OF STATE		) b c
SALES OF SALES	2	
Ø		
7777	3	

			l			_	_	_			_			ı	OMB No 1545-068	37
	Form	990-T	D-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))									2040				
				arı) lendar year 2018 or other ta									100	•	2018	
	Depa	rtment of the Treasury	For car	endar year 2018 or other ta  ■Go to www.irs	x year begini s.gov/Form:	י לעפחוו 7 / עפחוו 19 <i>90T</i> for in	istruci	tions a	and ending and the la	atest info	ormati	on.	0	Ope	n to Public Inspect	ion for
	Intern	al Revenue Service	<b>▶</b> Do n	ot enter SSN numbers									01(c)(3)	. 50 f	(c)(3) Organization	s Only
	Α	Check box if address changed		Name of organization	( Check	box if name	change	ed and s	ee instructi	ions )					ation number	
	BE	xempt under section	_	١ ,		_			•	_		(En	ipioyees ti	rust, se	e instructions )	
	Ļ	<u> </u> 501( )( <b>\(\times\)</b> )	Print	-Nevada Co					lon,	Inc	•	؍ ا			400	
	F	408(e) 220(e)	_ or	Number, street, and room o		•							8-02			
	-	408A <b>X</b> 530(a)	Type	10 constant											s activity code	
		529(a)		City or town, state or prov	ince, country,	and ZIP or fo				_		1			1	
		ook value of all assets	<u> </u>	Las Vegas	(Caa ia	-4		A A	8914	3		1 3	000	99		
		t end of year 156,610,721		iroup exemption numb heck organization typ		501(c) c		ntion.		501(c) tr		40:	l(a) trus	- ·	Other trust	
		inter the number of the												_		
		Investmen						Descri	ibe ille d	orliy (OF 1	iist) u	rireiateu			nly one, comple	to
		Parts I–V. If more than						the nr	evious s	entence	com	nlete Pa				ıe
		Schedule M for each a						uie pi	evious s	entence	, com	piete ra	ito i ain	u 11, c	ompiete	
		During the tax year, wa						nare	nt-subsid	diary cor	ntrolle	d aroun	,		► Yes X	No
	Ī	"Yes," enter the name	e and id	entifying number of th	e parent o	orporation	) 1	· puro	n oubon	2.ca. y 00.		u g.oup	•			
		<u></u>														
		he books are in care of									Tele	phone n	umber	<b>▶</b> 7	02-892-2	326
	P	irtia Unrelate	d Trac	<u>de or Business I</u>	ncome				(A)	Income			xpenses		(C) Net	
	1a	Gross receipts or sale	es								1					
	b	Less returns and allo	wances		c Balan	ce	•	1c						机场用		
	2	Cost of goods sold (S	Schedule	e A, line 7)			- 1	2								連連印
	3	Gross profit Subtract					- 1	3								
	4a	Capital gain net incor		•				4a	3,	006,	588				3,006,	688
	b			I, line 17) (attach Form 47	797)			4b								
	C	Capital loss deduction			a a	<u></u>	.	4c		002	114				1 000	114
	5			rporation (attach statement)	see s	tmt 1	ᅡ	5	-1,	993,	114			利なない	-1,993,	114
	6	Rent income (Schedu	•	(0.1.11.5)			ł	6								
	7	Unrelated debt-finance		, ,	(Cal	andula (C)	ŀ	7								
	8	•		rents from controlled orga	•	•	ł	8								
	9			01(c)(7), (9), or (17) orgar	lization (Sch	edule G)	ł	9 10		·	-					
	10 11	Exploited exempt act Advertising income (\$					H	11			-					
	12	Other income (See in		•			ŀ	12			i i			<b>X</b>		
	13	Total. Combine lines		•			ı	13	1.	013,		e a a comment of		2000 PERSON	1,013,	574
				ot Taken Elsewh	ere (See	instruct						uctions	.) (Ex	cent		
		deduction	ns mus	st be directly conn	ectèd w	ith the u	inrela	ated	busine	ss inco	ome.	)				
	14	Compensation of office	cers, dır	rectors, and trustees (	Schedule k	()							L	14		
	15	Salanes and wages											Ļ	15		
<u>ත</u>	16	Repairs and maintena	ance										-	16		
D	17	Bad debts							_				_	17		
<b>≥</b>	18	Interest (attach sched	dule) (se	ee instructions)					See	Sta	ten	nent	2	18	3,	791
2	19	Taxes and licenses				۵.		_	_	۵.				19		600
ក្ត	20		•	ructions for limitation rules	s) <b>S</b>	ee St	mt	3	See	Sta	ten	nent		20	100,	128
7	21	Depreciation (attach		·		_				21						_
7	22	•	imed or	n Schedule A and else	where on	RECE	IVF	:D	- 1	22a				22b	<u>.                                    </u>	0
7	23	Depletion			1	KEUL		***********	121				-	23		
9	24	Contributions to defe		mpensation plans	اس		A 20	110	181				-	24		
>	25 26	Employee benefit pro	•	chedule IV	C348	DEC 1	8 4	112	IRS-OS				}	25 26		
Ś	26 27	Excess exempt exper		•	101								ŀ	27		
5	28	Excess readership co Other deductions (att				OGDE	=N	UT	طمی	Sta	tem	ent	5_	28	7	600
	20 29	Total deductions. A		•	L					Jua	CEIL	11	Z	29	112,	
	30			ncome before net ope	rating loss	deduction	n Sub	tract I	line 29 fr	om line	13		~\}	30	901,	
	31			oss arising in tax year	•							ons)	<b> </b>	31		
	32	•	_	ncome Subtract line 3	_	-	54	· y	.,	,=== 110		,	31	32	901,	
	DAA			Act Notice, see instru								_			Form <b>990-T</b>	

