

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
THE PARASOL TAHOE COMMUNITY FOUNDATION, INC.
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
948 INCLINE WAY
 City or town, state or province, country, and ZIP or foreign postal code
INCLINE VILLAGE, NV 89451

D Employer identification number
88-0362053

E Telephone number
(775) 298-0100

F Name and address of principal officer: **CLAUDIA ANDERSEN**
SAME AS C ABOVE

G Gross receipts \$ **17,233,743.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.PARASOL.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1996** **M State of legal domicile:** **NV**

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CULTIVATING COMMUNITY PHILANTHROPY TO ENHANCE AND PRESERVE THE QUALITY OF LIFE AT TAHOE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	20
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,556,363.	Current Year 7,581,442.
	9 Program service revenue (Part VIII, line 2g)	68,233.	65,992.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,310,361.	2,980,847.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-29,146.	-24,498.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,905,811.	10,603,783.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,799,174.	9,346,939.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	542,258.	577,688.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 142,564.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	555,131.	517,399.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,896,563.	10,442,026.	
19 Revenue less expenses. Subtract line 18 from line 12	1,009,248.	161,757.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 70,132,227.	End of Year 80,790,641.
	21 Total liabilities (Part X, line 26)	539,292.	674,103.
	22 Net assets or fund balances. Subtract line 21 from line 20	69,592,935.	80,116,538.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: **CLAUDIA ANDERSEN, CEO**
 Date: _____
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **ELISABETH FARLEY**
 Preparer's signature: **ELISABETH FARLEY**
 Date: **05/15/20**
 Check if self-employed:
 PTIN: **P00520516**
 Firm's name: **EIDE BAILLY LLP**
 Firm's EIN: **45-0250958**
 Firm's address: **5441 KIETZKE LN, STE 150**
RENO, NV 89511-2094
 Phone no.: **775-689-9100**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE FOUNDATION ENVISIONS A THRIVING COMMUNITY CREATED THROUGH MEANINGFUL PHILANTHROPY, INCLUSIVE COMMUNICATION, AND THE WILLINGNESS TO EXPLORE POSSIBILITIES TOGETHER.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 9,264,267. including grants of \$ 8,860,877.) (Revenue \$ 20,342.) DONOR SERVICES: PARASOL FULFILLS ITS MISSION TO BUILD A MORE PROSPEROUS COMMUNITY BY PARTNERING WITH DONORS TO MAKE THEIR CHARITABLE GIVING MORE MEANINGFUL, BY SUPPORTING QUALITY PROGRAMS PROVIDED BY LOCAL NON-PROFIT ORGANIZATIONS AND BY PROVIDING COMMUNITY LEADERSHIP ON EMERGING ISSUES. AS THE TAHOE REGION'S OLDEST AND LARGEST COMMUNITY FOUNDATION, PARASOL CURRENTLY ADMINISTERS 150 CHARITABLE FUNDS WHICH SUPPORTED 241 NON-PROFIT ORGANIZATIONS. IT IS THE INTENTION OF PARASOL TO CONTINUE OT BUILD CHARITABLE RESOURCES THAT WILL BENEFIT THE COMMUNITY NOW AND INTO THE FUTURE.

4b (Code:) (Expenses \$ 585,356. including grants of \$ 347,245.) (Revenue \$ 45,650.) DONALD W. REYNOLDS COMMUNITY NON-PROFIT CENTER: IN THE YEAR ENDED DECEMBER 31, 2019, PARASOL PROVIDED 59 LOCAL NON-PROFIT ORGANIZATIONS WITH OFFICE SPACE, STORAGE SPACE, MEETING ROOM USE AND OTHER RESOURCES. THE DWR CENTER IS A VALUABLE ASSET WHICH ALLOWS NON-PROFIT ORGANIZATIONS TO ALLOCATE MORE FUNDING TOWARD PROGRAMS AND SERVICES WHICH DIRECTLY BENEFIT THE COMMUNITY.

4c (Code:) (Expenses \$ 138,817. including grants of \$ 138,817.) (Revenue \$) DISCRETIONARY GRANTMAKING: PARASOL'S DISCRETIONARY GRANTS ARE AWARDED TO RESPOND TO CRITICAL PROGRAMS, EMERGING NEEDS AND INNOVATIVE SERVICES FOR THE BENEFIT OF OUR COMMUNITY.

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

4e Total program service expenses 9,988,440.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

**THE PARASOL TAHOE COMMUNITY FOUNDATION,
INC.**

Form 990 (2019)

88-0362053 Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 11		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **CARI GUTHEIL - (775) 298-0185**
948 INCLINE WAY, INCLINE VILLAGE, NV 89451

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID HARDIE CHAIRMAN	1.00	X		X				0.	0.	0.
(2) KEVIN HAMEISTER TREASURER	1.00	X		X				0.	0.	0.
(3) RON ALLING SECRETARY	1.00	X		X				0.	0.	0.
(4) CAROLE ANDERSON DIRECTOR	1.00	X						0.	0.	0.
(5) MARK KRASNER DIRECTOR	1.00	X						0.	0.	0.
(6) AIMEE LAFAYETTE DIRECTOR	1.00	X						0.	0.	0.
(7) JOHN MCLAUGHLIN DIRECTOR	1.00	X						0.	0.	0.
(8) AARON MOORE DIRECTOR	1.00	X						0.	0.	0.
(9) ALVARO PASCOTTO DIRECTOR	1.00	X						0.	0.	0.
(10) CATHERINE REICHENBERG DIRECTOR	1.00	X						0.	0.	0.
(11) BILL WATSON DIRECTOR	1.00	X						0.	0.	0.
(12) CLAUDIA ANDERSEN CEO	40.00			X				164,833.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							164,833.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							164,833.	0.	0.	

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

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

Section B. Independent Contractors

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

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

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

THE PARASOL TAHOE COMMUNITY FOUNDATION,
INC.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	176,000.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	7,405,442.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,108,169.				
	h Total. Add lines 1a-1f		7,581,442.				
	Program Service Revenue	2 a BUILDING USE INCOME	Business Code				
		561000	45,650.	45,650.			
b MISCELLANEOUS		561000	17,361.	17,361.			
c ADMINISTRATION FEE INCOME		561000	2,981.	2,981.			
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f		65,992.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,157,087.			1,157,087.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	8,407,872.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	6,572,882.	11,230.			
	c Gain or (loss)	7c	1,834,990.	-11,230.			
	d Net gain or (loss)		1,823,760.			1,823,760.	
8 a Gross income from fundraising events (not including \$ 176,000. of contributions reported on line 1c). See Part IV, line 18	8a		21,350.				
			45,848.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-24,498.		-24,498.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			10,603,783.	65,992.	0.	2,956,349.	

**THE PARASOL TAHOE COMMUNITY FOUNDATION,
INC.**

Form 990 (2019)

88-0362053 Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,345,198.	9,345,198.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,741.	1,741.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	164,833.	41,208.	82,417.	41,208.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	338,045.	246,950.	24,269.	66,826.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	37,586.	15,354.	21,771.	461.
10 Payroll taxes	37,224.	13,770.	18,596.	4,858.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	18,390.		18,390.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	70,301.		70,301.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	7,414.	4,577.	2,837.	
12 Advertising and promotion	6,726.			6,726.
13 Office expenses	63,176.	10,712.	42,016.	10,448.
14 Information technology	33,589.	27,113.		6,476.
15 Royalties				
16 Occupancy	107,376.	107,376.		
17 Travel	1,199.		1,199.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,196.		9,196.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	155,073.	151,459.	3,614.	
23 Insurance	29,304.	22,982.	6,322.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EVENTS	5,561.			5,561.
b				
c				
d				
e All other expenses	10,094.		10,094.	
25 Total functional expenses. Add lines 1 through 24e	10,442,026.	9,988,440.	311,022.	142,564.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

THE PARASOL TAHOE COMMUNITY FOUNDATION,
INC.

Form 990 (2019)

88-0362053 Page 11

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	2,033,225.	2	3,111,369.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	5,619.	4	629.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	20,676.	9	20,789.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,838,222.		
	b Less: accumulated depreciation	10b 2,834,404.	10c	4,003,818.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	63,913,509.	12	73,649,236.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	11,230.	15	4,800.
16 Total assets. Add lines 1 through 15 (must equal line 33)	70,132,227.	16	80,790,641.	
Liabilities	17 Accounts payable and accrued expenses	15,357.	17	36,512.
	18 Grants payable	240,000.	18	325,000.
	19 Deferred revenue	15,800.	19	15,700.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	268,135.	25	296,891.
	26 Total liabilities. Add lines 17 through 25	539,292.	26	674,103.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	37,373,086.	27	42,654,443.
	28 Net assets with donor restrictions	32,219,849.	28	37,462,095.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	69,592,935.	32	80,116,538.
33 Total liabilities and net assets/fund balances	70,132,227.	33	80,790,641.	

Form 990 (2019)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,603,783.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,442,026.
3	Revenue less expenses. Subtract line 2 from line 1	3	161,757.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	69,592,935.
5	Net unrealized gains (losses) on investments	5	10,361,846.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	80,116,538.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
► Attach to Form 990 or Form 990-EZ.
► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Name of the organization	THE PARASOL TAHOE COMMUNITY FOUNDATION, INC.	Employer identification number	88-0362053
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4199644.	3119707.	3263761.	4192504.	7234197.	22009813.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4199644.	3119707.	3263761.	4192504.	7234197.	22009813.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6788062.
6 Public support. Subtract line 5 from line 4.						15221751.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	4199644.	3119707.	3263761.	4192504.	7234197.	22009813.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	553,997.	857,082.	1092753.	1141648.	1157088.	4802568.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						26812381.
12 Gross receipts from related activities, etc. (see instructions)					12	484,358.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	56.77 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	59.70 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

THE PARASOL TAHOE COMMUNITY FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2019 INC.

88-0362053 Page 7

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

THE PARASOL TAHOE COMMUNITY FOUNDATION,

Part VI

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

Horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **THE PARASOL TAHOE COMMUNITY FOUNDATION, INC.** Employer identification number **88-0362053**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	70	68
2 Aggregate value of contributions to (during year)	5,168,584.	1,868,172.
3 Aggregate value of grants from (during year)	7,481,037.	1,239,418.
4 Aggregate value at end of year	40,623,265.	20,937,671.

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

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

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,181,794.	9,679,292.	8,736,390.	8,589,582.	8,785,919.
b Contributions	71,464.	265,152.	8,850.	13,912.	240,790.
c Net investment earnings, gains, and losses	1,953,907.	-314,109.	1,351,844.	524,230.	-431,630.
d Grants or scholarships					
e Other expenditures for facilities and programs	453,470.	439,779.	411,987.	389,133.	4,368.
f Administrative expenses	9,696.	8,760.	5,805.	2,201.	1,129.
g End of year balance	10,743,999.	9,181,796.	9,679,292.	8,736,390.	8,589,582.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .00 %
 - b Permanent endowment 100.00 %
 - c Term endowment .00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|-------------------------------------|
| (i) Unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		6,296,702.	2,340,069.	3,956,633.
c Leasehold improvements				
d Equipment		541,520.	494,335.	47,185.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,003,818.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) MARKETABLE EQUITY AND		
(B) DEBT SECURITIES	73,649,236.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	73,649,236.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT INTEREST AGREEMENTS	296,891.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	296,891.

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	16,590,237.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	10,361,846.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	45,848.
e	Add lines 2a through 2d	2e	10,407,694.
3	Subtract line 2e from line 1	3	6,182,543.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	70,301.
b	Other (Describe in Part XIII.)	4b	4,350,939.
c	Add lines 4a and 4b	4c	4,421,240.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,603,783.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	9,571,949.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	45,848.
e	Add lines 2a through 2d	2e	45,848.
3	Subtract line 2e from line 1	3	9,526,101.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	70,301.
b	Other (Describe in Part XIII.)	4b	845,624.
c	Add lines 4a and 4b	4c	915,925.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,442,026.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE INTENDED USE OF THE FOUNDATION'S ENDOWMENT FUND IS TO SUPPORT THE ACTIVITIES AND PROGRAMS OF THE PARASOL TAHOE COMMUNITY FOUNDATION.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE 501(C)(3) AND HAS BEEN CLASSIFIED AS A NON-PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION FOR FEDERAL INCOME TAX IS REFLECTED IN THE FINANCIAL STATEMENTS. TAX POSITIONS TO CONSIDER INCLUDE BUT ARE NOT LIMITED TO:

-STATUS AS A NON-PRIVATE FOUNDATION

Part XIII Supplemental Information (continued)

-CLASSIFICATION OF EXCESS CONTRIBUTIONS, UNUSUAL GRANTS AND THEIR PUBLIC SUPPORT PERCENTAGE

-CHARACTERIZATION OF ITS ACTIVITIES AS RELATED OR UNRELATED TO ITS TAX EXEMPT PURPOSE

IT IS THE FOUNDATION'S TAX POSITION THAT IT HAS NOT ENGAGED IN ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX EXEMPT STATUS. THE INCOME AND EXPENSES ATTRIBUTABLE TO PASS-THROUGH UNRELATED BUSINESS INCOME HAS BEEN PROPERTY REPORTED AS UNRELATED ACTIVITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES NETTED ON 990 45,848.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDS HELD FOR OTHER AGENCIES 4,350,939.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES NETTED ON 990 45,848.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDS HELD FOR OTHER AGENCIES 845,624.

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2019

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public
Inspection**

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

Name of the organization **THE PARASOL TAHOE COMMUNITY FOUNDATION, INC.** Employer identification number **88-0362053**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
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-

THE PARASOL TAHOE COMMUNITY FOUNDATION,

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SIGNATURE EVENT (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	197,350.			197,350.
	2 Less: Contributions	176,000.			176,000.
	3 Gross income (line 1 minus line 2)	21,350.			21,350.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	35,052.			35,052.
	8 Entertainment	10,796.			10,796.
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				45,848.
11 Net income summary. Subtract line 10 from line 3, column (d)				-24,498.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

THE PARASOL TAHOE COMMUNITY FOUNDATION,

Schedule G (Form 990 or 990-EZ) 2019 INC.

88-0362053 Page 3

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **THE PARASOL TAHOE COMMUNITY FOUNDATION,
INC.**

**Employer identification number
88-0362053**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADVENTURE RISK CHALLENGE PO BOX 3208 TRUCKEE, CA 96160	47-1579462	501(C)(3)	5,000.	0.			PER THE GRANT AGREEMENT MADE ON MAY 21, 2019
AMERICAN ASSOCIATION OF UNIVERSITY WOMEN-TAHOE NEVADA BRANCH - PO BOX 5465 - INCLINE VILLAGE, NV 89450	94-3055754	501(C)(3)	0.	17,162.	FAIR MARKET VALUE	MEETING ROOM USE GRANT	2019 DWR CENTER IN-KIND ROOM USE GRANT
AMERICAN HEART ASSOCIATION 155 COUNTRY ESTATES CIRCLE, #200 RENO, NV 89511	13-5613797	501(C)(3)	5,000.	0.			SOCIAL SERVICES
AMERICAN PARKINSON DISEASE ASSOCIATION - 135 PARKINSON AVENUE - STATEN ISLAND, NY 10305	13-1962771	501(C)(3)	5,000.	0.			COMMUNITY LEADERSHIP/SUPPORT
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 50037-0839	53-0196605	501(C)(3)	5,000.	0.			TO AID VICTIMS OF HURRICANE AND FLOODING IN THE BAHAMAS.
ARTECH 130 WOODLAND AVENUE RENO, NV 89523	47-4124104	501(C)(3)	50,000.	0.			20,000 DESIGNATED FOR GREG BARRON'S BURNING MAN ART PIECES, MONACO AND KALEIDOSCOPE; 10,000 FOR

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 112.

