

#### TRUCKEE RIVER FUND ADVISORY COMMITTEE

#### **AGENDA**

Friday August 18, 2023, 8:30 a.m. Community Foundation of Northern Nevada 50 Washington Street, Suite 300 Reno, NV 89503

## Meeting Via Teleconference and In-Person

MEMBERS OF THE PUBLIC MAY ATTEND VIA THE WEB LINK, OR TELPHONICALLY BY CALLING THE NUMBER, LISTED BELOW. NO PHYSICAL LOCATION IS BEING PROVIDED FOR THIS MEETING (Be sure to keep your phones on mute, and do not place the call on hold)

Please click the link below to join the meeting:

https://us02web.zoom.us/j/8785686516?pwd=K29WZIN1a0Q2Wm1YbnpIR1l1SzJUUT09

Zoom Meeting ID: 878 568 6516 Password: CFNN

#### NOTES:

- 1. The announcement of this meeting has been posted in compliance with NRS 241.020(3) at: Truckee Meadows Water Authority (1355 Capital Blvd., Reno), Community Foundation of Northern Nevada (50 Washington Street, Suite 300, Reno, <a href="https://truckeeriverfund.org/meetings/">https://truckeeriverfund.org/meetings/</a>, and NRS 232.2175 at State of Nevada Public Notice Website, <a href="https://notice.nv.gov/">https://notice.nv.gov/</a>.
- 2. In accordance with NRS 241.020, this agenda closes three working days prior to the meeting. We are pleased to make reasonable accommodations for persons who are disabled and wish to attend meetings. If you require special arrangements for the meeting, please call (775) 834-8002 at least 24 hours before the meeting date.
- 3. Staff reports and supporting material for the meeting are available on the Truckee River Fund website at <a href="https://truckeeriverfund.org/meetin/">https://truckeeriverfund.org/meetin/</a> or you can contact Sonia Folsom at (775) 834-8002 or <a href="mailto:sfolsom@tmwa.com">sfolsom@tmwa.com</a>. Supporting material is made available to the general public in accordance with NRS 241.020(6).
- 4. The Committee may elect to combine agenda items, consider agenda items out of order, remove agenda items, or delay discussion on agenda items. Arrive at the meeting at the posted time to hear item(s) of interest.
- 5. Asterisks (\*) denote non-action items.
- 6. Public comment is limited to three minutes and is allowed during the public comment periods. To request to speak, please use the "raise hand" feature or press \*9 to "raise your hand" and \*6 to unmute/mute your microphone. Pursuant to Directive 006, public comment, whether on action items or general public comment, may be provided without being physically present at the meeting by submitting written comments online by email sent to <a href="Irenda@nevadafund.org">Irenda@nevadafund.org</a> prior to the Committee opening the public comment period during the meeting. In addition, public comments may be provided by leaving a voicemail at (775)834-0255 prior to 4:00 p.m. on August 19th. Voicemail messages received will either be broadcast on the telephone call during the meeting or transcribed for entry into the record. Public comment is limited to three minutes and is allowed during the public comment periods. The Committee may elect to receive public comment only during the two public comment periods rather than each action item. Due to constraints of the videoconference system, public comment must be provided by voicemail, email, or online comment as indicated above.
- 1. Roll Call\*
- 2. Public comment (limited to no more than three minutes per speaker)\*
- 3. Approval of the agenda (**for possible action**)
- 4. Approve the May 19, 2023 summary meeting minutes (for possible action)
- 5. Approve the June 22, 2023 summary meeting minutes (for possible action)
- 6. Fund balance report\*
- 7. Review grant proposals to Truckee River Fund and select projects to be recommended for funding (**for possible action**)
- 8. Review completed projects\*
  - a. #271 Sierra Nevada Journeys: Watershed Education Initiative, \$32,891 (Don)
- 9. Committee and staff comments\*
- 10. Next meeting: November 17, 2023 at 8:30am (for possible action)
- 11. Public comment (limited to no more than three minutes per speaker)\*
- 12. Adjournment\*

## MEETING MINUTES (TRANSCRIPT SUMMARY)

# TRUCKEE RIVER FUND ADVISORY COMMITTEE MEETING OF MAY 19, 2023

(Meeting via Zoom and teleconference)

The following meeting minutes is a summary of the certified transcript for the Truckee River Fund Advisory Committee meeting held at 8:30 a.m., Friday, May 19, 2023, via Zoom and teleconference.