	990-T (2018) Nevada Community Foundation, Inc.	88-0241420			Page 2
建Pa	Total Unrelated Business Taxable income				
33	Total of unrelated business taxable income computed from all unrelated trades or b	ousinesses (see			
	instructions)			33	901,425
34	Amounts paid for disallowed fringes			34	
35	Deductions for net operating loss arising in tax years beginning before January 1, 2	2018 (see			
	instructions)	,		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line	35 from the sum			
-	of lines 33 and 34			36	901,425
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		30	37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than 15 in the 15	eater than line 26	38	<del>l'i'  </del>	2/000
30	-	sater than line 50,	39	38	900,425
E D	enter the smaller of zero or line 36	· · · · · · · · · · · · · · · · · · ·	<u> </u>	90	300,423
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)		0 h	10	189,089
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax of	nn <b>4</b>	Ø ►	39	103,003
	the amount on line 38 from: Tax rate schedule or Schedule D (Form		•	40	
41	Proxy tax. See instructions	1041)		41	
42	Alternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income. See instructions			43	
	•	T.	15	44	189,089
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	· · · · · · · · · · · · · · · · · · ·	ليب	<del>[ [4</del> ]	109,009
	- · · · · · · · · · · · · · · · · · · ·	46.		100	
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
b	Other credits (see instructions)	45b			
С	General business credit Attach Form 3800 (see instructions)	45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
е	Total credits. Add lines 45a through 45d			45e	100 000
46	Subtract line 45e from line 44 Other taxes			46	189,089
47	Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att	sch)	49	47	
48	Total tax. Add lines 46 and 47 (see instructions)		71	48	189,089
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) li			49	
50a	Payments. A 2017 overpayment credited to 2018			594	
b	2018 estimated tax payments	50b 379,	<u>597</u>		
C	Tax deposited with Form 8868	50c		The state of the s	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		Section 1	
е	Backup withholding (see instructions)	50e			
f	Credit for small employer health insurance premiums (attach Form 8941)	50f			
g	Other credits, adjustments, and payments Form 2439				
	Form 4136 Total ▶	50g			
51	Total payments. Add lines 50a through 50g			\$1	392,000
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	•	•	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		$\overline{\blacktriangleright}$	53	Ō
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amour	nt overpaid	<u>`</u> ►	54	202,911
55	Enter the amount of line 54 you want Credited to 2019 estimated tax ▶ 202, 9	11   Refunde	ed 🕨	55	
. Pa	it.VI Statements Regarding Certain Activities and Other Info	rmation (see instruc	tions)	γ	
56	At any time during the 2018 calendar year, did the organization have an interest in	or a signature or other at	ıthority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "YES," the	he organization may have	e to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter here ▶	the name of the foreign of	country	1	The Table
27			- <b>6</b> !	442	<del></del>
57	During the tax year, did the organization receive a distribution from, or was it the gr If "YES," see instructions for other forms the organization may have to file.	antor of, or transferor to,	a rorei	gn trust?	
58	Enter the amount of tax-exempt interest received or accrued during the tax year				
	Under penalties of penugative clare that I have examined this return, including accompanying schedules and sta	atomosts, and to the heat of my kee	udođao o	nd ballaf iti	
C:-	true correct, and complete Reclaration of preparer (other than tax payer) is based on all information of which pre	eparer has any knowledge	wieuge a	iio bellei, it i	
Sig					May the IRS discuss this retur with the preparer shown below (see instructions)?
He	e President a	nd CEO			(see instructions)?  X Yes No
	Signature of officer Date Title				
	ProfType pregerer's name Preparer's signature	Date		Check	If PTIN
Paic		11/2	21/19	self-emplo	
Pre	parer Firm's name > Houldsworth, Russo & Company	PCC.	Fırm's	EIN 🕨	<u>88-0374623</u>
Use	Only 8675 S Eastern Ave Ste A	•			
	Firm's address > Las Vegas, NV 89123-2839		Phone	no 7	702-269-9992