3 Enter total number of other organizations listed in the line 1 table ▶ 2.

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

Schedule I (Form 990) (2019)

SEE PART IV FOR COLUMNS (G) AND (H) DESCRIPTIONS

THE PARASOL TAHOE COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

88-0362053

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARUKAH INTERNATIONAL PO BOX 644 TAHOE CITY, CA 96145	82-4356332	501(C)(3)	25,000.	0.			COMMUNITY LEADERSHIP/SUPPORT
AWAKEN INC PO BOX 40635 RENO, NV 89504	38-3843380	501(C)(3)	100,000.	0.			SOCIAL SERVICES
BARTON MEMORIAL HOSPITAL FOUNDATION - 2092 LAKE TAHOE BLVD., SUITE 600 - SOUTH LAKE TAHOE, CA 96150	88-0268799	501(C)(3)	10,000.	0.			TO HELP FUND THE ORTHOPEDICS & WELLNESS CENTER
BIG BROTHERS BIG SISTERS OF NORTHERN NEVADA - 1300 FOSTER DRIVE, SUITE 210 - RENO, NV 89509	32-0147198	501(C)(3)	7,250.	0.			MENTORING MATCH/EDUCATION AND YOUTH
BOYS AND GIRLS CLUB OF NORTH LAKE TAHOE - PO BOX 1617 - KINGS BEACH, CA 96143	31-1549603	501(C)(3)	13,500.	0.			PER THE GRANT AGREEMENT MADE ON MAY 21, 2019
BURNING MAN PROJECT 660 ALABAMA STREET, 4TH FLOOR SAN FRANCISCO, CA 94110-2008	45-2638273	501(C)(3)	20,000.	0.			TO FUND BURNING MAN ART & ARTISTS
BUTLER UNIVERSITY 4600 SUNSET AVENUE INDIANAPOLIS, IN 46208	35-0867977	501(C)(3)	15,000.	0.			EDUCATION & YOUTH
CALIFORNIA CAREFORCE 950 RESERVE DRIVE, SUITE 120 ROSEVILLE, CA 95678	45-2408171	501(C)(3)	7,500.	0.			PER THE GRANT AGREEMENT MADE ON MAY 21, 2019
CARNATION FARMS 28901 NE CARNATION FARM ROAD CARNATION, WA 98014	81-3414267	501(C)(3)	1,808,624.	0.			GENERAL SUPPORT

Schedule I (Form 990)

THE PARASOL TAHOE COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

88-0362053

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARSON TAHOE HEALTH FOUNDATION PO BOX 2168 CARSON CITY, NV 89702	88-0502320	501(C)(3)	10,000.	0.			SOCIAL SERVICES
CATHOLIC CHARITIES OF NORTHERN NEVADA - PO BOX 5099 - RENO, NV 89513	88-0339754	501(C)(3)	10,311.	0.			UNRESTRICTED
CHILDREN'S CENTER 13500 SE 7TH STREET VANCOUVER, WA 98683	91-1459420	501(C)(3)	50,000.	0.			SOCIAL SERVICES
CLASSICAL TAHOE 948 INCLINE WAY INCLINE VILLAGE, NV 89451	45-2682958	501(C)(3)	98,096.	15,611.	FAIR MARKET VALUE	STORAGE SPACE GRANT/RESIDENT OFFICE SPACE GRANT	BRUBECK JAZZ SUMMIT; 2019 DWR CENTER STORAGE SPACE IN-KIND GRANT; 2019 DONATION; DONATION BY
COLORADO ROCKY MOUNTAIN SCHOOL 500 HOLDEN WAY CARBONDALE, CO 81623	84-0425174	501(C)(3)	6,500.	0.			2019 FUNDRAISER SUPPORTING THE ARTS & ACTIVE PROGRAMS FAMILY WEEKEND - SATURDAY,
CORNERSTONE COMMUNITY CHURCH 300 COUNTRY CLUB DRIVE INCLINE VILLAGE, NV 89451	27-1450831	501(C)(3)	12,000.	0.			TO HELP FUND THE GENERAL MISSION OF THE CHURCH
COUNCIL ON FOUNDATIONS MEMBERSHIP LOCKBOX, PO BOX 75661 BALTIMORE, MD 21275-5661	13-6068327	501(C)(3)	7,050.	0.			GRANT FOR PARASOL TAHOE COMMUNITY FOUNDATION 2019 MEMBERSHIP DUES
CRISIS PREGNANCY CENTER 853 HASKELL STREET RENO, NV 89509	94-2919954	501(C)(3)	50,000.	0.			CRISIS PREGNANCY CENTER OF RENO-UNRESTRICTED USE
CROSSLINE COMMUNITY CHURCH 23331 MOULTON PKWY LAGUNA HILLS, CA 92653	73-1721664	501(C)(3)	25,000.	0.			COMMUNITY LEADERSHIP/SUPPORT

Schedule I (Form 990)

THE PARASOL TAHOE COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

88-0362053

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENVER ART MUSEUM DEVELOPMENT OFFICE, PO BOX 17765 DENVER, CO 80217	84-6038240	501(C)(3)	15,000.	0.			ARTS, CULTURE & HERITAGE
DIAMOND PEAK SKI EDUCATION FOUNDATION - PO BOX 5591 - INCLINE VILLAGE, NV 89450	94-3015906	501(C)(3)	36,129.	2,200.	FAIR MARKET VALUE	MEETING ROOM USE GRANT	ELITE ATHLETE SCHOLARSHIP FUND; ULLRFEST DONATION; EDUCATION & YOUTH; 2019 DWR CENTER IN-KIND ROOM
DIOCESE OF HONOLULU 1184 BISHOP STREET HONOLULU, HI 96813	99-0222900	501(C)(3)	10,000.	0.			SEMINARY SUPPORT PROGRAM
DRI FOUNDATION 755 E. FLAMINGO ROAD LAS VEGAS, NV 89119	94-2879252	501(C)(3)	5,000.	0.			ENVIRONMENT
EISENHOWER HEALTH FOUNDATION 39000 BOB HOPE DRIVE RANCHO MIRAGE, CA 92270	95-6130458	501(C)(3)	6,000.	0.			UNRESTRICTED FOR THE CIRCLE OF STARS; RENKER PAVILION OPERATIONS
EVERY MAN MINISTRIES 23312 MADERO ROAD, SUITE H MISSION VIEJO, CA 92691	33-0962080	501(C)(3)	20,000.	0.			FOR "THE DANGEROUS GOOD- LA EVENT"
FAMILY RESOURCE CENTER OF TRUCKEE PO BOX 9178 TRUCKEE, CA 96162	59-3842660	501(C)(3)	10,000.	0.			FOR THE FAMILY ROOM PROGRAM, PER THE GRANT AGREEMENT MADE ON MAY 21, 2019
FIRST DESCENTS 3001 BRIGHTON BOULEVARD, SUITE 623 DENVER, CO 80216	81-0539964	501(C)(3)	10,000.	0.			COMMUNITY LEADERSHIP/SUPPORT
FRIENDS OF THE CHILDREN 44 NE MORRIS STREET PORTLAND, OR 97212	93-1300690	501(C)(3)	250,000.	0.			SW WASHINGTON EXPANSION OF CHILD INVESTMENT PROGRAM

Schedule I (Form 990)

THE PARASOL TAHOE COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

88-0362053

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FULFILLMENT FUND LAS VEGAS 3850 ANNIE OAKLEY DRIVE LAS VEGAS, NV 89121	46-2083219	501(C)(3)	10,000.	0.			SNC TRIP
GATEWAY MOUNTAIN CENTER 10038 MEADOW WAY DRIVE, UNIT D TRUCKEE, CA 96161	82-2347906	501(C)(3)	13,000.	0.			FOR THE AFTER-SCHOOL WELLNESS CENTER, PER THE GRANT AGREEMENT MADE ON MAY 21, 2019
GO2 FOUNDATION FOR LUNG CANCER 1100 INDUSTRIAL ROAD, SUITE 1 SAN CARLOS, CA 94070	20-4417327	501(C)(3)	10,000.	0.			UNRESTRICTED USE
GOLF FORE AFRICA 32531 N SCOTTSDALE ROAD, SUITE 105, SCOTTSDALE, AZ 85266	26-1753089	501(C)(3)	5,000.	0.			WELL DEVELOPMENT IN ZAMBIA
HELA BIMA WORLD 985 DAMONTE RANCH PKWY, SUITE 110 RENO, NV 89521	46-3987940	501(C)(3)	0.	6,825.	FAIR MARKET VALUE	MEETING ROOM USE GRANT	2019 DWR CENTER IN-KIND ROOM USE GRANT
HIGH FIVES NON-PROFIT FOUNDATION PO BOX 3212 TRUCKEE, CA 96160	26-4275773	501(C)(3)	5,000.	0.			PER THE GRANT AGREEMENT MADE ON MAY 21, 2019
HILLSDALE COLLEGE 33 E. COLLEGE STREET HILLSDALE, MI 49242	38-1374230	501(C)(3)	25,000.	0.			EDUCATION & YOUTH
HONOR FLIGHT NEVADA PO BOX 21123 RENO, NV 89515	45-4472272	501(C)(3)	5,622.	0.			COMMUNITY LEADERSHIP/SUPPORT
HOUSTON BAPTIST UNIVERSITY HINTON HOUSE, 7502 FONDREN ROAD HOUSTON, TX 77074	74-1400699	501(C)(3)	5,000.	0.			MORRIS FAMILY CENTER FOR LAW & LIBERTY

Schedule I (Form 990)

THE PARASOL TAHOE COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

88-0362053

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF TRUCKEE-TAHOE 10961 STEVENS LANE TRUCKEE, CA 96161	68-0366788	501(C)(3)	10,000.	0.			PER THE GRANT AGREEMENT MADE ON MAY 21, 2019
INCLINE HIGH SCHOOL BOOSTERS CLUB 499 VILLAGE BLVD. INCLINE VILLAGE, NV 89451	88-0232960	501(C)(3)	98,388.	300.	FAIR MARKET VALUE	STORAGE SPACE GRANT	TO BE USED IN ACCORDANCE WITH THE FUND PURPOSE; 2019 DWR CENTER STORAGE SPACE IN-KIND GRANT;
INCLINE SCHOOLS ACADEMIC EXCELLENCE FOUNDATION - PO BOX 3985 - INCLINE VILLAGE, NV 89450-3985	94-3203434	501(C)(3)	15,000.	0.			IN ACCORDANCE WITH THE FUND PURPOSE
INCLINE VILLAGE COMMUNITY HOSPITAL FOUNDATION - 880 ALDER AVENUE - INCLINE VILLAGE, NV 89451	20-0752156	501(C)(3)	55,000.	800.	FAIR MARKET VALUE	MEETING ROOM USE GRANT	PATIENT MONITORING PROJECT; SOCIAL SERVICES; UNRESTRICTED; 2019 DWR CENTER IN-KIND ROOM USE
INCLINE VILLAGE CRYSTAL BAY VISITORS BUREAU - 969 TAHOE BOULEVARD - INCLINE VILLAGE, NV 89451	88-0273379	501(C)(6)	101,578.	0.			IVCB FIREWORKS DISPLAY
INCLINE-TAHOE FOUNDATION 948 INCLINE WAY INCLINE VILLAGE, NV 89451	27-0823168	501(C)(3)	8,373.	3,000.	FAIR MARKET VALUE	MEETING ROOM USE GRANT	SPONSORSHIP OF THE BOB WHEELER MEMORIAL GOLF TOURNAMENT; ON BEHALF OF KRISTI FISHER AND JAMIE
JONI AND FRIENDS PO BOX 3333 AGOURA HILLS, CA 91376-3333	95-3402002	501(C)(3)	6,000.	0.			GENERAL FUND FOR SACRAMENTO REGIONAL OFFICE; GENERAL SUPPORT FOR SACRAMENTO CHAPTER
JUVENILE DIABETES RESEARCH FOUNDATION NEVADA CHAPTER - 645 SIERRA ROSE DRIVE, SUITE 106 - RENO, NV 89511	23-1907729	501(C)(3)	5,000.	0.			SOCIAL SERVICES
KEEP MEMORY ALIVE 888 W. BONNEVILLE AVENUE LAS VEGAS, NV 89106	88-0515534	501(C)(3)	168,500.	0.			UNRESTRICTED; SOCIAL SERVICES; 2019 COMMUNITY TABLE DONATION

Schedule I (Form 990)

THE PARASOL TAHOE COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

88-0362053

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDZONE MUSEUM 11711 DONNER PASS ROAD TRUCKEE, CA 96161	94-3156964	501(C)(3)	6,000.	0.			FOR THE IMAGINARY PLAY EXHIBIT, SIERRA SETTLERS, PER THE GRANT AGREEMENT MADE ON MAY 21, 2019
LAKE TAHOE COMMUNITY COLLEGE FOUNDATION - ONE COLLEGE DRIVE - SOUTH LAKE TAHOE, CA 96150	68-0383810	501(C)(3)	8,000.	0.			SPONSORSHIP OF THE TEDX SOUTH LAKE TAHOE EVENT
LAKE TAHOE SCHOOL 995 TAHOE BLVD. INCLINE VILLAGE, NV 89451	86-0868862	501(C)(3)	119,500.	900.	FAIR MARKET VALUE	MEETING ROOM USE GRANT	EDUCATION & YOUTH; MATCHING GRANT FROM DAVE DUFFIELD; NEVADA'S BIG GIVE; 2019 DWR CENTER
LAKE TAHOE SHAKESPEARE FESTIVAL 948 INCLINE WAY INCLINE VILLAGE, NV 89451	88-0358637	501(C)(3)	21,200.	44,915.	FAIR MARKET VALUE	MEETING ROOM USE GRANT/STORAGE SPACE	ARTS, CULTURE & HERITAGE; 2019 DWR CENTER IN-KIND ROOM USE GRANT; UNRESTRICTED; 2019 DWR
LIBERTY UNIVERSITY INC. 1971 UNIVERSITY BLVD. LYNCHBURG, VA 24515	54-0946734	501(C)(3)	15,000.	0.			VOLLEYBALL EXCELLENCE FUND
LITTLE PINK HOUSES OF HOPE 2442 TRIBEK COURT BURLINGTON, NC 27215	27-3365488	501(C)(3)	10,000.	0.			2019 TAHOE RETREAT
MARIN ACADEMY 1600 MISSION AVENUE SAN RAFAEL, CA 94901	94-1186189	501(C)(3)	6,500.	0.			FOR THE ANNUAL FUND, PER THE GRANT AGREEMENT MADE ON OCT. 10, 2019
MARY, STAR OF THE SEA CHURCH 4470 ALIIKOA STREET HONOLULU, HI 96821	99-0078514	501(C)(3)	6,000.	0.			GENERAL OPERATIONS
MCCALLUM THEATRE 73000 FRED WARING DRIVE PALM DESERT, CA 92260	95-2834871	501(C)(3)	11,320.	0.			2019 GALA SPONSORSHIP; SHOW SPONSORSHIP

Schedule I (Form 990)

THE PARASOL TAHOE COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

88-0362053

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNTAIN AREA PRESERVATION PO BOX 25 TRUCKEE, CA 96160	68-0148964	501(C)(3)	5,000.	0.			PER THE GRANT AGREEMENT MADE ON MAY 21, 2019
MULTNOMAH UNIVERSITY: RENO-TAHOE 1100 KIETZKE LANE RENO, NV 89502	93-0398802	501(C)(3)	10,000.	0.			UNRESTRICTED USE
NATURE CONSERVANCY NEVADA ONE E. FIRST STREET, SUITE 1007 RENO, NV 89501	53-0242652	501(C)(3)	25,000.	525.	FAIR MARKET VALUE	MEETING ROOM USE GRANT	2019 DWR CENTER IN-KIND ROOM USE GRANT; UNRESTRICTED
NEVADA COMMUNITY FOUNDATION 410 S RAMPART BLVD., SUITE 390 LAS VEGAS, NV 89145	88-0241420	501(C)(3)	10,000.	0.			NEVADA WOMEN'S PHILANTHROPY 2020
NEVADA MUSEUM OF ART 160 WEST LIBERTY STREET RENO, NV 89501	88-6003042	501(C)(3)	35,500.	0.			FOR THE NEW LAS VEGAS MUSEUM; ARTS, CULTURE & HERITAGE; ANNUAL GIFT; GENERAL USE
NORTH TAHOE ARTS PO BOX 6354 TAHOE CITY, CA 96145	68-0214830	501(C)(3)	5,893.	0.			TO BE USED IN ACCORDANCE WITH THE FUND PURPOSE
NORTH TAHOE FAMILY RESOURCE CENTER PO BOX 2810 KINGS BEACH, CA 96143	68-0219421	501(C)(3)	12,500.	150.	FAIR MARKET VALUE	STORAGE SPACE GRANT	PER THE GRANT AGREEMENT MADE ON MAY 21, 2019; 2019 DWR CENTER STORAGE SPACE IN-KIND GRANT
NORTHERN NEVADA CHILDREN'S CANCER FOUNDATION - 3550 BARRON WAY, #9A - RENO, NV 89511	20-8623503	501(C)(3)	7,000.	0.			PER THE GRANT AGREEMENT MADE ON MAY 21, 2019; MEDICAL CARE
OPERATION SMILE PO BOX 5017 HAGERSTOWN, MD 21741-9716	54-1460147	501(C)(3)	5,623.	0.			SOCIAL SERVICES

Schedule I (Form 990)

THE PARASOL TAHOE COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

88-0362053

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARKERSBURG AREA COMMUNITY FOUNDATION, INC. - PO BOX 1762 - PARKERSBURG, WV 26102-1762	55-0748246	501(C)(3)	10,000.	0.			COMMUNITY LEADERSHIP/SUPPORT
PENINSULA VOLUNTEERS, INC. (PVI) 800 MIDDLE AVENUE MENLO PARK, CA 94025	94-1294939	501(C)(3)	11,245.	0.			SOCIAL SERVICES
PET NETWORK HUMANE SOCIETY 401 VILLAGE BLVD. INCLINE VILLAGE, NV 89451	94-3162646	501(C)(3)	25,072.	600.	FAIR MARKET VALUE	MEETING ROOM USE GRANT	UNRESTRICTED USE; 2019 DWR CENTER IN-KIND ROOM USE GRANT; FUND A NEED PROGRAM; ANNUAL
RED RHINO ORPHANAGE PROJECT PO BOX 693717 STOCKTON, CA 95269	20-2945502	501(C)(3)	5,000.	0.			ANNUAL WALK-A-THON
RENO JAZZ ORCHESTRA 124 WEST TAYLOR STREET RENO, NV 89509	86-0881117	501(C)(3)	10,000.	0.			UNRESTRICTED
ROCKY MOUNTAIN INSTITUTE 2490 JUNCTION PLACE, SUITE 200 BOULDER, CO 80301	74-2244146	501(C)(3)	17,500.	0.			UNRESTRICTED; ACHIEVING A CLEAN, PROSPEROUS AND SECURE LOW -CARBON FUTURE.
ROMAN CATHOLIC DIOCESE OF STOCKTON 212 NORTH SAN JOAQUIN STREET STOCKTON, CA 95202	94-1532129	501(C)(3)	50,000.	0.			TO BE HELD IN THE SHEPHERD DONATION ACCOUNT FOR THE ST. GEORGE'S REGIONAL SCHOOL PROJECT
ROTARY CLUB OF INCLINE VILLAGE PO BOX 4945 INCLINE VILLAGE, NV 89450	88-0165462	501(C)(4)	0.	26,820.	FAIR MARKET VALUE	STORAGE SPACE GRANT/MEETING ROOM USE GRANT	2019 DWR CENTER STORAGE SPACE IN-KIND GRANT; 2019 DWR CENTER IN-KIND ROOM USE GRANT
ROTARY CLUB OF RENO CENTRAL CHARITABLE FOUNDATION - 2600 RHODES ROAD - RENO, NV 89521	81-2901854	501(C)(3)	5,000.	0.			BENEFITING: NORTHERN NEVADA CHILDREN'S CANCER FOUNDATION"

Schedule I (Form 990)