**Those Present:** Committee Members: Brian Bonnenfant, Chair; Jim Smitherman, Vice Chair; Mike Brisbain, Don Mahin; Dave Stanley; Terri Svetich. Also: Lauren Renda, Community Foundation of Western Nevada; John Enloe, Sonia Folsom & Kara Steeland, TMWA; Sarah Ferguson, Council for TRF; Susan Merideth, TRF Minutes Recorder. Members of the Public: *none*.

- \* Committee member arrived after roll call
- \*\* Committee member left meeting before adjournment

**Agenda Item #1: Roll Call:** Roll call was taken. A quorum was noted.

**Agenda Item #2: Public comment:** There was no public comment at this time.

**Agenda Item #3: Approval of the agenda:** The agenda was unanimously approved.

**Agenda Item #4: Approve the February summary meeting minutes:** The Meeting Minutes (Transcript Summary) for February 17, 2023 were unanimously approved.

Agenda Item #5: Review and discuss TRF scope and bylaws:

The TRF Advisory Committee will be revisiting the funding priorities of the TRF. John Enloe began the discussion by highlighting that the funds are intended to be used for project's within TMWA's geographic jurisdiction per Official Opinions of the Attorney General submitted in 2005. At this time, Fund Advisors will be formulating recommendations on how and where funds are to be spent to provide guidance and criteria for allocating funds. These recommendations will be submitted to the TMWA Board for review and final determination.

John further advised that funding considerations should include the overall benefit to rate payors with an emphasis on the geographic area above the Glendale intake; however, this does not necessarily preclude funding work farther down river when there is a benefit to the rate payers represented by TRF. Upstream projects are easier to justify considering the direct implications on the Truckee Meadows; however, downstream projects have been funded in the past. Moving forward TRF needs to establish more specific criteria for spending water rate payer money on downstream projects, emphasizing direct benefits to rate payers. Since more entities other than just TMWA are responsible for conditions downstream (eg sewer treatment), if those responsible entities were also contributing to clean-up efforts it would make funding downstream projects more palatable to the TMWA Board. Brian emphasized the need to define the geographic area covered by TRF more specifically and reiterated that other stakeholders should contribute to funding efforts where appropriate.

The TRF Advisory Committee will hold a Special Session to formulate recommendations for the TMWA Board on June 22, 2023 at 8:30 am. Jim Smitherman motioned that the Advisory Committee members provide their comments to Lauren Renda in preparation for the Special Session. Terri Svetich seconded the motion, which was unanimously approved by the Committee. Sonia Folsom will notify the TMWA Board at their next meeting in June of the Committee's intent to formulate recommendations.

## Agenda Item #6: Discuss possible changes to RFP application including electronic application process:

Kara Steeland reported that TWMA would like to start accepting online applications for RFPs to streamline the process. Terri motioned to move TRF applications to the digital online format, and Jim seconded the motion. The Committee unanimously approved the motion.

#### Agenda Item #7: Review completed projects:

Projects in progress; no completion reports at this time

#### **Agenda Item #8: Committee and staff comments:**

#### Advisory Committee Field Trips

Terri reflected on a bike ride with Janet Davis several years ago where the Advisory Committee & TRF stakeholders joined together to see firsthand the Truckee River and it's condition. Brian mentioned that there were regular Committee field trips in the past and suggested we start doing this again, and Terri pointed out several recently funded projects that could be visited. The Committee is currently looking to plan a field trip to Whites Creek to review the impacts from flooding last August, date and time TBD. Advisory Committee field trips will be posted on public websites at least 3 days in advance.

#### **TMWA Board Recruitment**

The Advisory Committee needs to recruit two additional City of Reno representatives, and we are waiting approval. There is currently one applicant for consideration, but we need one more. Recommendations are welcome.

