Depreciation and Depletion	18.		34,850	34,850
Tis. Contributions to deletted compensation plans	19.			
20. Employee benefit programs	20.			
E1. Other deductions	04	9,600	0 600	
22. Total deductions. Add lines 12 through 22	22		9,600	
23. Taxable income before deductions. Subtract line 23 from	23.	9,600	44,450	34,850
24. Deductible losses	24.	-4,340,046	5,609,602	9,949,648
25. Unrelated business taxable income (loss)	25.	-4 240 046	F 600 600	
(1000)	23.	-4,340,046	5,609,602	9,949,648