THE PARASOL TAHOE COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

88-0362053

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROTARY DISTRICT 5190 COMMUNITY FUND - 948 INCLINE WAY - INCLINE VILLAGE, NV 89451	47-1626089	501(C)(3)	0.	6,303.	FAIR MARKET VALUE	MEETING ROOM USE GRANT/STORAGE SPACE	2019 DWR CENTER IN-KIND ROOM USE GRANT; 2019 DWR CENTER RESIDENT OFFICE SPACE IN-KIND GRANT; 2019
SHRINERS HOSPITALS FOR CHILDREN - NORTHERN CALIFORNIA - 2425 STOCKTON BLVD. - STOCKTON, CA 95817	36-2193608	501(C)(3)	5,000.	0.			ORTHOPEDIC CARE FOR CHILDREN
SIERRA ARTS FOUNDATION 17 SOUTH VIRGINIA STREET, #120 RENO, NV 89501	88-0113398	501(C)(3)	5,000.	0.			TO SUPPORT ARTISTS IN THE COMMUNITY
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET, SUITE 1250 OAKLAND, CA 94612	94-6069890	501(C)(3)	5,000.	0.			UNRESTRICTED
SIERRA COMMUNITY HOUSE 948 INCLINE WAY INCLINE VILLAGE, NV 89451	94-2985554	501(C)(3)	11,250.	46,788.	FAIR MARKET VALUE	STORAGE SPACE GRANT/MEETING ROOM USE GRANT/RESIDENT	SOCIAL SERVICES; DWR CENTER STORAGE SPACE IN-KIND GRANT 7/1/2019-12/31/2019; DWR
SIERRA NEVADA COLLEGE 999 TAHOE BOULEVARD INCLINE VILLAGE, NV 89451-9500	88-0121831	501(C)(3)	3,982,558.	0.			IN ACCORDANCE WITH THE FUND PURPOSE; MIRIAM PRIM ENDOWMENT; UNRESTRICTED; 2019 WINTER GATHERING -
SIERRA SENIOR SERVICES PO BOX 4152 TRUCKEE, CA 96160	68-0484075	501(C)(3)	23,750.	300.	FAIR MARKET VALUE	MEETING ROOM USE GRANT	MADE ON MAY 21, 2019; 2019 DWR CENTER IN-KIND ROOM USE GRANT
SIMMARON RESEARCH 948 INCLINE WAY INCLINE VILLAGE, NV 89451	45-2191464	501(C)(3)	50,000.	11,318.	FAIR MARKET VALUE	MEETING ROOM USE GRANT/RESIDENT OFFICE SPACE	2019 DWR CENTER IN-KIND ROOM USE GRANT; COMMUNITY LEADERSHIP/SUPPORT; 2019 DWR CENTER RESIDENT
SOS OUTREACH 948 INCLINE WAY INCLINE VILLAGE, NV 89451	84-1332544	501(C)(3)	9,820.	19,748.	FAIR MARKET VALUE	STORAGE SPACE GRANT/RESIDENT OFFICE SPACE GRANT/MEETING	SOUTH LAKE TAHOE MENTOR SILVER SPONSOR AND RECOGNITION GIFTS; 2019 DWR CENTER RESIDENT

Schedule I (Form 990)

THE PARASOL TAHOE COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

88-0362053

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. FRANCIS OF ASSISI 701 MOUNT ROSE HIGHWAY INCLINE VILLAGE, NV 89451-9152	27-4337971	501(C)(3)	9,000.	0.			COMMUNITY LEADERSHIP/SUPPORT; EASTER OFFERING; CSA PROGRAM; BUILDING
ST. PATRICK'S EPISCOPAL CHURCH 341 VILLAGE BOULEVARD INCLINE VILLAGE, NV 89451	31-1629166	501(C)(3)	6,100.	0.			UNRESTRICTED; CLERGY HOUSING FUND; PROJECT MANA "CASH INSTEAD OF CANS"
STEPHEN J. WAMPLER FOUNDATION 941 ORANGE AVENUE #440 CORONADO, CA 92118	80-0470847	501(C)(3)	50,000.	0.			FOR THE NEW FLOOR IN THE DINING FACILITY AT CAMP WAMP; ANY REMAINING FUNDS ARE UNRESTRICTED
STRENGTH INDIA 4413 BERRENDO DRIVE SACRAMENTO, CA 95864	47-3510139	501(C)(3)	5,000.	0.			SUPPORT OF STRENGTH INDIA
STUDENTREACH 5449 E LEVEE ROAD SACRAMENTO, CA 95835	80-0100930	501(C)(3)	20,000.	0.			\$12,000 FOR ROBERT RICKETT'S MINISTRY SUPPORT; \$8,000 FOR ASSEMBLIES IN THE USA
SUFFIELD ACADEMY 185 NORTH MAIN STREET SUFFIELD, CT 06078	06-0678539	501(C)(3)	5,000.	0.			ENDOWMENT SUPPORT
TAHOE FAMILY SOLUTIONS 774 MAYS BOULEVARD, #13 INCLINE VILLAGE, NV 89451	88-0326582	501(C)(3)	34,466.	0.			SOCIAL SERVICES; CAMP EXPLORE 2019; PER THE GRANT AGREEMENT MADE ON FEBRUARY 19, 2019.;
TAHOE FUND 948 INCLINE WAY INCLINE VILLAGE, NV 89451	01-0974628	501(C)(3)	426,543.	22,554.	FAIR MARKET VALUE	RESIDENT OFFICE SPACE GRANT/STORAGE SPACE	ENVIRONMENT; DONATION BY SANDRA CATH; 2019 DWR CENTER RESIDENT OFFICE SPACE IN-KIND GRANT;
TAHOE INSTITUTE FOR NATURAL SCIENCE - 948 INCLINE WAY - INCLINE VILLAGE, NV 89451	27-2379984	501(C)(3)	1,000.	18,100.	FAIR MARKET VALUE	STORAGE SPACE GRANT/MEETING ROOM USE GRANT/RESIDENT	2019 DWR CENTER STORAGE SPACE IN-KIND GRANT; 2019 DWR CENTER RESIDENT OFFICE SPACE IN-KIND

Schedule I (Form 990)

THE PARASOL TAHOE COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

88-0362053

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAHOE PROSPERITY CENTER 948 INCLINE WAY INCLINE VILLAGE, NV 89451	45-3559172	501(C)(3)	0.	9,461.	FAIR MARKET VALUE	STORAGE SPACE GRANT/MEETING ROOM USE GRANT/RESIDENT	2019 DWR CENTER STORAGE SPACE IN-KIND GRANT; 2019 DWR CENTER RESIDENT OFFICE SPACE IN-KIND
TAHOE RESOURCE CONSERVATION DISTRICT - 870 EMERALD BAY ROAD, SUITE 108 - SOUTH LAKE TAHOE, CA 96150	94-2355693	501(C)(3)	20,557.	0.			PRE ATTACK PLAN MAPS FOR THE NV SIDE OF LAKE TAHOE, PER THE GRANT AGREEMENT MADE ON NOV. 6,
TAHOE RIM TRAIL ASSOCIATION PO BOX 3267 STATELINE, NV 89449	94-2789846	501(C)(3)	20,968.	1,350.	FAIR MARKET VALUE	MEETING ROOM USE GRANT	2019 DWR CENTER IN-KIND ROOM USE GRANT; IN ACCORDANCE WITH THE FUND PURPOSE; PER THE GRANT
TAHOE SAFE ALLIANCE 948 INCLINE WAY INCLINE VILLAGE, NV 89451	94-2985554	501(C)(3)	15,000.	47,876.	FAIR MARKET VALUE	RESIDENT OFFICE SPACE GRANT/STORAGE SPACE	PER THE GRANT AGREEMENT MADE ON MAY 21, 2019; 2019 DWR CENTER RESIDENT OFFICE SPACE IN-KIND
TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT - 11603 DONNER PASS ROAD - TRUCKEE, CA 96161	94-6003109	501(C)(3)	6,500.	0.			NORTH TAHOE HIGH SCHOOL DRAMA CLUB, PER THE GRANT AGREEMENT MADE ON MAY 21, 2019; SIERRA TEEN
TAHOE-PYRAMID TRAIL 4790 CAUGHLIN PARKWAY, #138 RENO, NV 89519	55-0895667	501(C)(3)	11,455.	0.			FOR INTERPRETIVE SIGN PANEL/KIOSK IN TAHOE CITY MARKING THE BEGINNING OF THE TAHOE-PYRAMID TRAIL;
TAHOE'S CONNECTION FOR FAMILIES PO BOX 3074 INCLINE VILLAGE, NV 89450	88-0503036	501(C)(3)	18,918.	4,600.	FAIR MARKET VALUE	STORAGE SPACE GRANT/MEETING ROOM USE GRANT	2019 DWR CENTER STORAGE SPACE IN-KIND GRANT; UNRESTRICTED USE; EDUCATION & YOUTH;
TEDDY BEAR CANCER FOUNDATION 3892 STATE STREET, SUITE 220 SANTA BARBARA, CA 93105	14-1872081	501(C)(3)	25,950.	0.			SOCIAL SERVICES
THE GLOBAL MISSION PO BOX 80222 RANCHO SANTA MARGARITA, CA 92688	20-4897897	501(C)(3)	20,000.	0.			TO BE USED FOR THE CHANGE MOVEMENT

Schedule I (Form 990)

THE PARASOL TAHOE COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

88-0362053

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SEMINAR NETWORK 2300 WILSON BOULEVARD, SUITE 500 ARLINGTON, VA 22201	46-3508366	501(C)(3)	7,500.	0.			GRANT FOR YOUTH ENTREPRENEURS PROGRAMS
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - PO BOX 4486 - HOUSTON, TX 77210-4486	74-1587488	501(C)(3)	10,000.	0.			GENITOURINARY DEPARTMENT FOR CANCER TREATMENT AND PREVENTION
THUNDERBIRD LODGE PRESERVATION SOCIETY - PO BOX 6812 - INCLINE VILLAGE, NV 89450	88-0434866	501(C)(3)	151,980.	300.	FAIR MARKET VALUE	MEETING ROOM USE GRANT	LAKE TAHOE DISCOVERY MUSEUM AND EVENT CENTER; ARTS, CULTURE & HERITAGE; 2019 DWR CENTER IN-KIND
TRUCKEE RIVER WATERSHED COUNCIL PO BOX 8568 TRUCKEE, CA 96162	91-1818748	501(C)(3)	5,000.	0.			TUITION AND FEES FOR FIRE SCIENCE CLASSES/BLAKE PERRY-STUDENT ID: 8000735501
UC DAVIS FOUNDATION UC DAVIS, ONE SHIELDS AVENUE DAVIS, CA 95616-5270	94-6081352	501(C)(3)	7,000.	0.			SPONSORSHIP OF CHANCELLOR MAY AGGIE SQUARE DINNER IN SACRAMENTO
UC DAVIS TAHOE ENVIRONMENTAL RESEARCH CENTER - 291 COUNTRY CLUB DRIVE - INCLINE VILLAGE, NV 89451	94-6036494	501(C)(3)	34,127.	0.			UC DAVIS TERC AMERICORPS; UC DAVIS TERC, PER THE GRANT AGREEMENT MADE ON AUGUST 21, 2019;
UNIVERSITY OF HAWAII FOUNDATION 2404 MAILE WAY, A303F HONOLULU, HI 96822	99-0085260	501(C)(3)	25,000.	0.			MARGE SYLVESTER SCHOLARSHIP FUND
YOUNG AMERICA'S FOUNDATION 11480 COMMERCE PARK DRIVE, SUITE 60 RESTON, VA 20191	23-7042029	501(C)(3)	25,000.	0.			COMMUNITY LEADERSHIP/SUPPORT
YOUNG LIFE 880 NORTHWOOD BLVD., SUITE 2 INCLINE VILLAGE, NV 89451	84-0385934	501(C)(3)	97,600.	0.			EDUCATION & YOUTH; UNRESTRICTED USE; CAPERNAUM MINISTRY; GENERAL SUPPORT

Schedule I (Form 990)

THE PARASOL TAHOE COMMUNITY FOUNDATION,
INC.

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

ALL RECORDS PERTAINING TO GRANTS AND GRANTEEES ARE MAINTAINED BY THE ORGANIZATION'S RECORD RETENTION POLICY, INCLUDING THE RECOMMENDATIONS MADE BY THE DONOR ADVISED FUND HOLDERS AND GRANT APPLICATIONS. THE ORGANIZATION VERIFIES THE ELIGIBILITY OF ALL GRANTEEES BY VERIFYING THEIR STATUS AS A CHARITABLE ORGANIZATION AND BY OBTAINING A COPY OF THEIR TAX DETERMINATION LETTER ISSUED BY THE IRS.

PART II, LINE 1, COLUMNS (G) AND (H):

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ARTECH

(H) PURPOSE OF GRANT OR ASSISTANCE: 20,000 DESIGNATED FOR GREG BARRON'S BURNING MAN ART PIECES, MONACO AND KALEIDOSCOPE; 10,000 FOR MATT SCHULTZ'S ART PIECE HEAD MAZE, FOR BURNING MAN 2019; 10,000 FOR GEORDIE VAN DER BOSCH'S ART PIECE FOR BURNING MAN, TEMPLE OF DIRECTION; 10,000 DESIGNATED FOR THE BURNING MAN BOTTLED UP GENIE ART INSTALLATION BY VALERIE ELIZABETH MALLORY

NAME OF ORGANIZATION OR GOVERNMENT: CLASSICAL TAHOE

(H) PURPOSE OF GRANT OR ASSISTANCE: BRUBECK JAZZ SUMMIT; 2019 DWR CENTER STORAGE SPACE IN-KIND GRANT; 2019 DONATION; DONATION BY STEVEN & RENEE BOUCK; DWR CENTER RESIDENT OFFICE SPACE IN-KIND GRANT FOR JUNE 10 THROUGH SEPTEMBER 10, 2019; DONATION BY MICHAEL GROSS; UNRESTRICTED USE; \$20,000 FOR THE BRUBECK JAZZ SUMMIT, \$10,000 FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: COLORADO ROCKY MOUNTAIN SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: 2019 FUNDRAISER SUPPORTING THE ARTS & ACTIVE PROGRAMS FAMILY WEEKEND - SATURDAY, OCTOBER 26, 2019

NAME OF ORGANIZATION OR GOVERNMENT: DIAMOND PEAK SKI EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ELITE ATHLETE SCHOLARSHIP FUND; ULLRFEST DONATION; EDUCATION & YOUTH; 2019 DWR CENTER IN-KIND ROOM USE GRANT; UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT: INCLINE HIGH SCHOOL BOOSTERS CLUB

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED IN ACCORDANCE WITH THE FUND PURPOSE; 2019 DWR CENTER STORAGE SPACE IN-KIND GRANT; EDUCATION & YOUTH; 2019 FUND A NEED; CRAB FEED FUND-A-NEED; POLE VAULTING EQUIPMENT

Part IV Supplemental Information

FOR TRACK TEAM; CRAB FEED FUND A NEED

NAME OF ORGANIZATION OR GOVERNMENT:

INCLINE VILLAGE COMMUNITY HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PATIENT MONITORING PROJECT; SOCIAL SERVICES; UNRESTRICTED; 2019 DWR CENTER IN-KIND ROOM USE GRANT

NAME OF ORGANIZATION OR GOVERNMENT: INCLINE-TAHOE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP OF THE BOB WHEELER MEMORIAL GOLF TOURNAMENT; ON BEHALF OF KRISTI FISHER AND JAMIE GOLDEN IVR 2019 GOOD NEIGHBOR AWARD NOMINEE; BOB WHEELER MEMORIAL FUND

NAME OF ORGANIZATION OR GOVERNMENT: LAKE TAHOE SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATION & YOUTH; MATCHING GRANT FROM DAVE DUFFIELD; NEVADA'S BIG GIVE; 2019 DWR CENTER IN-KIND ROOM USE GRANT

NAME OF ORGANIZATION OR GOVERNMENT: LAKE TAHOE SHAKESPEARE FESTIVAL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEETING ROOM USE GRANT/STORAGE SPACE GRANT/RESIDENT OFFICE SPACE GRANT

(H) PURPOSE OF GRANT OR ASSISTANCE: ARTS, CULTURE & HERITAGE; 2019 DWR CENTER IN-KIND ROOM USE GRANT; UNRESTRICTED; 2019 DWR CENTER STORAGE SPACE IN-KIND GRANT; 2019 DWR CENTER RESIDENT OFFICE SPACE IN-KIND GRANT; PER THE GRANT AGREEMENT MADE ON MAY 21, 2019; SOUND PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: PET NETWORK HUMANE SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED USE; 2019 DWR CENTER IN-KIND ROOM USE GRANT; FUND A NEED PROGRAM; ANNUAL DISTRIBUTION FROM THE

Part IV Supplemental Information

PET NETWORK DESIGNATED ENDOWMENT FUND; TO BE USED IN PET NETWORK'S ADOPTION PROGRAM FOR CATS

NAME OF ORGANIZATION OR GOVERNMENT: ROTARY DISTRICT 5190 COMMUNITY FUND

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEETING ROOM USE GRANT/STORAGE SPACE GRANT/RESIDENT OFFICE SPACE GRANT

(H) PURPOSE OF GRANT OR ASSISTANCE: 2019 DWR CENTER IN-KIND ROOM USE GRANT; 2019 DWR CENTER RESIDENT OFFICE SPACE IN-KIND GRANT; 2019 DWR CENTER STORAGE SPACE IN-KIND GRANT

NAME OF ORGANIZATION OR GOVERNMENT: SIERRA COMMUNITY HOUSE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: STORAGE SPACE GRANT/MEETING ROOM USE GRANT/RESIDENT OFFICE SPACE GRANT