Form **990-T** (2018)

	990-T (2018) <b>Nevad</b>							241420	Page 3			
<u>Sch</u>	edule A - Cost of Go	ods Sold. En	<u>ter me</u>	thod of i	nvei	ntory valuation <b>&gt;</b>	>					
1	Inventory at beginning of y	rear 1			6	Inventory at end of	year		6			
2	Purchases	2		7 Cost of goods sold. Subtract								
3	Cost of labor	3				line 6 from line 5. E	line 5. Enter here and					
4a	Additional sec 263A costs					ın Part I, line 2			7			
	(attach schedule)	4a			8	Do the rules of sect	tion 263	A (with respect to	Yes No			
D	Other costs (attach schedule)	4b				property produced	or acqui	red for resale) apply				
5	Total. Add lines 1 through					to the organization						
Sch	edule C – Rent Incor	ne (From Rea	I Prop	erty and	i Pe	rsonal Property	y Leas	ed With Real Pro	operty)			
<u>(se</u>	ee instructions)											
1. Des	cnption of property							<u>.</u>				
(1)	N/A		<u> </u>									
(2)	<del></del>											
(3)					_			<del></del> -				
(4)								1	<del></del> .			
		2. Rent recei	ved or acc	rued								
	(a) From personal property (if the p	•				personal property (if the			ctly connected with the income			
	for personal property is more that more than 50%)	an 10% but not	'			or personal property exceed based on profit or income		in columns 2(a) and 2(b) (attach schedule)				
	111010 (11011 30 76)		-	30 % OF IT THE	TEIN IS	based on profit of income,	,					
(1)			<del>                                     </del>				- "	<u> </u>				
(2)			<del>                                     </del>	-								
(3)			<del> </del>									
(4) Tota			Total	-								
Tota		calumna 2(a) and				<del></del>		(b) Total deductions Enter here and on pag				
	otal income. Add totals of and on page 1, Part I, line		2(D). EI	iter		•		Part I, line 6, column (f				
	edule E – Unrelated		d Inco	me (see	inst	ructions)		1	-1.:			
				1				3. Deductions directly con	nected with or allocable to			
	4 8			1		income from or		•	ed property			
	Description of debt-fit	nanced property		and	allocable to debt-financed property			traight line depreciation	(b) Other deductions			
							``	(attach schedule)	(attach schedule)			
(1)	N/A	_										
(2)												
(3)	•											
(4)						-						
	4. Amount of average	5. Average adjusted			6	. Column			8 Allocable deductions			
	acquisition debt on or allocable to debt-financed	of or allocable t debt-financed proj				divided		ross income reportable column 2 x column 6)	(column 6 x total of columns			
	property (attach schedule)	(attach schedul	e)	,	by	column 5		olanin 2 x oolanin oy	3(a) and 3(b))			
(1)						%						
(2)						%						
(3)						%						
(4)						%	<u> </u>					
							Enter	here and on page 1,	Enter here and on page 1,			
							Part	I, line 7, column (A).	Part I, line 7, column (B)			
									1			
Tota	ls					•						
	ls I dividends-received dedu	uctions included i	n colum	n 8		<u> </u>	L	<b>•</b>	Form <b>990-T</b> (2018)			