**Agenda Item #9: Next meeting: August 18, 2023 at 8:30am; consideration for in-person meeting:** The next meeting is set for August 18, 2023 at 8:30am. No action was taken.

**Agenda Item #10: Public comment:** A celebration of life for Janet Davis will be held August 5<sup>th</sup> at the McKinley Arts Center 10am – 12pm. If you are interested in supporting or contributing, please contact Sonia Folsom.

**Agenda Item #11: Adjournment:** The meeting was adjourned at 9:28 am. No action was taken.

## MEETING MINUTES (TRANSCRIPT SUMMARY)

# TRUCKEE RIVER FUND ADVISORY COMMITTEE MEETING OF JUNE 22, 2023

(Meeting via Teleconference and In-Person)

The following meeting minutes is a summary of the certified transcript for the Truckee River Fund Advisory Committee meeting held at 8:30 a.m., Friday, June 22, 2023, via Zoom and teleconference.

**Those Present:** Committee Members: Brian Bonnenfant, Chair; Jim Smitherman, Vice Chair; Mike Brisbain, Don Mahin; Terri Svetich. Also: Lauren Renda, Community Foundation of Western Nevada; John Enloe, Sonia Folsom & Kara Steeland, TMWA; Sarah Ferguson, Council for TRF; Susan Merideth, TRF Minutes Recorder. Members of the Public: Iris Jehle-Peppard, One Truckee River.

**Agenda Item #1: Roll Call:** Roll call was taken. A quorum was noted.

**Agenda Item #2: Public comment:** There was no public comment at this time.

**Agenda Item #3: Approval of the agenda:** The agenda was unanimously approved.

**Agenda Item #4: Open Meeting Law overview** – Sarah Ferguson

Sarah Ferguson, attorney, provided a review of the rules governing open meetings.

Open Meeting Law topics included:

- Applicability of the Open Meeting Law
- Policy behind OML
- Meeting Notice and Agenda: NRS 241.020
- What constitutes a meeting?
- What is a quorum?
- Definition of a walking quorum
- Using Technology for a Meeting
- Email pitfalls
- Additional Requirements
- Exceptions
- Violations
- Recent Legislative Updates & Implications: AB 19 & AB 52

#### Agenda Item #5: Discuss and clarify TRF funding priorities

The TRF Advisory Committee revisited the funding priorities of the TRF and discussed the service area covered by TRF grants.

#### **Grant Priorities**

Terri Svetich motioned to add language to the opening paragraph of the *Grant Priorities* stating that grant requests consider TMWA rate payor objectives. Jim Smitherman seconded the motion, and the Committee unanimously approved the motion.

Terri Svetich motioned to amend the language of TRF *Grant Priority #V*, *Support to Rehabilitation of Local tributary Creek and Drainage Courses* to exclude mention of specific creeks, instead stating "creeks and tributaries to the Truckee River. Mike Brisbain seconded the motion, and the Committee voted unanimously to approve the motion.

Mike Brisbain motioned to amend the language of TRF *Grant Priority #I, Watershed Improvements* to include projects that address nutrients, industrial contaminants, or bacterial pollutants. Brain Bonnenfant seconded the motion, and the motion was unanimously approved Committee.

Lauren Renda will send out revised *Grant Priorities* to the Advisory Committee for review.

Mike also suggested including in the RFP specific activities that are *not* covered by TRF grants (eg meeting costs).

#### Service Area

The original Truckee River Operating Agreement (TROA) specifies grants are designed to cover the "Truckee River and it's watershed," which could include downstream projects. However, it is important for the Advisory Committee to consider the direct benefits to TMWA rate payors when evaluating upstream or downstream projects. When funds are limited, money should be focused on source water issues, but if there's adequate funding to cover water quality issues of the entire system, funding projects upstream or downstream can also be considered. TRF should emphasize the benefit to TMWA rate payors when funding projects outside the TMWA jurisdiction. Requiring matching funds from other stakeholders would be a way that TRF could justify funding projects outside the TMWA service area.