(H) PURPOSE OF GRANT OR ASSISTANCE: SOCIAL SERVICES; DWR CENTER STORAGE SPACE IN-KIND GRANT 7/1/2019-12/31/2019; DWR CENTER RESIDENT OFFICE SPACE IN-KIND GRANT FOR 7/1/2019-12/31/2019; ON BEHALF OF DENISE BREMER IVR 2019 GOOD NEIGHBOR AWARD NOMINEE; 2019 DWR CENTER IN-KIND ROOM USE GRANT

NAME OF ORGANIZATION OR GOVERNMENT: SIERRA NEVADA COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: IN ACCORDANCE WITH THE FUND PURPOSE; MIRIAM PRIM ENDOWMENT; UNRESTRICTED; 2019 WINTER GATHERING - PADDLE RAISE; EDUCATION & YOUTH; ENDOWMENT; FOR HOLMAN ARTS & MEDIA CENTER KILN YARD BUILDING; HOLMAN ARTS & MEDIA CENTER KILN PROJECT, PER THE GRANT AGREEMENT MADE ON APRIL 12, 2019

NAME OF ORGANIZATION OR GOVERNMENT: SIMMARON RESEARCH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEETING ROOM USE GRANT/RESIDENT OFFICE SPACE GRANT

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: 2019 DWR CENTER IN-KIND ROOM USE
GRANT; COMMUNITY LEADERSHIP/SUPPORT; 2019 DWR CENTER RESIDENT OFFICE
SPACE IN-KIND GRANT

NAME OF ORGANIZATION OR GOVERNMENT: SOS OUTREACH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: STORAGE SPACE GRANT/RESIDENT
OFFICE SPACE GRANT/MEETING ROOM USE GRANT

(H) PURPOSE OF GRANT OR ASSISTANCE: SOUTH LAKE TAHOE MENTOR SILVER
SPONSOR AND RECOGNITION GIFTS; 2019 DWR CENTER RESIDENT OFFICE SPACE
IN-KIND GRANT; PER THE GRANT AGREEMENT MADE ON MAY 21, 2019; 2019 DWR
CENTER STORAGE SPACE IN-KIND GRANT; 2019 DWR CENTER IN-KIND ROOM USE
GRANT

NAME OF ORGANIZATION OR GOVERNMENT: ST. FRANCIS OF ASSISI

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY LEADERSHIP/SUPPORT; EASTER
OFFERING; CSA PROGRAM; BUILDING DISCIPLESHP PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: TAHOE FAMILY SOLUTIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: SOCIAL SERVICES; CAMP EXPLORE 2019;
PER THE GRANT AGREEMENT MADE ON FEBRUARY 19, 2019.; UNRESTRICTED; MENTAL
HEALTH PROGRAM; SHABBY CHIC

NAME OF ORGANIZATION OR GOVERNMENT: TAHOE FUND

(G) DESCRIPTION OF NON-CASH ASSISTANCE: RESIDENT OFFICE SPACE
GRANT/STORAGE SPACE GRANT/MEETING ROOM USE GRANT

(H) PURPOSE OF GRANT OR ASSISTANCE: ENVIRONMENT; DONATION BY SANDRA
CATH; 2019 DWR CENTER RESIDENT OFFICE SPACE IN-KIND GRANT; DONATION BY
DAVID CONTIS; DONATION BY MARTY PUTNAM; FOR UC DAVIS SUGAR PINE PROJECT

Part IV Supplemental Information

EXPENSES; \$35,000 FOR CA FOREST OBSERVATORY GRANT AND \$30,000 FOR EMEREALD BAY TO STANFORD ROCK; 2019 DWR CENTER STORAGE SPACE IN-KIND GRANT; STEWARDSHIP CIRCLE; TO SUPPORT TAHOE FUND'S MISSION; FOR A TROUT ON THE INCLINE-SAND HARBOR BIKE PATH/EAST SHORE TRAIL; UNRESTRICTED; 2019 DWR CENTER IN-KIND ROOM USE GRANT; FROM THE GERRY AND ESTHER LEVANDOSKI FAMILY TRUST

NAME OF ORGANIZATION OR GOVERNMENT: TAHOE INSTITUTE FOR NATURAL SCIENCE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: STORAGE SPACE GRANT/MEETING ROOM USE GRANT/RESIDENT OFFICE SPACE GRANT

(H) PURPOSE OF GRANT OR ASSISTANCE: 2019 DWR CENTER STORAGE SPACE IN-KIND GRANT; 2019 DWR CENTER RESIDENT OFFICE SPACE IN-KIND GRANT; 2019 DWR CENTER IN-KIND ROOM USE GRANT; NATURE CAMP SCHOLARSHIP FUND FOR NORTH TAHOE/TRUCKEE CHILDREN, PER THE GRANT AGREEMENT MADE ON MAY 21, 2019

NAME OF ORGANIZATION OR GOVERNMENT: TAHOE PROSPERITY CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: STORAGE SPACE GRANT/MEETING ROOM USE GRANT/RESIDENT OFFICE SPACE GRANT

(H) PURPOSE OF GRANT OR ASSISTANCE: 2019 DWR CENTER STORAGE SPACE IN-KIND GRANT; 2019 DWR CENTER RESIDENT OFFICE SPACE IN-KIND GRANT; 2019 DWR CENTER IN-KIND ROOM USE GRANT

NAME OF ORGANIZATION OR GOVERNMENT: TAHOE RESOURCE CONSERVATION DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: PRE ATTACK PLAN MAPS FOR THE NV SIDE OF LAKE TAHOE, PER THE GRANT AGREEMENT MADE ON NOV. 6, 2019; FOOD AND BEVERAGE PROVISIONS FOR FAC OUTREACH EVENTS, PER THE GRANT AGREEMENT MADE ON NOV. 6, 2019; FOOD AND BEVERAGE FOR KINGS BEACH FIRE BLOCK PARTY

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: TAHOE RIM TRAIL ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 2019 DWR CENTER IN-KIND ROOM USE

GRANT; IN ACCORDANCE WITH THE FUND PURPOSE; PER THE GRANT AGREEMENT MADE
ON MAY 21, 2019

NAME OF ORGANIZATION OR GOVERNMENT: TAHOE SAFE ALLIANCE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: RESIDENT OFFICE SPACE

GRANT/STORAGE SPACE GRANT/MEETING ROOM USE GRANT

(H) PURPOSE OF GRANT OR ASSISTANCE: PER THE GRANT AGREEMENT MADE ON MAY
21, 2019; 2019 DWR CENTER RESIDENT OFFICE SPACE IN-KIND GRANT;

UNRESTRICTED USE; 2019 DWR CENTER STORAGE SPACE IN-KIND GRANT; 2019 DWR
CENTER IN-KIND ROOM USE GRANT

NAME OF ORGANIZATION OR GOVERNMENT: TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: NORTH TAHOE HIGH SCHOOL DRAMA CLUB,
PER THE GRANT AGREEMENT MADE ON MAY 21, 2019; SIERRA TEEN EDUCATION AND
PARENTING PROGRAM, PER THE GRANT AGREEMENT MADE ON MAY 21, 2019

NAME OF ORGANIZATION OR GOVERNMENT: TAHOE-PYRAMID TRAIL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR INTERPRETIVE SIGN PANEL/KIOSK IN
TAHOE CITY MARKING THE BEGINNING OF THE TAHOE-PYRAMID TRAIL; PER THE
GRANT AGREEMENT MADE ON MAY 21, 2019

NAME OF ORGANIZATION OR GOVERNMENT: TAHOE'S CONNECTION FOR FAMILIES

(H) PURPOSE OF GRANT OR ASSISTANCE: 2019 DWR CENTER STORAGE SPACE
IN-KIND GRANT; UNRESTRICTED USE; EDUCATION & YOUTH; GENERAL; EDUCATION &
YOUTH; FAMILY FEST 2020, PER THE GRANT AGREEMENT MADE ON AUGUST 21, 2019;
2019 DWR CENTER IN-KIND ROOM USE GRANT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

THUNDERBIRD LODGE PRESERVATION SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: LAKE TAHOE DISCOVERY MUSEUM AND
EVENT CENTER; ARTS, CULTURE & HERITAGE; 2019 DWR CENTER IN-KIND ROOM USE
GRANT; THUNDERBIRD LODGE PRESERVATION SOCIETY ENDOWMENT FUND; FOR THE
COLLECTION, PRESERVATION AND CATALOGING OF HISTORICAL OBJECTS FOR THE
DISCOVERY CENTER MUSEUM PROJECT; IN MEMORY OF THE WONDERFUL PAT
HANSON-THOMSON; ANNUAL GIFT; UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT:

UC DAVIS TAHOE ENVIRONMENTAL RESEARCH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: UC DAVIS TERC AMERICORPS; UC DAVIS
TERC, PER THE GRANT AGREEMENT MADE ON AUGUST 21, 2019;
\$11,500-REPLACEMENT OF PRIMARY WEATHER STATION; \$6,500 WATER QUALITY
STATION AT HOMEWOOD; REDISCOVERING LAKE TAHOE'S HISTORY S.S.
METEOR-MAPPING PROJECT

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization **THE PARASOL TAHOE COMMUNITY FOUNDATION, INC.** Employer identification number **88-0362053**

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2019

THE PARASOL TAHOE COMMUNITY FOUNDATION,
INC.

88-0362053

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CLAUDIA ANDERSEN CEO	(i)	164,833.	0.	0.	0.	0.	164,833.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **THE PARASOL TAHOE COMMUNITY FOUNDATION, INC.** Employer identification number **88-0362053**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1	4,800.	FAIR VALUE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	16	756,124.	FAIR VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

Schedule M (Form 990) 2019

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

PAGE 1, PART I, LINE 9B

THERE WERE 8 CONTRIBUTIONS DURING 2019

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

THE PARASOL TAHOE COMMUNITY FOUNDATION,
INC.

Employer identification number
88-0362053

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

THE DRAFT 990 FORM IS PROVIDED TO MANAGEMENT FOR REVIEW AND APPROVAL. AFTER NECESSARY CHANGES ARE MADE, A DRAFT IS PROVIDED TO THE AUDIT AND EXECUTIVE COMMITTEES FOR REVIEW AND APPROVAL. A FINAL DRAFT IS THEN PROVIDED AND APPROVED BY THE BOARD OF DIRECTORS PRIOR TO SUBMITTING TO THE INTERNAL REVENUE SERVICE.

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

EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO ACKNOWLEDGE, NOT LESS THAN ANNUALLY, THAT HE OR SHE HAS READ AND COMPLIED WITH THE CONFLICT OF INTEREST POLICY. WHEN A BOARD MEMBER BECOMES AWARE OF A PROPOSED TRANSACTION THAT THEY HAVE A CONFLICT WITH THEY MUST IMMEDIATELY DISCLOSE THE EXISTENCE AND CIRCUMSTANCES OF THE TRANSACTION TO THE BOARD IN WRITING. IN ADDITION THEY MUST REFRAIN FROM USING HIS OR HER PERSONAL INFLUENCE TO ENCOURAGE THE BOARD; PHYSICALLY EXCUSE HIMSELF OR HERSELF FROM ANY DISCUSSIONS REGARDING THE TRANSACTION EXCEPT TO ANSWER QUESTIONS, INCLUDING BOARD DISCUSSIONS AND DECISIONS ON THE SUBJECT.

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

GOOD FAITH EFFORT IS MADE TO OBTAIN MARKET DATA FOR COMPARISON. IN ADDITION, JOB PERFORMANCE AND BUSINESS NEED IS REVIEWED. ALL DELIBERATIONS AND DECISIONS RELATED TO THE EXECUTIVE COMPENSATION ARE FULLY DOCUMENTED.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S ANNUAL REPORT AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE. THE GOVERNING DOCUMENTS AND THE CONFLICT OF

Name of the organization THE PARASOL TAHOE COMMUNITY FOUNDATION,
INC.

Employer identification number
88-0362053

INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

NO CHANGES OVER PRIOR YEAR FOR THE AUDIT COMMITTEE OVERSIGHT.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

Name of the organization **THE PARASOL TAHOE COMMUNITY FOUNDATION, INC.** Employer identification number **88-0362053**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

THE PARASOL TAHOE COMMUNITY FOUNDATION,
INC.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER UNITRUST (1)	INVESTMENTS	NV	THE PARASOL TAHOE COMMUNITY						X

SEE PART VII FOR CONTINUATIONS

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

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

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

THE PARASOL TAHOE COMMUNITY FOUNDATION,
INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

CHARITABLE REMAINDER UNITRUST (1)

DIRECT CONTROLLING ENTITY: THE PARASOL TAHOE COMMUNITY FOUNDATION

2019 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2019

Prepared for	The Parasol Tahoe Community Foundation, Inc. 948 Incline Way Incline Village, NV 89451
Prepared by	Eide Bailly LLP 5441 Kietzke Ln, Ste 150 Reno, NV 89511-2094
To be signed and dated by	Not Applicable
Amount of tax	Total tax \$ 10.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 Balance due \$ 10.00
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	Franchise Tax Board
Mail tax return and check (if applicable) to	This return has qualified for electronic filing. The return has been transmitted electronically to the FTB, and no further action is required. Do not mail the paper copy of the return to the FTB.
Return must be mailed on or before	Not Applicable
Special Instructions	Your payment should be made as instructed below on or before July 15, 2020. Separately mail California Form FTB 3586 with a check or money order for \$10.00, payable to Franchise Tax Board. Mail to: Franchise Tax Board PO BOX 942857 Sacramento CA 94257-0531

California Exempt Organization Annual Information Return

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)

Corporation/Organization name THE PARASOL TAHOE COMMUNITY FOUNDATION, INC.		California corporation number 3276410
Additional information. See instructions.		FEIN 88-0362053
Street address (suite or room) 948 INCLINE WAY		PMB no.
City INCLINE VILLAGE	State NV	ZIP code 89451
Foreign country name	Foreign province/state/county	Foreign postal code

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy)</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required <input type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
--	--

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	9,652,301	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1	3	7,581,442	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B. STMT 2	4	17,233,743	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6	6,584,112	00
	7 Total costs. Add line 5 and line 6	7	6,584,112	00
	8 Total gross income. Subtract line 7 from line 4	8	10,649,631	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	10,487,875	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	161,756	00
Filing Fee	11 Total payments	11		00
	12 Use tax. See General Information K	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Filing fee \$10 or \$25. See General Information F	15		10
	16 Penalties and Interest. See General Information J	16		00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		10

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer _____	Title CEO	Date	• Telephone
Paid Preparer's Use Only	Preparer's signature ELISABETH FARLEY	Date 05/15/20	Check if self-employed <input type="checkbox"/>	• PTIN P00520516
	Firm's name (or yours, if self-employed) and address EIDE BAILLY LLP 5441 KIETZKE LN, STE 150 RENO, NV 89511-2094			• Firm's FEIN 45-0250958
				• Telephone 775-689-9100

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	21,350	00
	2	Interest	•	2	1,157,087	00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 3	•	6	8,407,872	00
	7	Other income SEE STATEMENT 4	•	7	65,992	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	9,652,301	00
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 12 STATEMENT 11	•	9	9,346,939	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 5	•	11	164,833	00
	12	Other salaries and wages	•	12	338,045	00
	13	Interest	•	13		00
	14	Taxes	•	14	37,224	00
	15	Rents	•	15	107,376	00
	16	Depreciation and depletion (See instructions)	•	16	155,074	00
	17	Other Expenses and Disbursements SEE STATEMENT 6	•	17	338,384	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	10,487,875	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		2,033,225		• 3,111,369
2	Net accounts receivable		5,619		• 629
3	Net notes receivable				•
4	Inventories				•
5	Federal and state government obligations				•
6	Investments in other bonds				•
7	Investments in stock				•
8	Mortgage loans				•
9	Other investments STMT 7		63,913,509		• 73,649,236
10 a	Depreciable assets	6,832,638		6,838,222	
b	Less accumulated depreciation	(2,684,670	4,147,968	(2,834,404)	4,003,818
11	Land				•
12	Other assets STMT 8		31,906		• 25,589
13	Total assets		70,132,227		80,790,641
Liabilities and net worth					
14	Accounts payable		15,357		• 36,512
15	Contributions, gifts, or grants payable		240,000		• 325,000
16	Bonds and notes payable				•
17	Mortgages payable				•
18	Other liabilities STMT 9		283,935		• 312,591
19	Capital stock or principal fund				•
20	Paid-in or capital surplus. Attach reconciliation				•
21	Retained earnings or income fund		69,592,935		• 80,116,538
22	Total liabilities and net worth		70,132,227		80,790,641

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	• 10,523,602	7	Income recorded on books this year not included in this return STMT 10	• 10,361,846
2	Federal income tax	•	8	Deductions in this return not charged against book income this year	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	10,361,846
4	Income not recorded on books this year	•	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	161,756
6	Total. Add line 1 through line 5	10,523,602			

CA 199 CASH CONTRIBUTIONS STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ELBRIDGE H. STUART	PO BOX 8340 INCLINE VILLAGE, NV 89450	12/31/19	1,900,000.
TAHOE FUND	948 INCLINE WAY INCLINE VILLAGE, NV 89451	12/31/19	1,170,180.
ELBRIDGE HADLEY STUART III LIVING TRUST	PO BOX 8340 INCLINE VILLAGE, NV 89450	12/31/19	650,000.
WAYNE PRIM	PO BOX 12219 ZEPHYR COVE, NV 89448	12/31/19	630,000.
JEFF GORDON	1101 SE TECH CENTER DRIVE, SUITE 160 VANCOUVER, WA 98683	12/31/19	500,000.
EVELYN SMALLWOOD	PO BOX 6806 INCLINE VILLAGE, NV 89450	12/31/19	150,000.
SIERRA NEVADA COLLEGE	999 TAHOE BOULEVARD INCLINE VILLAGE, NV 89451-9500	12/31/19	148,478.
HALLADOR INVESTMENT ADVISORS	940 SOUTHWOOD BLVD., SUITE 201 INCLINE VILLAGE, NV 89451	12/31/19	121,679.
SILICON VALLEY COMMUNITY FOUNDATION	2440 WEST EL CAMINO REAL, SUITE 300 MOUNTAIN VIEW, CA 94040	12/31/19	106,982.
LAHONTAN GOLF CLUB	12700 LODGETRAIL DRIVE TRUCKEE, CA 96161	12/31/19	102,882.
VANGUARD RETIREMENT SERVICES GROUP	PO BOX 1106 VALLEY FORGE, PA 19482-1106	12/31/19	100,000.
CHERYL VAN BRUNT	40675 N. 108TH WAY SCOTTSDALE, AZ 85262	12/31/19	100,000.
WELLS FARGO ADVISORS	ONE NORTH JEFFERSON ST. LOUIS, MO 63103	12/31/19	89,000.
PATRICK J. SHEPHERD	PO BOX 12336 ZEPHYR COVE, NV 89448	12/31/19	85,000.
MIKE MENATH	PO BOX 8016 INCLINE VILLAGE, NV 89451	12/31/19	50,400.