Form 990-T (2018) Nevada Community Foundation, Inc. 88-0241420 Page 5 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.) 4 Advertising 7. Excess readership 2. Gross gain or (loss) (col costs (column 6 3. Direct 5 Circulation 6. Readership advertising 2 minus col 3) If minus column 5, but 1 Name of periodical advertising costs costs ıncome ıncome a gain, compute not more than cols 5 through 7 column 4) (1) N/A (2) (3) (4) Totals from Part i  $\blacktriangleright$ Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11, col (A) line 11, col (B) Part II, line 27 Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4. Compensation attributable to 2 Title time devoted to 1. Name unrelated business business (1) N/A (2) (3) (4) Total. Enter here and on page 1, Part II, line 14

Form 990-T (2018)

Form **990-T** 

## Schedule M Charitable Contribution and Loss Calculation

Description Unrelated Business Activity

2018

Name

ame
Nevada Community Foundation, Inc.

Taxpayer Identification Number

88-0241420

Unincorporated Business Income Tax Code. 900099 Activity Other unrelated business activit

₽W	orksheet 1 Activity Charitable Contribution Deduction		
1	Activity Income (Schedule M, Line 13, col C)	1	1,013,574
2	Activity Expense (does not include amount needed for Line 20)	2	11,991
3	Net Income (Line 1 minus Line 2); If less than zero, enter -0-	3	1,001,583
4	Current activity contribution limit (Multiplier used is 10%)	4	100,158
5	Current year contributions	5	2,000,000
6	Prior year contributions (corporations only)	6	823,047
7	Total available contributions (Add lines 5 and 6)	7.	2,823,047
8	Take the lesser of Line 4 or 7; Enter here and on Line 20 (Form 990T or Sch M)	8	100,158
9	Remaining contributions (subtract line 8 from line 7)	9_	2,722,889
10	Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits),		
	Enter amount here and on Form 990-T, Line 33 as a negative amount	10	
11	Remaining contributions (carned forward for corporations only, See Worksheet 3)	11	2,722,889
		,	
#W	orksheet 2 Activity Losses and Carryforward Amounts		

₩	orksheet 2 Activity Losses and Carryforward Amounts		
1	Activity losses (do not include amounts before 2018)	1	
2	Amount of loss used in the current year	2	
3	Pnor year losses carned over to next year	3	
4	Losses generated by current year activity	4	0
5	Total loss carned forward to 2019	5	0

#Worksheet 3 Activity Charitable Contribution Carryforward Prior Year **Current Year Next Year** Carryover **Prior Tax Years** Contributions Used **Amount Used** Carryover 5th 06/30/14 4th 06/30/15 3rd 06/30/16 229,175 100,158 2nd 06/30/17 329,333 329,333 493,714 493,714 493,714 1st 06/30/18 823,047 Charitable Contribution Carryover To Current Year Current Year Amount 2,000,000 2,000,000 2,722,889 Charitable Contribution Carryover Available To Next Year