#### Agenda Item #6: Review and discuss changes to TRF Grant #268

Iris Jehle-Peppard from One Truckee River provided an updated project budget for TRF *Grant #268, One Truckee River Broadhead Park Restoration Project: Phase II*. Since the cost of Phase #II was less than budgeted, OTR is asking to move money leftover from Phase #II to Phase #III. Mike Brisbain motioned to approve One Truckee River transferring \$14,878 remaining from Phase II to the Phase III budget. Terri Svetich seconded the motion, and the funding allocation was unanimously approved by the Committee.

## **Agenda Item #7: Committee and staff comments**

The are still openings on the TRF Advisory Committee for two candidates from the City of Reno, and we are waiting for the City to adopt a MOU with TWMA to move forward with these appointments.

**Agenda Item #8: Next meeting: August 18, 2023 at 8:30am; consideration for in-person meeting:** The next meeting is set for August 18, 2023 at 8:30am. No action was taken.

**Agenda Item #9: Public comment:** none

**Agenda Item #10: Adjournment:** The meeting was adjourned at 10:16 am. No action was taken.

| Proposal<br># | Category Grantee |                | Grant Description                                   | Proposal<br>Amount | Match -<br>Monetary |         | Match - In<br>Kind | Match total |             |
|---------------|------------------|----------------|---|--------------------|---------------------|---------|--------------------|-------------|-------------|
|               |                  | Sierra         | -   |                    |                     |         |                    |             |             |
|               |                  | Nevada         |   |                    |                     |         |                    |             |             |
| 280           | E                | Journeys       | Watershed Education Initiative                      | \$35,933           | \$                  | 11,978  | \$ -               | \$          | 11,978      |
|               |                  | City of        | Lake Park Watershed Project (Floating Wetlands and  |                    |                     |         |                    |             |             |
| 281           | A, B, C          | Reno           | Pollinator Revegetation Project)                    | \$30,832           | \$                  | -       | \$ 16,916.00       | \$          | 16,916      |
|               |                  | Keep           |   |                    |                     |         |                    |             |             |
|               |                  | Truckee        | 2024 Great Community Clean-Up, Truckee River Clean- |                    |                     |         |                    |             |             |
|               |                  | Meadows        | Up, Truckee River Clean-Up, Adopt-A-River Program,  |                    |                     |         |                    |             |             |
| 282           | C, E             | Beautiful      | and Community Education Program                     | \$91,360           | \$                  | 111,920 | \$137,274.00       | \$          | 249,194     |
|               |                  | One<br>Truckee |   |                    |                     |         |                    |             |             |
| 283           | C, E             | River          | Watershed Coalition Building                        | \$135,138          | \$                  | 45,052  | \$ -               | \$          | 45,052      |
|               | -                | · · · · · ·    | •   |                    |                     |         | •                  |             |             |
|               |                  |                |   |                    |                     |         |                    |             |             |
|               |                  |                |   | \$293,263.32       |                     |         |                    |             | \$323,140.0 |

Funds Available to Spend: \$956,931

(\$800,000 from TMWA for FY23/24 + \$156,931 in Truckee River Fund)

Sierra Nevada Journeys

## Watershed Education Initiative

Truckee River Fund- Fall 2023

## Sierra Nevada Journeys

Eaton Dunkelberger 190 E. Liberty St. Reno, NV 89501

0: 775-355-1688

## Audrey Bergmann

190 E. Liberty St. 190 E. Liberty St. Reno, NV 89501 audreyb@sierranevadajourneys.org

0: 775-355-1688

## **Application Form**

#### **Grant Priorities**

TMWA recommends that the Advisors give preference to well-prepared and thought out grant requests for projects and programs that mitigate substantial threats to water quality and the watershed, particularly those threats upstream or nearby treatment and hydroelectric plant intakes:

- I. Aquatic Invasive Species (AIS): Projects/Programs that support the prevention or control of aquatic invasive species in the main stream Truckee River, Lake Tahoe, other tributaries and water bodies in the Truckee River system.
- II. **Watershed Improvements:** Projects that reduce erosion or sediment, suspended solids, or TDS discharges to the River. Projects or programs that are located within 303d (impaired waters) sections of the River should be considered, both in California and Nevada. Innovative techniques should be encouraged.
- III. **Local Stormwater Improvements**: Projects that are well designed which mitigate storm water run-off due to urbanization of the local watershed. Priority should be given to those improvement projects in close proximity to TMWA's water supply intakes and canals and which will improve the reliability and protect the quality of the community's municipal water supply.
- IV. Re-Forestation and Re-Vegetation Projects: Projects to restore forest and upland areas damaged by fire and historical logging operations, and to improve watershed resiliency in drought situations. Projects/programs in this category should be given a high priority due to urbanization of the watershed and increased susceptibility of the urban and suburban watershed to wildfire.
- V. **Support to Rehabilitation of Local Tributary Creeks and Drainage Courses**: Practical projects to support water quality improvement in Gray Creek, Bronco Creek, Mogul Creek, Chalk Creek, Steamboat Creek and the North Truckee Drain.
- VI. **Stewardship and Environmental Awareness**: Support to Clean-Up programs and the development and implementation of educational programs relative to water, water quality and watershed protection.
- VII. **Meet Multiple Objectives:** Projects/Programs should identify opportunities to meet multiple water quality and watershed objectives as outlined above with preference given to those achieving multiple benefits.
- VIII. **Leverage Stakeholder Assets and Participation:** Projects/Program selection should include an assessment of various stakeholder interests in all aspects of river water quality, watershed protection, source water protection and species enhancement thereby leveraging available funds and other assets.

Note: For proposals related to weed control/eradication, contact Lauren Renda at the Community Foundation of Northern Nevada for additional criteria at Irenda@nevadafund.org

## Organization Information

Organization Name\*

Sierra Nevada Journeys

Printed On: 31 July 2023

## **Organization Type\***

501(c)(3) Nonprofit

#### **EIN**

If the organization is a 501c3, please include the EIN#. 01-0881587

## **Director of Organization\***

Sean Hill

## **Project Contact Name\***

Audrey Bergmann

## **Project Contact Postion/Title\***

Advancement Manager

## **Project Contact Email\***

audreyb@sierranevadajourneys.org

## **Project Contact Phone Number\***

925 858 7105

## **Organization Mission\***

Our mission is to deliver innovative outdoor, science-based education programs for youth to develop critical thinking skills and to inspire natural resource stewardship.

## **Project Information**

## **Project Title\***

Name of Project.

Watershed Education Initiative

## Amount Requested\*

\$35,933.00

### **Project Start Date\***

09/01/2023

## **Project End Date\***

12/22/2023

## This funding will be used to:\*

Complete this sentence with a max of 2 sentences.

We will provide watershed education to 700 students in the Reno area with our Classrooms Unleashed curriculum. This will include two classroom lessons, one field day at a site with access to the local watershed, and additional teacher resources and extension lessons.

## This project is on:\*

Check all that apply

Public land

## Are government permits or decision documents needed for the project?\*

No

### If so, are those permits and decision documents already secured?

If permits and decision documents are needed but not yet secured, in #4 of the Narrative Requirements provide a list of permits and documents needed and a schedule for securing them.

## Previous Funding from Truckee River Fund

Has your organization received other grants from the Truckee River Fund?\*
Yes

#### If yes, please include the following information for all previously funded projects:

- Date awarded
- Project # and Title
- Amount of award

Please attach additional pages as needed to list ALL previously funded projects.

03/22/2023, TRF #271 Watershed Education Initiative, \$32,891

09/26/2022, TRF #267 Watershed Education Initiative for the Urban Truckee River Corridor, \$30,542

03/22/2022, TRF #258 Watershed Education Initiative, \$30,055

09/16/2021, TRF #251 Watershed Education Initiative, \$30,055

03/17/2021, TRF #245 Watershed Education Initiative for the Urban Truckee River Corridor, \$31,035

09/18/2020, TRF #236 Watershed Education Initiative for the Urban Truckee River Corridor, \$32,041

04/13/2020, TRF #230 Watershed Education Initiative for the Urban Truckee River Corridor, \$30,912