HYATT REGENCY LAKE TAHOE	111 COUNTRY CLUB DRIVE INCLINE VILLAGE, NV 89451-9305	12/31/19	45,000.
SCRIBNER FOUNDATION	PO BOX 3464 INCLINE VILLAGE, NV 89450	12/31/19	32,200.
MCPHERSON FOUNDATION	PO BOX 3464 INCLINE VILLAGE, NV 89450	12/31/19	27,650.
JOHN A. AND JOAN M. DIETZE CHARITABLE TRUST	U.S. TRUST FLORHAM PARK, NJ 07932	12/31/19	24,874.
INCLINE VILLAGE CRYSTAL BAY VISITORS BUREAU	969 TAHOE BOULEVARD INCLINE VILLAGE, NV 89451	12/31/19	20,000.
JOHN MCDUGALL AND DEBBIE DU BUC	7005 SADDLEHORN ROAD CARSON CITY, NV 89701	12/31/19	15,105.
ANDREW WHYMAN	774 MAYS BOULEVARD, SUITE 10-PMB 121 INCLINE VILLAGE, NV 89451	12/31/19	15,000.
ASHLEY QUINN, CPAS AND CONSULTANTS, LTD.	937 TAHOE BOULEVARD, SUITE 200 INCLINE VILLAGE, NV 89451	12/31/19	12,100.
MICHAEL E. SANDLER	PO BOX 3958 INCLINE VILLAGE, NV 89450	12/31/19	10,000.
JIM CLARK	PO BOX 5596 INCLINE VILLAGE, NV 89450	12/31/19	10,000.
TAHOE EXPEDITION ACADEMY	9765 SCHAFFER MILL ROAD TRUCKEE, CA 96161	12/31/19	10,000.
SHARON SCHRAGE	695 CRISTINA DRIVE INCLINE VILLAGE, NV 89451	12/31/19	10,000.
VANGUARD CHARITABLE	PO BOX 55766 BOSTON, MA 02205-5766	12/31/19	10,000.
JEWISH COMMUNITY FOUNDATION OF LOS ANGELES	6505 WILSHIRE BLVD., SUITE 1200 LOS ANGELES, CA 90048	12/31/19	10,000.
GREGORY E. SCHAFER	930 TAHOE BLVD., SUITE 802-362 INCLINE VILLAGE, NV 89451	12/31/19	10,000.
THE HAZEL FOUNDATION	9 REQUA PLACE PIEDMONT, CA 94611	12/31/19	10,000.
KELLY AND PROVIDENCE MCGARY	PO BOX 3852 STATELINE, NV 89449	12/31/19	10,000.
EDGEWOOD COMPANIES	PO BOX 2249 STATELINE, NV 89449-2249	12/31/19	9,100.

HARD ROCK HOTEL & CASINO LAKE TAHOE	PO BOX 6426 STATELINE, NV 89449	12/31/19	9,100.
MENATH INSURANCE INC.	333 VILLAGE BLVD, SUITE 203 INCLINE VILLAGE, NV 89451	12/31/19	6,500.
VIVIAN BURNETT	PO BOX 3021 INCLINE VILLAGE, NV 89450	12/31/19	6,400.
J.MCLAUGHLIN	236-250 GREENPOINT AVENUE BROOKLYN, NY 11222	12/31/19	5,933.
NEVADA COMMUNITY FOUNDATION	410 S RAMPART BLVD., SUITE 390 LAS VEGAS, NV 89145	12/31/19	5,894.
KERN SCHUMACHER	1047 LAKESHORE DRIVE INCLINE VILLAGE, NV 89451	12/31/19	5,700.
RICHARD OFFERDAHL	593 LARIAT CIRCLE INCLINE VILLAGE, NV 89451	12/31/19	5,000.
ATAM LALCHANDANI	640 LAKESHORE BLVD. INCLINE VILLAGE, NV 89451	12/31/19	5,000.
INCLINE VILLAGE REALTORS	940 SOUTHWOOD BOULEVARD, SUITE 103 INCLINE VILLAGE, NV 89451	12/31/19	5,000.
BILL WATSON AND SHIREEN PIRAMOON	316 CALIFORNIA AVE, #36 RENO, NV 89509	12/31/19	5,000.
CAROLE ANDERSON	2345 CRESCENT CIRCLE RENO, NV 89509	12/31/19	5,000.
ISTAR FINANCIAL, INC.	1114 AVENUE OF THE AMERICAS NEW YORK, NY 10036	12/31/19	5,000.
STEPHEN V. WRIGHT	PO BOX 18203 RENO, NV 89511	12/31/19	5,000.
STYLIANI K. BINDER	774 MAYS BLVD., SUITE 10-PMB 687 INCLINE VILLAGE, NV 89451	12/31/19	5,000.
MARK A. KRASNER	5470 KIETZKE LANE, SUITE 200 RENO, NV 89511	12/31/19	5,000.
STEPHEN J. WAMPLER FOUNDATION	941 ORANGE AVENUE #440 CORONADO, CA 92118	12/31/19	5,000.
MORGAN STANLEY	1300 THAMES STREET WHARF, 4TH FLOOR BALTIMORE, MD 21231	12/31/19	5,000.
CATHY FLEMING	PO BOX 6714 INCLINE VILLAGE, NV 89450	12/31/19	5,000.

THE PARASOL TAHOE COMMUNITY FOUNDATION,

88-0362053

BINGHAM, OSBORN & SCARBOROUGH FOUNDATION	5 HAMILTON LANDING, SUITE 200 NOVATO, CA 94949	12/31/19	5,000.
SOUTHERN GLAZER'S WINE AND SPIRITS CHARITABLE FUND	1600 NW 163RD STREET MIAMI, FL 33169	12/31/19	5,000.
TOTAL INCLUDED ON LINE 3			<u>6,305,157.</u>

CA 199	NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 2
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<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
ESTHER LEVANDOSKI	PO BOX 6377 INCLINE VILLAGE, NV 89450		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
STOCK	12/31/19	9,883.	9,883.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
ROBERT PREGER	PO BOX 5807 INCLINE VILLAGE, NV 89450		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
STOCK	12/31/19	603,697.	603,697.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
STEPHEN A. LIND	1430 SONORA COURT PALM SPRINGS, CA 92264		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
STOCK	12/31/19	49,178.	49,178.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
DAVID CONTIS AND SANDRA CATH	601 TYNER WAY INCLINE VILLAGE, NV 89450		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
STOCK	12/31/19	31,354.	31,354.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
DON WEBER	PO BOX 7709 SEDONA, AZ 86351		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
STOCK	12/31/19	19,928.	19,928.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
RENÉ BOUCK	P.O. BOX 4971 REDWOOD CITY, CA 94063		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
STOCK	12/31/19	10,772.	10,772.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
MARTY PUTNAM	PO BOX 2219 INCLINE VILLAGE, NV 89451		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
STOCK	12/31/19	10,577.	10,577.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
LAUREL MUELLER	120 RAINTREE ROAD INCLINE VILLAGE, NV 89451		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
STOCK	12/31/19	10,457.	10,457.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
MICHAEL GROSS	786 BURGUNDY ROAD INCLINE VILLAGE, NV 89450		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
STOCK	12/31/19	5,174.	5,174.

TOTAL INCLUDED ON LINE 3			<u>751,020.</u>
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CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	6,572,882.	0.	0.	8,407,872.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	11,230.	0.	0.	0.

TOTAL TO FORM 199, PAGE 2, LN 6 6,584,112. 0. 0. 8,407,872.

CA 199 OTHER INCOME STATEMENT 4

DESCRIPTION	AMOUNT
BUILDING USE INCOME	45,650.
ADMINISTRATION FEE INCOME	2,981.
MISCELLANEOUS	17,361.
TOTAL TO FORM 199, PART II, LINE 7	65,992.

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	5
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION	
DAVID HARDIE 948 INCLINE WAY INCLINE VILLAGE, NV 89451	CHAIRMAN 1.00	0.	
KEVIN HAMEISTER 948 INCLINE WAY INCLINE VILLAGE, NV 89451	TREASURER 1.00	0.	
RON ALLING 948 INCLINE WAY INCLINE VILLAGE, NV 89451	SECRETARY 1.00	0.	
CAROLE ANDERSON 948 INCLINE WAY INCLINE VILLAGE, NV 89451	DIRECTOR 1.00	0.	
MARK KRASNER 948 INCLINE WAY INCLINE VILLAGE, NV 89451	DIRECTOR 1.00	0.	
AIMEE LAFAYETTE 948 INCLINE WAY INCLINE VILLAGE, NV 89451	DIRECTOR 1.00	0.	
JOHN MCLAUGHLIN 948 INCLINE WAY INCLINE VILLAGE, NV 89451	DIRECTOR 1.00	0.	
AARON MOORE 948 INCLINE WAY INCLINE VILLAGE, NV 89451	DIRECTOR 1.00	0.	
ALVARO PASCOTTO 948 INCLINE WAY INCLINE VILLAGE, NV 89451	DIRECTOR 1.00	0.	
CATHERINE REICHENBERG 948 INCLINE WAY INCLINE VILLAGE, NV 89451	DIRECTOR 1.00	0.	
BILL WATSON 948 INCLINE WAY INCLINE VILLAGE, NV 89451	DIRECTOR 1.00	0.	

CLAUDIA ANDERSEN	CEO		0.
948 INCLINE WAY		40.00	
INCLINE VILLAGE, NV 89451			

TOTAL TO FORM 199, PART II, LINE 11 0.

CA 199 OTHER EXPENSES STATEMENT 6

DESCRIPTION	AMOUNT
EVENTS	5,561.
DIRECT EXPENSES OF FUNDRAISING EVENTS	45,848.
OTHER EMPLOYEE BENEFITS	37,586.
ACCOUNTING FEES	18,390.
INVESTMENT MANAGEMENT FEES	70,301.
OTHER PROFESSIONAL FEES	7,414.
ADVERTISING AND PROMOTION	6,726.
OFFICE EXPENSES	63,176.
INFORMATION TECHNOLOGY	33,589.
TRAVEL	1,199.
CONFERENCES AND CONVENTIONS	9,196.
INSURANCE	29,304.
ALL OTHER EXPENSES	10,094.
 TOTAL TO FORM 199, PART II, LINE 17	 <u>338,384.</u>

CA 199 OTHER INVESTMENTS STATEMENT 7

DESCRIPTION	BEG. OF YEAR	END OF YEAR
MARKETABLE EQUITY AND DEBT SECURITIES	63,913,509.	73,649,236.
 TOTAL TO FORM 199, SCHEDULE L, LINE 9	 <u>63,913,509.</u>	 <u>73,649,236.</u>

CA 199 OTHER ASSETS STATEMENT 8

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	20,676.	20,789.
ARTWORK	11,230.	4,800.
 TOTAL TO FORM 199, SCHEDULE L, LINE 12	 <u>31,906.</u>	 <u>25,589.</u>

CA 199	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
SPLIT INTEREST AGREEMENTS	268,135.	296,891.	
DEFERRED REVENUE	15,800.	15,700.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	283,935.	312,591.	

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT	10
DESCRIPTION		AMOUNT	
NET UNREALIZED GAIN ON INVESTMENTS		10,361,846.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		10,361,846.	

CA 199 CASH CONTRIBUTIONS, GIFTS, GRANTS STATEMENT 11
AND SIMILAR AMOUNTS PAID

ACTIVITY CLASSIFICATION

\$1,000 JEN SPINA FUNDRAISER, \$100 AMY JACKSON FUNDRAISER

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TAHOE ARTS PROJECT	PO BOX 14281 - SOUTH LAKE TAHOE, CA 96151	NONE	1,100.

TOTAL FOR THIS ACTIVITY 1,100.

ACTIVITY CLASSIFICATION

\$108 PER TEACHER - 23 TEACHERS TOTAL

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INCLINE ELEMENTARY SCHOOL	915 NORTHWOOD BLVD. - INCLINE VILLAGE, NV 89451	NONE	2,484.

TOTAL FOR THIS ACTIVITY 2,484.

ACTIVITY CLASSIFICATION

\$12,000 FOR ROBERT RICKETT'S MINISTRY SUPPORT; \$8,000 FOR ASSEMBLIES IN THE

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
STUDENTREACH	5449 E LEVEE ROAD - SACRAMENTO, CA 95835	NONE	20,000.

TOTAL FOR THIS ACTIVITY 20,000.

ACTIVITY CLASSIFICATION

\$2,500.00 PITCHING MACHINE, \$650.00 STORAGE BOXES FOR GIRLS' SOFTBALL TEAM

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EL CERRITO HIGH SCHOOL	540 ASHBURY AVENUE - EL CERRITO, CA 94530	NONE	3,150.

TOTAL FOR THIS ACTIVITY 3,150.

ACTIVITY CLASSIFICATION

\$40 PER TEACHER - 32 TEACHERS TOTAL

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INCLINE HIGH SCHOOL	499 VILLAGE BOULEVARD - INCLINE VILLAGE, NV 89451	NONE	1,280.

TOTAL FOR THIS ACTIVITY 1,280.

ACTIVITY CLASSIFICATION

\$63 PER TEACHER - 18 TEACHERS TOTAL

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INCLINE MIDDLE SCHOOL	931 SOUTHWOOD BOULEVARD - INCLINE VILLAGE, NV 89451	NONE	1,134.

TOTAL FOR THIS ACTIVITY 1,134.

ACTIVITY CLASSIFICATION

2019 ANNUAL DUES

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAINT JOSEPH COMMUNITY LAND TRUST	1041 LYONS AVENUE - SOUTH LAKE TAHOE, CA 96150	NONE	200.

TOTAL FOR THIS ACTIVITY 200.

ACTIVITY CLASSIFICATION

2019 BOOK PAGE SUBSCRIPTION

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WASHOE COUNTY LIBRARY SYSTEM	PO BOX 2151 - RENO, NV 89505	NONE	1,920.

TOTAL FOR THIS ACTIVITY 1,920.

ACTIVITY CLASSIFICATION

2019 FUNDRAISER SUPPORTING THE ARTS & ACTIVE PROGRAMS FAMILY WEEKEND - SATUR

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COLORADO ROCKY MOUNTAIN SCHOOL	500 HOLDEN WAY - CARBONDALE, CO 81623	NONE	6,500.

TOTAL FOR THIS ACTIVITY 6,500.

ACTIVITY CLASSIFICATION

2019 GALA SPONSORSHIP

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MCCALLUM THEATRE	73000 FRED WARING DRIVE - PALM DESERT, CA 92260	NONE	11,320.

TOTAL FOR THIS ACTIVITY 11,320.

ACTIVITY CLASSIFICATION

2019 GEORGE W.H. BUSH POINTS OF LIGHT AWARDS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
POINTS OF LIGHT FOUNDATION	1400 G STREET NW - WASHINGTON, DC 20005	NONE	2,500.

TOTAL FOR THIS ACTIVITY 2,500.

ACTIVITY CLASSIFICATION

2019 TAHOE RETREAT

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LITTLE PINK HOUSES OF HOPE	2442 TRIBEK COURT - BURLINGTON, NC 27215	NONE	10,000.

TOTAL FOR THIS ACTIVITY 10,000.

ACTIVITY CLASSIFICATION

ANNUAL PANCAKE BREAKFAST IN JULY 2019, PER THE GRANT AGREEMENT MADE ON APRIL

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NORTH LAKE TAHOE FIRE PROTECTION DISTRIC	866 ORIOLE WAY - INCLINE VILLAGE, NV 89451	NONE	4,860.

TOTAL FOR THIS ACTIVITY 4,860.

ACTIVITY CLASSIFICATION

ANNUAL WALK-A-THON

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RED RHINO ORPHANAGE PROJECT	PO BOX 693717 - STOCKTON, CA 95269	NONE	5,000.

TOTAL FOR THIS ACTIVITY 5,000.

ACTIVITY CLASSIFICATION

AREA OF GREATEST NEED

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WESTERN FOLKLIFE CENTER	501 RAILROAD STREET - ELKO, NV 89801	NONE	2,000.

TOTAL FOR THIS ACTIVITY 2,000.

ACTIVITY CLASSIFICATION

ARTS, CULTURE & HERITAGE

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CALIFORNIA DESERT CHORALE	PO BOX 2716 - PALM DESERT, CA 92261-2617	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DENVER ART MUSEUM	DEVELOPMENT OFFICE, PO BOX 17765 - DENVER, CO 80217	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NATIONAL AUTOMOBILE MUSEUM	10 SOUTH LAKE STREET - RENO, NV 89501	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PALM SPRINGS ART MUSEUM	PO BOX 2310 - PALM SPRINGS, CA 92262	NONE	1,935.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TAHOE MARITIME MUSEUM	PO BOX 627 - HOMEWOOD, CA 96141	NONE	3,350.

TOTAL FOR THIS ACTIVITY 21,785.

ACTIVITY CLASSIFICATION

ASHLEY QUINN CPAS AND CONSULTANTS SPONSORSHIP

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SIERRA NEVADA DONATE LIFE	PO BOX 7563 - RENO, NV 89510-7563	NONE	2,000.

TOTAL FOR THIS ACTIVITY 2,000.

ACTIVITY CLASSIFICATION

BENEFITING: NORTHERN NEVADA CHILDREN'S CANCER FOU

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ROTARY CLUB OF RENO CENTRAL CHARITABLE F	2600 RHODES ROAD - RENO, NV 89521	NONE	5,000.

TOTAL FOR THIS ACTIVITY 5,000.

ACTIVITY CLASSIFICATION

CAL ATHLETICS FUND

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF CALIFORNIA, BERKELEY REGEN	CAL ATHLETICS FUND, 195 HAAS PAVILION - BERKELEY, CA 94720-4422	NONE	100.

TOTAL FOR THIS ACTIVITY 100.

ACTIVITY CLASSIFICATION

COMMUNITY LEADERSHIP/SUPPORT

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ADDARIO LUNG CANCER MEDICAL INSTITUTE	1100 INDUSTRIAL ROAD, SUITE 1 - SAN CARLOS, CA 94070	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AGA KHAN FOUNDATION USA	1825 K STREET NW, SUITE 901 - WASHINGTON, DC 20006	NONE	250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMERICAN PARKINSON DISEASE ASSOCIATION	135 PARKINSON AVENUE - STATEN ISLAND, NY 10305	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ARUKAH INTERNATIONAL	PO BOX 644 - TAHOE CITY, CA 96145	NONE	25,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BEST BUDDIES NEVADA	6655 W. SAHARA AVENUE - LAS VEGAS, NV 89146	NONE	3,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHRIST THE KING LUTHERAN CHURCH	PO BOX 6449 - TAHOE CITY, CA 96145	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COACHELLA VALLEY WELLNESS FOUNDATION	71687 HIGHWAY 111, SUITE 203 - RANCHO MIRAGE, CA 92270	NONE	2,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CROSSLINE COMMUNITY CHURCH	23331 MOULTON PKWY - LAGUNA HILLS, CA 92653	NONE	25,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DIOCESE OF PALM BEACH	PO BOX 109650 - PALM BEACH GARDENS, FL 33410-9650	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FIRST DESCENTS	3001 BRIGHTON BOULEVARD, SUITE 623 - DENVER, CO 80216	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FUND FOR PEACE EDUCATION	535 CUSTER AVENUE - EVANSTON, IL 60202	NONE	200.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HONOR FLIGHT NEVADA	PO BOX 21123 - RENO, NV 89515	NONE	5,623.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MARINES' MEMORIAL FOUNDATION	609 SUTTER STREET - SAN FRANCISCO, CA 94102	NONE	2,050.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MEDORA CHRISTIAN CHURCH	PO BOX 237 - MEDORA, IN 47260	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PARKERSBURG AREA COMMUNITY FOUNDATION, I	PO BOX 1762 - PARKERSBURG, WV 26102-1762	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ST. ANTHONY FRIARY AND SHRINE	5000 COLERAIN AVENUE - CINCINNATI, OH 45223	NONE	300.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ST. FRANCIS OF ASSISI	701 MOUNT ROSE HIGHWAY - INCLINE VILLAGE, NV 89451-9152	NONE	9,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ST. XAVIER HIGH SCHOOL	600 W. NORTH BEND ROAD - CINCINNATI, OH 45224-1499	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE CHURCH OF ST. PAUL IN THE DESERT	125 WEST EL ALAMEDA - PALM SPRINGS, CA 92262	NONE	2,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
YOUNG AMERICA'S FOUNDATION	11480 COMMERCE PARK DRIVE, SUITE 600 - RESTON, VA 20191	NONE	25,000.

TOTAL FOR THIS ACTIVITY 128,423.

ACTIVITY CLASSIFICATION

CRISIS PREGNANCY CENTER OF RENO-UNRESTRICTED USE

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CRISIS PREGNANCY CENTER	853 HASKELL STREET - RENO, NV 89509	NONE	50,000.

TOTAL FOR THIS ACTIVITY 50,000.

ACTIVITY CLASSIFICATION

DESIGNATED FOR CYCLE FOR SURVIVAL-TEAM EM&M'S MAKE MORE CURES

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MEMORIAL SLOAN KETTERING CANCER CENTER	PO BOX 5028 - HAGERSTOWN, MD 21741-5028	NONE	100.

TOTAL FOR THIS ACTIVITY 100.

ACTIVITY CLASSIFICATION

DESIGNATED FOR GREG BARRON'S BURNING MAN ART PIECES, MONACO AND KALEIDOSCOPE

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ARTECH	130 WOODLAND AVENUE - RENO, NV 89523	NONE	50,000.

TOTAL FOR THIS ACTIVITY 50,000.

ACTIVITY CLASSIFICATION

EDUCATION & YOUTH

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ACE SCHOLARSHIPS	1201 EAST COLFAX AVENUE, SUITE 302 - DENVER, CO 80218	NONE	2,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BUTLER UNIVERSITY	4600 SUNSET AVENUE - INDIANAPOLIS, IN 46208	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DEAN-O AND THE DYNAMOS	553 AVENIDA DEL VERDOR - SAN CLEMENTE, CA 92672	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HILLSDALE COLLEGE	33 E. COLLEGE STREET - HILLSDALE, MI 49242	NONE	25,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MIT SLOAN SCHOOL OF MANAGEMENT	77 MASSACHUSETTS AVENUE, E60-200 - CAMBRIDGE, MA 02139	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MOUNTAIN VIEW MONTESSORI SCHOOL	565 ZOLEZZI LANE - RENO, NV 89511	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PRINCETON UNIVERSITY	PO BOX 5357 - PRINCETON, NJ 08543-5357	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ST. VINCENT SCHOOL OF NURSING	PO BOX 68331 - INDIANAPOLIS, IN 46268	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE BASIC FUND	1301 CLAY STREET #70450 - OAKLAND, CA 94612	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
YOUNG LIFE	880 NORTHWOOD BLVD., SUITE 2 - INCLINE VILLAGE, NV 89451	NONE	97,600.

TOTAL FOR THIS ACTIVITY 144,600.

ACTIVITY CLASSIFICATION

ENDOWMENT SUPPORT

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SUFFIELD ACADEMY	185 NORTH MAIN STREET - SUFFIELD, CT 06078	NONE	5,000.

TOTAL FOR THIS ACTIVITY 5,000.

ACTIVITY CLASSIFICATION

ENVIRONMENT

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DRI FOUNDATION	755 E. FLAMINGO ROAD - LAS VEGAS, NV 89119	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SURFRIDER FOUNDATION	PO BOX 73550 - SAN CLEMENTE, CA 92673	NONE	250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE GLOBAL RESOURCE INITIATIVE	774 MAYS BOULEVARD, SUITE 10-412 - INCLINE VILLAGE, NV 89451	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
YOSEMITE CONSERVANCY	101 MONTGOMERY STREET, SUITE 1700 - SAN FRANCISCO, CA 94104	NONE	1,000.

TOTAL FOR THIS ACTIVITY 6,750.

ACTIVITY CLASSIFICATION

FAR WEST MASTERS SCHOLARSHIP FUND - GENERAL SUPPORT

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FAR WEST SKIING	PO BOX 3718 - OLYMPIC VALLEY, CA 96146	NONE	1,000.

TOTAL FOR THIS ACTIVITY 1,000.

ACTIVITY CLASSIFICATION

FOR "THE DANGEROUS GOOD- LA EVENT"

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EVERY MAN MINISTRIES	23312 MADERO ROAD, SUITE H - MISSION VIEJO, CA 92691	NONE	20,000.

TOTAL FOR THIS ACTIVITY 20,000.

ACTIVITY CLASSIFICATION

FOR ASCEND

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OAKLAND PUBLIC EDUCATION FUND	PO BOX 71005 - OAKLAND, CA 94612	NONE	100.

TOTAL FOR THIS ACTIVITY 100.

ACTIVITY CLASSIFICATION

FOR INTERPRETIVE SIGN PANEL/KIOSK IN TAHOE CITY MARKING THE BEGINNING OF THE

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TAHOE-PYRAMID TRAIL	4790 CAUGHLIN PARKWAY, #138 - RENO, NV 89519	NONE	11,455.

TOTAL FOR THIS ACTIVITY 11,455.

ACTIVITY CLASSIFICATION

FOR THE AFTER-SCHOOL WELLNESS CENTER, PER THE GRANT AGREEMENT MADE ON MAY 21

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GATEWAY MOUNTAIN CENTER	10038 MEADOW WAY DRIVE, UNIT D - TRUCKEE, CA 96161	NONE	13,000.

TOTAL FOR THIS ACTIVITY 13,000.

ACTIVITY CLASSIFICATION

FOR THE ANNUAL FUND, PER THE GRANT AGREEMENT MADE ON OCT. 10, 2019

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MARIN ACADEMY	1600 MISSION AVENUE - SAN RAFAEL, CA 94901	NONE	6,500.

TOTAL FOR THIS ACTIVITY 6,500.

ACTIVITY CLASSIFICATION

FOR THE FAMILY ROOM PROGRAM, PER THE GRANT AGREEMENT MADE ON MAY 21, 2019

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FAMILY RESOURCE CENTER OF TRUCKEE	PO BOX 9178 - TRUCKEE, CA 96162	NONE	10,000.

TOTAL FOR THIS ACTIVITY 10,000.

ACTIVITY CLASSIFICATION

FOR THE IMAGINARY PLAY EXHIBIT, SIERRA SETTLERS, PER THE GRANT AGREEMENT MAD

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KIDZONE MUSEUM	11711 DONNER PASS ROAD - TRUCKEE, CA 96161	NONE	6,000.

TOTAL FOR THIS ACTIVITY 6,000.

ACTIVITY CLASSIFICATION

FOR THE JESSICA & ZACH WHYMAN FUND

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JEWISH FAMILY AND CHILDREN'S SERVICES	THE MIRIAM SCHULTZ GRUNFELD PROFESSIONAL BUILDING, PO BOX 159004 - SAN FRANC	NONE	2,500.

TOTAL FOR THIS ACTIVITY 2,500.

ACTIVITY CLASSIFICATION

FOR THE NEW FLOOR IN THE DINING FACILITY AT CAMP WAMP; ANY REMAINING FUNDS A

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
STEPHEN J. WAMPLER FOUNDATION	941 ORANGE AVENUE #440 - CORONADO, CA 92118	NONE	50,000.

TOTAL FOR THIS ACTIVITY 50,000.

ACTIVITY CLASSIFICATION

FOR THE NEW LAS VEGAS MUSEUM

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NEVADA MUSEUM OF ART	160 WEST LIBERTY STREET - RENO, NV 89501	NONE	35,500.

TOTAL FOR THIS ACTIVITY 35,500.

ACTIVITY CLASSIFICATION

FOR THE VIKINGSHOLM FOREVER ENDOWMENT CAMPAIGN

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SIERRA STATE PARKS FOUNDATION	PO BOX 28 - TAHOE CITY, CA 96145	NONE	2,500.

TOTAL FOR THIS ACTIVITY 2,500.

ACTIVITY CLASSIFICATION

GENERAL FUND FOR SACRAMENTO REGIONAL OFFICE.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JONI AND FRIENDS	PO BOX 3333 - AGOURA HILLS, CA 91376-3333	NONE	6,000.

TOTAL FOR THIS ACTIVITY 6,000.

ACTIVITY CLASSIFICATION

GENERAL OPERATING EXPENSES

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CARNATION FARMS	28901 NE CARNATION FARM ROAD - CARNATION, WA 98014	NONE	1,808,624.

TOTAL FOR THIS ACTIVITY 1,808,624.

ACTIVITY CLASSIFICATION

GENERAL OPERATIONS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MARY, STAR OF THE SEA CHURCH	4470 ALIIKOA STREET - HONOLULU, HI 96821	NONE	6,000.

TOTAL FOR THIS ACTIVITY 6,000.

ACTIVITY CLASSIFICATION

GENERAL PURPOSE

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FOR KIDS FOUNDATION	834 WILLOW STREET - RENO, NV 89502	NONE	2,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JOSH MORROS - BECAUSE I CAN	9475 DOUBLE R BLVD., SUITE 6 - RENO, NV 89521	NONE	2,500.

TOTAL FOR THIS ACTIVITY 5,000.

ACTIVITY CLASSIFICATION

GENERAL SCHOLARSHIP FUND-SCHOOL OF EDUCATION

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UF FOUNDATION	PO BOX 14425 - GAINESVILLE, FL 32604-2425	NONE	1,000.

TOTAL FOR THIS ACTIVITY 1,000.

ACTIVITY CLASSIFICATIONGENERAL SCHOLARSHIP FUND-SORIN SOCIETY

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF NOTRE DAME	1100 GRACE HALL - NOTRE DAME, IN 46556	NONE	1,500.

TOTAL FOR THIS ACTIVITY 1,500.

ACTIVITY CLASSIFICATIONGENERAL SUPPORT

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BIG LIFE FOUNDATION USA	1715 NORTH HERON DRIVE - RIDGEFIELD, WA 98642	NONE	2,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
IIX FOUNDATION	180 WEST 58TH STREET, SUITE 7A - NEW YORK, NY 10019	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ROTARY FOUNDATION OF INCLINE VILLAGE	780 NORTHWOODS BLVD. - INCLINE VILLAGE, NV 89451	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WINDUSTRY	201 RIDGEWOOD AVENUE - MINNEAPOLIS, MN 55403	NONE	1,000.

TOTAL FOR THIS ACTIVITY 5,000.

ACTIVITY CLASSIFICATION

GENERAL SUPPORT FOR ROTARY CLUB OF RENO

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RENO ROTARY FOUNDATION	PO BOX 1750 - RENO, NV 89505	NONE	1,000.

TOTAL FOR THIS ACTIVITY 1,000.

ACTIVITY CLASSIFICATION

GENERAL USE

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BOYS & GIRLS CLUB OF COACHELLA VALLEY	42-600 COOK STREET, SUITE 120 - PALM DESERT, CA 92211	NONE	2,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TRANSFORMING YOUTH RECOVERY	PO BOX 5011 - RENO, NV 89513	NONE	1,000.

TOTAL FOR THIS ACTIVITY 3,000.

ACTIVITY CLASSIFICATIONGENITOURINARY DEPARTMENT FOR CANCER TREATMENT AND PREVENTION

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE UNIVERSITY OF TEXAS MD ANDERSON CANC	PO BOX 4486 - HOUSTON, TX 77210-4486	NONE	10,000.

TOTAL FOR THIS ACTIVITY 10,000.

ACTIVITY CLASSIFICATIONGIAR SCHOLARSHIP IN MEMORY OF JIM PFROMMER

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COMMUNITY FOUNDATION OF WESTERN NEVADA	50 WASHINGTON STREET, SUITE 300 - RENO, NV 89503	NONE	100.

TOTAL FOR THIS ACTIVITY 100.

ACTIVITY CLASSIFICATIONGOLDEN BEAR LIFE MEMBERSHIP

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CALIFORNIA ALUMNI ASSOCIATION	1 ALUMNI HOUSE - BERKLEY, CA 94720	NONE	300.

TOTAL FOR THIS ACTIVITY 300.

ACTIVITY CLASSIFICATIONGRANT FOR PARASOL TAHOE COMMUNITY FOUNDATION 2019 MEMBERSHIP DUES

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COUNCIL ON FOUNDATIONS	MEMBERSHIP LOCKBOX, PO BOX 75661 - BALTIMORE, MD 21275-5661	NONE	7,050.

TOTAL FOR THIS ACTIVITY 7,050.

ACTIVITY CLASSIFICATIONGRANT FOR YOUTH ENTREPRENEURS PROGRAMS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE SEMINAR NETWORK	2300 WILSON BOULEVARD, SUITE 500 - ARLINGTON, VA 22201	NONE	7,500.

TOTAL FOR THIS ACTIVITY 7,500.

ACTIVITY CLASSIFICATIONGROSVENOR COUNCIL MEMBERSHIP

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NATIONAL GEOGRAPHIC SOCIETY	1145 17TH STREET NW - WASHINGTON, DC 20036	NONE	2,000.

TOTAL FOR THIS ACTIVITY 2,000.

ACTIVITY CLASSIFICATION

IMPACT 100

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INDIAN RIVER COMMUNITY FOUNDATION	PO BOX 643968 - VERO BEACH, FL 32964-3968	NONE	1,000.

TOTAL FOR THIS ACTIVITY

1,000.

ACTIVITY CLASSIFICATION

IN ACCORDANCE WITH THE FUND PURPOSE

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INCLINE SCHOOLS ACADEMIC EXCELLENCE FOUN	PO BOX 3985 - INCLINE VILLAGE, NV 89450-3985	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SIERRA NEVADA COLLEGE	999 TAHOE BOULEVARD - INCLINE VILLAGE, NV 89451-9500	NONE	3,982,558.

TOTAL FOR THIS ACTIVITY

3,997,558.

ACTIVITY CLASSIFICATION

IN HONOR OF CHARLOTTE FLETCHER ON HER 70TH BIRTHDAY

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DIDI HIRSCH MENTAL HEALTH SERVICES	4760 S. SEPULVEDA BLVD. - CULVER CITY, CA 90230	NONE	1,000.

TOTAL FOR THIS ACTIVITY 1,000.

ACTIVITY CLASSIFICATION

INVOICE 0009 FOR THE IVCB FIREWORKS DISPLAY

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INCLINE VILLAGE CRYSTAL BAY VISITORS BUR	969 TAHOE BOULEVARD - INCLINE VILLAGE, NV 89451	NONE	101,579.

TOTAL FOR THIS ACTIVITY 101,579.

ACTIVITY CLASSIFICATION

JURIS FUND

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LOYOLA LAW SCHOOL, LOS ANGELES	919 ALBANY STREET, BURNS 204 - LOS ANGELES, CA 90015	NONE	100.

TOTAL FOR THIS ACTIVITY 100.

ACTIVITY CLASSIFICATION

MARGARET SYLVESTER SCHOLARSHIP FUND - FUND #203-3850-3

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF HAWAII FOUNDATION	2404 MAILE WAY, A303F - HONOLULU, HI 96822	NONE	25,250.

TOTAL FOR THIS ACTIVITY 25,250.

ACTIVITY CLASSIFICATION

MARRAKESH SCHOLARSHIP FUND

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DESERT COMMUNITY FOUNDATION	75-105 MERLE STREET, SUITE 300 - PALM DESERT, CA 92211	NONE	2,000.

TOTAL FOR THIS ACTIVITY 2,000.

ACTIVITY CLASSIFICATION

MENTORING MATCH

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BIG BROTHERS BIG SISTERS OF NORTHERN NEV	1300 FOSTER DRIVE, SUITE 210 - RENO, NV 89509	NONE	7,250.

TOTAL FOR THIS ACTIVITY 7,250.

ACTIVITY CLASSIFICATION

MIDDLE SCHOOL AND HIGH SCHOOL ART DEPARTMENTS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAGE RIDGE SCHOOL	2515 CROSSBOW COURT - RENO, NV 89511	NONE	1,500.

TOTAL FOR THIS ACTIVITY 1,500.

ACTIVITY CLASSIFICATION

MORGAN PRITCHITT GOLF TOURNAMENT DONATION

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE CURE STARTS NOW FOUNDATION	10280 CHESTER ROAD - CINCINNATI, OH 45215	NONE	500.

TOTAL FOR THIS ACTIVITY 500.

ACTIVITY CLASSIFICATION

MORRIS FAMILY CENTER FOR LAW & LIBERTY

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HOUSTON BAPTIST UNIVERSITY	HINTON HOUSE, 7502 FONDREN ROAD - HOUSTON, TX 77074	NONE	5,000.

TOTAL FOR THIS ACTIVITY 5,000.

ACTIVITY CLASSIFICATION

NEVADA WOMEN'S PHILANTHROPY 2020

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NEVADA COMMUNITY FOUNDATION	410 S RAMPART BLVD., SUITE 390 - LAS VEGAS, NV 89145	NONE	10,000.

TOTAL FOR THIS ACTIVITY 10,000.

ACTIVITY CLASSIFICATION

NORTH TAHOE HIGH SCHOOL DRAMA CLUB, PER THE GRANT AGREEMENT MADE ON MAY 21,

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT	11603 DONNER PASS ROAD - TRUCKEE, CA 96161	NONE	6,500.

TOTAL FOR THIS ACTIVITY 6,500.

ACTIVITY CLASSIFICATION

ORTHOPEDIC CARE FOR CHILDREN

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SHRINERS HOSPITALS FOR CHILDREN - NORTHE	2425 STOCKTON BLVD. - STOCKTON, CA 95817	NONE	5,000.

TOTAL FOR THIS ACTIVITY 5,000.

ACTIVITY CLASSIFICATION

PANCREATIC CANCER RESEARCH

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LUSTGARTEN FOUNDATION	415 CROSSWAYS PARK DRIVE, SUITE D, - WOODBURY, NY 11797	NONE	2,500.

TOTAL FOR THIS ACTIVITY 2,500.

ACTIVITY CLASSIFICATION

PER THE GRANT AGREEMENT MADE ON MAY 21, 2019

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ADVENTURE RISK CHALLENGE	PO BOX 3208 - TRUCKEE, CA 96160	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ASSISTANCE LEAGUE OF GREATER PLACER	PO BOX 4693 - AUBURN, CA 95604-4693	NONE	1,735.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BOYS AND GIRLS CLUB OF NORTH LAKE TAHOE	PO BOX 1617 - KINGS BEACH, CA 96143	NONE	13,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CALIFORNIA CAREFORCE	950 RESERVE DRIVE, SUITE 120 - ROSEVILLE, CA 95678	NONE	7,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HIGH FIVES NON-PROFIT FOUNDATION	PO BOX 3212 - TRUCKEE, CA 96160	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HUMANE SOCIETY OF TRUCKEE-TAHOE	10961 STEVENS LANE - TRUCKEE, CA 96161	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MOUNTAIN AREA PRESERVATION	PO BOX 25 - TRUCKEE, CA 96160	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NORTHERN NEVADA CHILDREN'S CANCER FOUNDA	3550 BARRON WAY, #9A - RENO, NV 89511	NONE	7,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SIERRA NEVADA JOURNEYS	190 EAST LIBERTY STREET - RENO, NV 89501	NONE	2,229.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SLOW FOOD LAKE TAHOE	PO BOX 1351 - TRUCKEE, CA 96161	NONE	1,438.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TRUCKEE RIVER WATERSHED COUNCIL	PO BOX 8568 - TRUCKEE, CA 96162	NONE	6,000.

TOTAL FOR THIS ACTIVITY 64,402.

ACTIVITY CLASSIFICATION

PRE ATTACK PLAN MAPS FOR THE NV SIDE OF LAKE TAHOE, PER THE GRANT AGREEMENT

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TAHOE RESOURCE CONSERVATION DISTRICT	870 EMERALD BAY ROAD, SUITE 108 - SOUTH LAKE TAHOE, CA 96150	NONE	20,557.

TOTAL FOR THIS ACTIVITY 20,557.

ACTIVITY CLASSIFICATION

SEMINARY SUPPORT PROGRAM

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DIOCESE OF HONOLULU	1184 BISHOP STREET - HONOLULU, HI 96813	NONE	10,000.

TOTAL FOR THIS ACTIVITY 10,000.

ACTIVITY CLASSIFICATIONSNC TRIP

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FULFILLMENT FUND LAS VEGAS	3850 ANNIE OAKLEY DRIVE - LAS VEGAS, NV 89121	NONE	10,000.

TOTAL FOR THIS ACTIVITY 10,000.

ACTIVITY CLASSIFICATIONSOCIAL SERVICES

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMERICAN CANCER SOCIETY	FLORIDA DIVISION/INDIAN RIVER UNIT, PO BOX 13600 - TAMPA, FL 33681-3600	NONE	250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMERICAN HEART ASSOCIATION	155 COUNTRY ESTATES CIRCLE, #200 - RENO, NV 89511	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMERICAN SOCIETY FOR THE PREVENTION OF C	424 E. 92ND STREET - NEW YORK, NY 10128-6804	NONE	150.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AWAKEN INC	PO BOX 40635 - RENO, NV 89504	NONE	100,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CARE CHEST OF SIERRA NEVADA	7910 NORTH VIRGINIA STREET - RENO, NV 89506	NONE	250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CARSON TAHOE HEALTH FOUNDATION	PO BOX 2168 - CARSON CITY, NV 89702	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHILDREN'S CENTER	13500 SE 7TH STREET - VANCOUVER, WA 98683	NONE	50,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHILDREN'S SKIN DISEASE FOUNDATION	1600 S. MAIN STREET, SUITE 192B - WALNUT CREEK, CA 94596	NONE	2,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EQUAL JUSTICE INITIATIVE	122 COMMERCE STREET - MONTGOMERY, AL 36104	NONE	100.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INSPIRATION CORPORATION	4554 N. BROADWAY, SUITE 207 - CHICAGO, IL 60640	NONE	250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INTERNATIONAL RESCUE COMMITTEE	PO BOX 6068 - ALBERT LEA, MN 56007-9487	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JUVENILE DIABETES RESEARCH FOUNDATION NE	645 SIERRA ROSE DRIVE, SUITE 106 - RENO, NV 89511	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OPERATION SMILE	PO BOX 5017 - HAGERSTOWN, MD 21741-9716	NONE	5,622.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PENINSULA VOLUNTEERS, INC. (PVI)	800 MIDDLE AVENUE - MENLO PARK, CA 94025	NONE	11,245.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SPECIAL OLYMPICS	1133 19TH STREET NW - WASHINGTON, DC 20036-3604	NONE	300.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TAHOE FAMILY SOLUTIONS	774 MAYS BOULEVARD, #13 - INCLINE VILLAGE, NV 89451	NONE	34,466.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TEDDY BEAR CANCER FOUNDATION	3892 STATE STREET, SUITE 220 - SANTA BARBARA, CA 93105	NONE	25,950.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WELL CONSTRUCTED	1019 COREY STREET - LONGMONT, CO 80501	NONE	500.

TOTAL FOR THIS ACTIVITY 252,083.

ACTIVITY CLASSIFICATION

SPECIAL DONORS: SUN VALLEY WRITERS' CONFERENCE 2019

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SUN VALLEY WRITERS' CONFERENCE	PO BOX 551 - MONTEREY, CA 93942	NONE	3,000.

TOTAL FOR THIS ACTIVITY 3,000.

ACTIVITY CLASSIFICATION

SPONSORSHIP OF CHANCELLOR MAY AGGIE SQUARE DINNER IN SACRAMENTO

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UC DAVIS FOUNDATION	UC DAVIS, ONE SHIELDS AVENUE - DAVIS, CA 95616-5270	NONE	7,000.

TOTAL FOR THIS ACTIVITY 7,000.

ACTIVITY CLASSIFICATION

SPONSORSHIP OF THE TEDX SOUTH LAKE TAHOE EVENT

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LAKE TAHOE COMMUNITY COLLEGE FOUNDATION	ONE COLLEGE DRIVE - SOUTH LAKE TAHOE, CA 96150	NONE	8,000.

TOTAL FOR THIS ACTIVITY 8,000.

ACTIVITY CLASSIFICATION

SUPPORT OF LAKE TAHOE AREA YOUTH SKI RACING

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LAKE TAHOE SKI CLUB FOUNDATION	PO BOX 435 - TAHOE CITY, CA 96145	NONE	250.

TOTAL FOR THIS ACTIVITY 250.

ACTIVITY CLASSIFICATION

SUPPORT OF STRENGTH INDIA

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
STRENGTH INDIA	4413 BERRENDO DRIVE - SACRAMENTO, CA 95864	NONE	5,000.

TOTAL FOR THIS ACTIVITY 5,000.

ACTIVITY CLASSIFICATION

SW WASHINGTON EXPANSION OF CHILD INVESTMENT PROGRAM

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FRIENDS OF THE CHILDREN	44 NE MORRIS STREET - PORTLAND, OR 97212	NONE	250,000.

TOTAL FOR THIS ACTIVITY 250,000.

ACTIVITY CLASSIFICATION

THANKSGIVING DINNERS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RENO-SPARKS GOSPEL MISSION	PO BOX 5956 - RENO, NV 89513	NONE	200.

TOTAL FOR THIS ACTIVITY 200.

ACTIVITY CLASSIFICATION

TO AID VICTIMS OF HURRICANE AND FLOODING IN THE BAHAMAS.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMERICAN RED CROSS	PO BOX 37839 - BOONE, IA 50037-0839	NONE	5,000.

TOTAL FOR THIS ACTIVITY 5,000.

ACTIVITY CLASSIFICATION

TO BE HELD IN THE SHEPHERD DONATION ACCOUNT FOR THE ST. GEORGE'S REGIONAL SC

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ROMAN CATHOLIC DIOCESE OF STOCKTON	212 NORTH SAN JOAQUIN STREET - STOCKTON, CA 95202	NONE	50,000.

TOTAL FOR THIS ACTIVITY 50,000.

ACTIVITY CLASSIFICATION

TO BE USED FOR THE CHANGE MOVEMENT

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE GLOBAL MISSION	PO BOX 80222 - RANCHO SANTA MARGARITA, CA 92688	NONE	20,000.

TOTAL FOR THIS ACTIVITY 20,000.

ACTIVITY CLASSIFICATION

TO BE USED IN ACCORDANCE WITH THE FUND PURPOSE

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NORTH TAHOE ARTS	PO BOX 6354 - TAHOE CITY, CA 96145	NONE	5,893.

TOTAL FOR THIS ACTIVITY 5,893.

ACTIVITY CLASSIFICATION

TO FUND BURNING MAN ART & ARTISTS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BURNING MAN PROJECT	660 ALABAMA STREET, 4TH FLOOR - SAN FRANCISCO, CA 94110-2008	NONE	20,000.

TOTAL FOR THIS ACTIVITY 20,000.

ACTIVITY CLASSIFICATION

TO HELP FUND THE GENERAL MISSION OF THE CHURCH

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CORNERSTONE COMMUNITY CHURCH	300 COUNTRY CLUB DRIVE - INCLINE VILLAGE, NV 89451	NONE	12,000.

TOTAL FOR THIS ACTIVITY 12,000.

ACTIVITY CLASSIFICATION

TO HELP FUND THE ORTHOPEDICS & WELLNESS CENTER

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BARTON MEMORIAL HOSPITAL FOUNDATION	2092 LAKE TAHOE BLVD., SUITE 600 - SOUTH LAKE TAHOE, CA 96150	NONE	10,000.

TOTAL FOR THIS ACTIVITY 10,000.

ACTIVITY CLASSIFICATION

TO SPONSOR A RETREAT PARTICIPANT AT THE BRIDGEPORT, CALIFORNIA RETREAT

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
REEL RECOVERY	160 BROOKSIDE ROAD - NEEDHAM, MA 02492	NONE	700.

TOTAL FOR THIS ACTIVITY 700.

ACTIVITY CLASSIFICATION

TO SUPPORT ARTISTS IN THE COMMUNITY

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SIERRA ARTS FOUNDATION	17 SOUTH VIRGINIA STREET, #120 - RENO, NV 89501	NONE	5,000.

TOTAL FOR THIS ACTIVITY 5,000.

ACTIVITY CLASSIFICATION

TRUCKEE DAY FUND FOR TRUCKEE DAY 2019

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TAHOE TRUCKEE COMMUNITY FOUNDATION	PO BOX 366 - TRUCKEE, CA 96160	NONE	2,000.

TOTAL FOR THIS ACTIVITY 2,000.

ACTIVITY CLASSIFICATION

TUITION AND FEES FOR FIRE SCIENCE CLASSES/BLAKE PERRY-STUDENT ID: 8000735501

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TRUCKEE MEADOWS COMMUNITY COLLEGE	7000 DANDINI BOULEVARD, RDMT 318 - RENO, NV 89512-3999	NONE	1,741.

TOTAL FOR THIS ACTIVITY 1,741.

ACTIVITY CLASSIFICATION

UC DAVIS TERC AMERICORPS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UC DAVIS TAHOE ENVIRONMENTAL RESEARCH CE	291 COUNTRY CLUB DRIVE - INCLINE VILLAGE, NV 89451	NONE	34,127.

TOTAL FOR THIS ACTIVITY

34,127.

ACTIVITY CLASSIFICATION

UNRESTRICTED

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BRIGHTFOCUS FOUNDATION	22512 GATEWAY CENTER DRIVE - CLARKSBURG, MD 20871	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHRYSALIS HOUSE	7395 N PALM BLUFFS AVENUE, SUITE 106 - FRESNO, CA 93711	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COMPASSION INTERNATIONAL	12290 VOYAGER PARKWAY - COLORADO SPRINGS, CO 80921-3668	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FRIENDS OF THE HUNLEY	1250 SUPPLY STREET - NORTH CHARLESTON, SC 29405	NONE	100.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
I-SCHOOL	889 ALDER AVENUE, SUITE 105 - INCLINE VILLAGE, NV 89451	NONE	100.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INCLINE VILLAGE NURSERY SCHOOL	PO BOX 4396 - INCLINE VILLAGE, NV 89450	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JUDICIAL WATCH INC.	425 THIRD STREET, SW, SUITE 800 - WASHINGTON, DC 20024	NONE	1,200.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KAGONDO ST. JOSEPH HOSPITAL FOUNDATION	PO BOX 6374 - INCLINE VILLAGE, NV 89450	NONE	100.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KIDS & HORSES	2869 ESAW STREET - MINDEN, NV 89423	NONE	350.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KNPB CHANNEL 5 PUBLIC BROADCASTING	1670 NORTH VIRGINIA STREET - RENO, NV 89503	NONE	200.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NATIONAL MULTIPLE SCLEROSIS SOCIETY	PO BOX 4527 - NEW YORK, NY 10163	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OUR LADY OF THE SNOWS	1138 WRIGHT STREET - RENO, NV 89509	NONE	2,600.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RENO JAZZ ORCHESTRA	124 WEST TAYLOR STREET - RENO, NV 89509	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ROCKY MOUNTAIN INSTITUTE	2490 JUNCTION PLACE, SUITE 200 - BOULDER, CO 80301	NONE	17,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SIERRA CLUB FOUNDATION	2101 WEBSTER STREET, SUITE 1250 - OAKLAND, CA 94612	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SUGAR PINE FOUNDATION	1458 MOUNT RAINIER DRIVE - SOUTH LAKE TAHOE, CA 96150	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SUKHASIDDHI FOUNDATION	PO BOX 151327 - SAN RAFAEL, CA 94915	NONE	2,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TERRY LEE WELLS NEVADA DISCOVERY MUSEUM	490 SOUTH CENTER STREET - RENO, NV 89501	NONE	1,500.

TOTAL FOR THIS ACTIVITY 46,650.

ACTIVITY CLASSIFICATION

UNRESTRICTED FOR THE CIRCLE OF STARS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EISENHOWER HEALTH FOUNDATION	39000 BOB HOPE DRIVE - RANCHO MIRAGE, CA 92270	NONE	6,000.

TOTAL FOR THIS ACTIVITY 6,000.

ACTIVITY CLASSIFICATION

UNRESTRICTED USE

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CATHOLIC CHARITIES OF NORTHERN NEVADA	PO BOX 5099 - RENO, NV 89513	NONE	10,311.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GET OUT THE VOTE	PO BOX 5596 - INCLINE VILLAGE, NV 89450	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GO2 FOUNDATION FOR LUNG CANCER	1100 INDUSTRIAL ROAD, SUITE 1 - SAN CARLOS, CA 94070	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KEEP MEMORY ALIVE	888 W. BONNEVILLE AVENUE - LAS VEGAS, NV 89106	NONE	168,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LAKE TAHOE WILDLIFE CARE, INC.	1485 CHERRY HILLS CIRCLE - SOUTH LAKE TAHOE, CA 96150	NONE	2,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MULTNOMAH UNIVERSITY: RENO-TAHOE	1100 KIETZKE LANE - RENO, NV 89502	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SCENIC NEVADA	608 LANDER STREET - RENO, NV 89501	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ST. PATRICK'S EPISCOPAL CHURCH	341 VILLAGE BOULEVARD - INCLINE VILLAGE, NV 89451	NONE	6,100.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TOCCATA	586 DOUGLAS COURT - INCLINE VILLAGE, NV 89451	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TRUCKEE COMMUNITY CHRISTMAS, INC.	PO BOX 2955 - TRUCKEE, CA 96161	NONE	4,021.

TOTAL FOR THIS ACTIVITY 214,432.

ACTIVITY CLASSIFICATION

VETERINARY CARE

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GERMAN SHEPHERD RESCUE OF ORANGE COUNTY	120 TUSTIN AVENUE SUITE C-1111 - NEWPORT BEACH, CA 92663	NONE	1,000.

TOTAL FOR THIS ACTIVITY 1,000.

ACTIVITY CLASSIFICATION

VETERINARY SERVICES

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GUIDE DOGS FOR THE BLIND	PO BOX 3950 - SAN RAFAEL, CA 94912-3950	NONE	1,000.

TOTAL FOR THIS ACTIVITY 1,000.

ACTIVITY CLASSIFICATION

VOLLEYBALL EXCELLENCE FUND

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LIBERTY UNIVERSITY INC.	1971 UNIVERSITY BLVD. - LYNCHBURG, VA 24515	NONE	15,000.

TOTAL FOR THIS ACTIVITY 15,000.

ACTIVITY CLASSIFICATION

WELL DEVELOPMENT IN ZAMBIA

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GOLF FORE AFRICA	32531 N SCOTTSDALE ROAD, SUITE 105, BOX 101 - SCOTTSDALE, AZ 85266	NONE	5,000.

TOTAL FOR THIS ACTIVITY 5,000.

ACTIVITY CLASSIFICATION

WORLD OF GOLF HALL OF FAME-GENERAL SUPPORT OF THE MUSEUM, IN HONOR OF ONE OF

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WORLD GOLF FOUNDATION	ONE WORLD GOLF PLACE - ST. AUGUSTINE, FL 32092	NONE	1,000.

TOTAL FOR THIS ACTIVITY 1,000.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 7,763,607.

CA 199 NONCASH CONTRIBUTIONS, GIFTS, GRANTS STATEMENT 12
AND SIMILAR AMOUNTS PAID

ACTIVITY CLASSIFICATION

2019 DWR CENTER IN-KIND ROOM USE GRANT

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ALZHEIMER'S ASSOCIATION	NORTHERN CALIFORNIA AND NORTHERN NEVADA CHAPTER, 1301 CORDONE AVE, SUITE 180	NONE	900.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	900.	MEETING ROOM USE GRANT	FAIR MARKET VALUE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMERICAN ASSOCIATION OF UNIVERSITY WOMEN	PO BOX 5612 - TAHOE CITY, CA 96145	NONE	825.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	825.	MEETING ROOM USE GRANT	FAIR MARKET VALUE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMERICAN ASSOCIATION OF UNIVERSITY WOMEN	PO BOX 5465 - INCLINE VILLAGE, NV 89450	NONE	17,462.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	17,463.	MEETING ROOM USE GRANT	FAIR MARKET VALUE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BOY SCOUTS OF AMERICA TROOP 37	C/O MICHAEL SHELDON, 774 MAYS BLVD #10-684 - INCLINE VILLAGE, NV 89451	NONE	750.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	750.	MEETING ROOM USE GRANT	FAIR MARKET VALUE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHABAD OF NORTHERN NEVADA	1175 W. MOANA LANE - RENO, NV 89509-5246	NONE	450.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	450.	MEETING ROOM USE GRANT	FAIR MARKET VALUE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HELA BIMA WORLD	985 DAMONTE RANCH PKWY, SUITE 110 - RENO, NV 89521	NONE	6,825.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	6,825.	MEETING ROOM USE GRANT	FAIR MARKET VALUE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INCLINE VILLAGE HISPANIC FOURSQUARE CHUR	PO BOX 4153 - INCLINE VILLAGE, NV 89450	NONE	1,350.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	1,350.	MEETING ROOM USE GRANT	FAIR MARKET VALUE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LEAGUE TO SAVE LAKE TAHOE	2608 LAKE TAHOE BOULEVARD - SOUTH LAKE TAHOE, CA 96150	NONE	1,400.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	500.	MEETING ROOM USE GRANT	FAIR MARKET VALUE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MILITARY OFFICERS ASSOCIATION OF AMERICA	PO BOX 3970 - INCLINE VILLAGE, NV 89450	NONE	4,950.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	4,950.	MEETING ROOM USE GRANT	FAIR MARKET VALUE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NEVADA PRIMARY CARE ASSOCIATION	755 NORTH ROOP STREET, SUITE #211 - CARSON CITY, NV 89701	NONE	900.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	900.	MEETING ROOM USE GRANT	FAIR MARKET VALUE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NEVADA TAHOE CONSERVATION DISTRICT	PO BOX 915 - ZEPHYR COVE, NV 89448	NONE	1,800.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	1,800.	MEETING ROOM USE GRANT	FAIR MARKET VALUE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ROTARY DISTRICT 5190 COMMUNITY FUND	948 INCLINE WAY - INCLINE VILLAGE, NV 89451	NONE	6,303.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	6,303.	MEETING ROOM USE GRANT	FAIR MARKET VALUE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SIERRA AVALANCHE CENTER	11260 DONNER PASS ROAD, SUITE C1 - PMB 401 - TRUCKEE, CA 96161	NONE	1,475.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	1,475.	MEETING ROOM USE GRANT	FAIR MARKET VALUE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SIERRA NEVADA ALLIANCE	PO BOX 7989 - SOUTH LAKE TAHOE, CA 96158	NONE	2,475.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	2,475.	MEETING ROOM USE GRANT	FAIR MARKET VALUE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SIMMARON RESEARCH	948 INCLINE WAY - INCLINE VILLAGE, NV 89451	NONE	61,318.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	11,318.	MEETING ROOM USE GRANT	FAIR MARKET VALUE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TAHOE REGIONAL PLANNING AGENCY	PO BOX 5310 - STATELINE, NV 89449-5310	NONE	975.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	975.	MEETING ROOM USE GRANT	FAIR MARKET VALUE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TAHOE RIM TRAIL ASSOCIATION	PO BOX 3267 - STATELINE, NV 89449	NONE	22,318.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	1,350.	MEETING ROOM USE GRANT	FAIR MARKET VALUE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TAHOE TRANSPORTATION DISTRICT	PO BOX 499 - ZEPHYR COVE, NV 89448	NONE	3,450.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	3,450.	MEETING ROOM USE GRANT	FAIR MARKET VALUE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VITALANT	1125 TERMINAL WAY - RENO, NV 89502	NONE	4,200.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	4,200.	MEETING ROOM USE GRANT	FAIR MARKET VALUE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WASHOE COUNTY SCHOOL DISTRICT	PO BOX 30425 - RENO, NV 89520-3425	NONE	825.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	825.	MEETING ROOM USE GRANT	FAIR MARKET VALUE

TOTAL FOR THIS ACTIVITY 140,951.

ACTIVITY CLASSIFICATION

2019 DWR CENTER STORAGE SPACE IN-KIND GRANT

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMERICAN RED CROSS OF NORTHERN NEVADA	4750 LONGLEY LANE, SUITE 101 - RENO, NV 89502	NONE	2,195.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	2,195.	STORAGE SPACE GRANT	FAIR MARKET VALUE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INCLINE VILLAGE GENERAL IMPROVEMENT DIST	893 SOUTHWOOD BOULEVARD - INCLINE VILLAGE, NV 89451	NONE	3,345.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	3,345.	STORAGE SPACE GRANT	FAIR MARKET VALUE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NORTH LAKE TAHOE COMMUNITY HEALTH CARE A	880 ALDER AVENUE - INCLINE VILLAGE, NV 89451	NONE	300.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	300.	STORAGE SPACE GRANT	FAIR MARKET VALUE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ROTARY CLUB OF INCLINE VILLAGE	PO BOX 4945 - INCLINE VILLAGE, NV 89450	NONE	26,820.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	26,820.	STORAGE SPACE GRANT	FAIR MARKET VALUE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ROTARY CLUB OF TAHOE-INCLINE	PO BOX 4990 - INCLINE VILLAGE, NV 89450	NONE	2,100.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	2,100.	STORAGE SPACE GRANT	FAIR MARKET VALUE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TAHOE CHAMBER MUSIC SOCIETY	948 INCLINE WAY - INCLINE VILLAGE, NV 89451	NONE	300.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	300.	STORAGE SPACE GRANT	FAIR MARKET VALUE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TAHOE INSTITUTE FOR NATURAL SCIENCE	948 INCLINE WAY - INCLINE VILLAGE, NV 89451	NONE	19,100.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	18,100.	STORAGE SPACE GRANT	FAIR MARKET VALUE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TAHOE PROSPERITY CENTER	948 INCLINE WAY - INCLINE VILLAGE, NV 89451	NONE	9,461.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	9,461.	STORAGE SPACE GRANT	FAIR MARKET VALUE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TAHOE'S CONNECTION FOR FAMILIES	PO BOX 3074 - INCLINE VILLAGE, NV 89450	NONE	23,518.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	4,600.	STORAGE SPACE GRANT	FAIR MARKET VALUE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WYLIE ANIMAL RESCUE FOUNDATION	PO BOX 5364 - INCLINE VILLAGE, NV 89450	NONE	2,825.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>	
12/31/19	1,125.	STORAGE SPACE GRANT	FAIR MARKET VALUE	
TOTAL FOR THIS ACTIVITY				89,964.

ACTIVITY CLASSIFICATION

ARTS, CULTURE & HERITAGE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LAKE TAHOE SHAKESPEARE FESTIVAL	948 INCLINE WAY - INCLINE VILLAGE, NV 89451	NONE	66,115.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>	
12/31/19	44,915.			
TOTAL FOR THIS ACTIVITY				66,115.

ACTIVITY CLASSIFICATION

BRUBECK JAZZ SUMMIT

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CLASSICAL TAHOE	948 INCLINE WAY - INCLINE VILLAGE, NV 89451	NONE	113,707.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>	
12/31/19	15,611.			
TOTAL FOR THIS ACTIVITY				113,707.

ACTIVITY CLASSIFICATION

ELITE ATHLETE SCHOLARSHIP FUND

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DIAMOND PEAK SKI EDUCATION FOUNDATION	PO BOX 5591 - INCLINE VILLAGE, NV 89450	NONE	38,329.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	2,200.		

TOTAL FOR THIS ACTIVITY 38,329.

ACTIVITY CLASSIFICATION

ENVIRONMENT

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TAHOE FUND	948 INCLINE WAY - INCLINE VILLAGE, NV 89451	NONE	449,097.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	22,554.		

TOTAL FOR THIS ACTIVITY 449,097.

ACTIVITY CLASSIFICATION

LAKE TAHOE DISCOVERY MUSEUM AND EVENT CENTER

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THUNDERBIRD LODGE PRESERVATION SOCIETY	PO BOX 6812 - INCLINE VILLAGE, NV 89450	NONE	152,280.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	300.		

TOTAL FOR THIS ACTIVITY 152,280.

ACTIVITY CLASSIFICATIONMATCHING GRANT FROM DAVE DUFFIELD

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LAKE TAHOE SCHOOL	995 TAHOE BLVD. - INCLINE VILLAGE, NV 89451	NONE	120,400.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	900.		

TOTAL FOR THIS ACTIVITY 120,400.

ACTIVITY CLASSIFICATIONPATIENT MONITORING PROJECT

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INCLINE VILLAGE COMMUNITY HOSPITAL FOUND	880 ALDER AVENUE - INCLINE VILLAGE, NV 89451	NONE	55,800.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	800.		

TOTAL FOR THIS ACTIVITY 55,800.

ACTIVITY CLASSIFICATIONPER THE GRANT AGREEMENT MADE ON MAY 21, 2019

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GIRLS ON THE RUN-SIERRAS	241 RIDGE STREET, SUITE 120 - RENO, NV 89501	NONE	3,550.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	1,050.		

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NORTH TAHOE FAMILY RESOURCE CENTER	PO BOX 2810 - KINGS BEACH, CA 96143	NONE	12,650.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	150.		

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAFE TALK FOR TEENS	6490 SOUTH MCCARRAN BLVD. BUILDING D, SUITE 36 - RENO, NV 89509	NONE	4,700.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	2,200.		

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SIERRA SENIOR SERVICES	PO BOX 4152 - TRUCKEE, CA 96160	NONE	24,050.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	300.		

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TAHOE SAFE ALLIANCE	948 INCLINE WAY - INCLINE VILLAGE, NV 89451	NONE	62,876.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>	
12/31/19	47,876.			
TOTAL FOR THIS ACTIVITY				107,826.

ACTIVITY CLASSIFICATION

SOCIAL SERVICES

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SIERRA COMMUNITY HOUSE	948 INCLINE WAY - INCLINE VILLAGE, NV 89451	NONE	58,038.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>	
12/31/19	46,788.			
TOTAL FOR THIS ACTIVITY				58,038.

ACTIVITY CLASSIFICATION

SOUTH LAKE TAHOE MENTOR SILVER SPONSOR AND RECOGNITION GIFTS

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SOS OUTREACH	948 INCLINE WAY - INCLINE VILLAGE, NV 89451	NONE	29,568.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>	
12/31/19	19,748.			
TOTAL FOR THIS ACTIVITY				29,568.

ACTIVITY CLASSIFICATION

SPONSORSHIP OF THE BOB WHEELER MEMORIAL GOLF TOURNAMENT

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INCLINE-TAHOE FOUNDATION	948 INCLINE WAY - INCLINE VILLAGE, NV 89451	NONE	11,372.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	3,000.		

TOTAL FOR THIS ACTIVITY 11,372.

ACTIVITY CLASSIFICATION

TO BE USED IN ACCORDANCE WITH THE FUND PURPOSE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INCLINE HIGH SCHOOL BOOSTERS CLUB	499 VILLAGE BLVD. - INCLINE VILLAGE, NV 89451	NONE	98,688.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	300.		

TOTAL FOR THIS ACTIVITY 98,688.

ACTIVITY CLASSIFICATION

UNRESTRICTED

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NATURE CONSERVANCY NEVADA	ONE E. FIRST STREET, SUITE 1007 - RENO, NV 89501	NONE	25,525.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	525.		

TOTAL FOR THIS ACTIVITY 25,525.

ACTIVITY CLASSIFICATION

UNRESTRICTED USE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PET NETWORK HUMANE SOCIETY	401 VILLAGE BLVD. - INCLINE VILLAGE, NV 89451	NONE	25,672.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/31/19	600.		

TOTAL FOR THIS ACTIVITY 25,672.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9

1,583,332.

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.
If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2019 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:
**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.
S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.
Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

939035 11-12-19

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **2019** **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

CALIFORNIA FORM **3586 (e-file)**

0000000 PARA 88-0362053 000000000000 19 FORM 3
TYB 01-01-2019 TYE 12-31-2019
THE PARASOL TAHOE COMMUNITY FOUNDATION INC

948 INCLINE WAY
INCLINE VILLAGE NV 89451

(775) 298-0100

Amount of Payment 10.

TAXABLE YEAR
2019

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name THE PARASOL TAHOE COMMUNITY FOUNDATION, INC.	Identifying number 88-0362053
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Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	17,233,743
2 Total gross income (Form 199, line 8)	2	10,649,631
3 Total expenses and disbursements (Form 199, line 9)	3	10,487,875

Part II Settle Your Account Electronically for Taxable Year 2019

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2019 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here _____ | _____ **CEO**
Signature of officer Date Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P00520516
Must Sign Firm's name (or yours if self-employed) and address	EIDE BAILLY LLP 5441 KIETZKE LN, STE 150 RENO, NV			Firm's FEIN 45-0250958 ZIP code 89511-2094

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign Firm's name (or yours if self-employed) and address			Firm's FEIN ZIP code

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING
December 31, 2019

Prepared for	The Parasol Tahoe Community Foundation, Inc. 948 Incline Way Incline Village, NV 89451
Prepared by	Eide Bailly LLP 5441 Kietzke Ln, Ste 150 Reno, NV 89511-2094
Amount due or refund	Balance due of \$225.00
Make check payable to	Department of Justice
Mail tax return and check (if applicable) to	Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470
Return must be mailed on or before	July 15, 2020
Special Instructions	The report should be signed and dated by the authorized individual(s).

**ANNUAL REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**
 Section 12586 and 12587, California Government Code
 11 Cal. Code Regs. section 301-307, 311 and 312

(For Registry Use Only)

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<p><u>THE PARASOL TAHOE COMMUNITY FOUNDATION, INC.</u> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><u>948 INCLINE WAY</u> Address (Number and Street)</p> <p><u>INCLINE VILLAGE, NV 89451</u> City or Town, State, and ZIP Code</p> <p><u>(775) 298-0100</u> Telephone Number</p> <p>_____ E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT0160491</u></p> <p>Corporation or Organization No. <u>3276410</u></p> <p>Federal Employer ID No. <u>88-0362053</u></p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2019 ending 12/31/2019) list:

Gross Annual Revenue \$ <u>10,603,783</u>	Noncash Contributions \$ <u>1,108,169</u>	Total Assets \$ <u>80,790,641</u>
Program Expenses \$ <u>9,988,440</u>	Total Expenses \$ <u>10,442,026</u>	

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

<u>CLAUDIA ANDERSEN</u>	<u>CEO</u>
Signature of Authorized Agent	Title
Printed Name	Date