10/02/2019, TRF #223 Watershed Education Initiative, \$37,200

03/26/2019, TRF #214 Watershed Education Initiative, \$36,207

10/04/2018, TRF #205 Watershed Education Initiative, \$36,207

03/30/2018, TRF #195 Watershed Education Initiative, \$46,376

10/03/2017, TRF #190 Watershed Education Initiative, \$35,065

03/16/2017, TRF #184 Watershed Education Initiative, \$32,998

09/23/2016, TRF #179 Watershed Education Initiative, \$28,446

04/19/2016, TRF #167 Watershed Education Initiative, \$33,041

10/22/2015, TRF #158 Watershed Education Initiative, \$28,484

09/05/2014, TRF #145 Watershed Education Initiative, \$23,900

03/21/2014, TRF #140 Sierra Nevada Journeys' Watershed Education Initiative, \$23,750

Fall 2013, TRF #??? Sierra Nevada Journeys' Watershed Education Initiative, \$24,200

Spring 2013, TRF#??? Sierra Nevada Journeys' Watershed Education Initiative, \$16,050

<sup>\*</sup> It is possible that this list is incomplete. I have answered this question to the best of my ability based on the records our development team kept at the time.

## Description of Project Under Consideration

## Indicate the description that best fits the project you are proposing\*

Mark no more than three categories.

- A. Projects that improve bank or channel stabilization and decrease erosion.
- B. Structural controls or Low Impact Development (LID) projects on tributaries and drainages to the Truckee River where data supports evidence of pollution and/or sediments entering the Truckee River.
- C. Projects that remove pollution from the Truckee River.
- D. Projects that remove or control invasive aquatic species or terrestrial invasive plant species that are adverse to water supply.
- E. Other projects that meet the evaluation criteria.

E.)

## Narrative Requirements

# 1.) Specific project goals and measurable outcomes and how you will measure and report them.\*

All projects are required to have measurable outcomes.

Sierra Nevada Journeys (SNJ) proposes an innovative, culturally relevant program for Washoe County area youth that includes a comprehensive approach to watershed education through the Watershed Education Initiative (WEI). The WEI had been an ongoing component of our programs since 2011, made possible thanks to the generous and ongoing support of the Truckee River Fund.

Through WEI, students are able to touch, feel and experience their watershed, providing a foundation of interest and understanding as they continue their education journey and their lives. WEI will successfully meet the following objectives:

#### Outputs:

- Deliver WEI to 700 K-8th grade students within the Truckee River Watershed
- All students receive first-hand experience with the local watershed through a field-study on the Truckee River or one of its tributaries, or, in the case of a distance learning model, a virtual field trip or case study of the Truckee River.
- Provide 26 teachers with WEI extension lessons

#### Outcomes:

- 100% of students participating in "Hands in the River" will be able to draw and describe the Truckee River Watershed
- -100% of students participating in "Hands in the River" curriculum will complete water quality testing at/on the Truckee River to assess the health of their local watershed
- -90% of students participating in "Hands in the River" will be able to identify the function of storm drains and name three ways they can help reduce the amount of pollution entering the storm drain.
- 80% of students participating in "Hands in the River" will feel comfortable in nature following their field study.

- 95% of teachers will report that the program is helping to build critical thinking skills among their students.

Methods to measure outcomes: To accurately measure program success and content proficiency, Sierra Nevada Journeys instructors administer pre- and post-assessments to all students. This method of measurement models end-of-year state testing for schools, used to measure national expectations for learning. In addition to student pre- and post-assessments, classrooms teachers are given surveys.

Methods to measure outputs: Sierra Nevada Journeys' Education Team manages an internal database that tracks details on participating students, schools, parents and volunteers.

#### 2.) Describe the project location.\*

The classrooms component of WEI will take place at schools within the Washoe County School District. The program's field sites are located within and downstream of the urban corridor of the Truckee River like Oxbow Nature Study Area, Galena Creek Regional Park and the McCarran Ranch Preserve. Field site locations are convenient and close to home for local students, increasing their sense of ownership, place, awareness and comfort in these nature areas. The program highlights regions along the Truckee River that are impacted by urban growth and development.

### 3.) Project Description\*

Include site map and aerial photos if applicable/possible as an attachment.

Sierra Nevada Journeys' Watershed Education Initiative is a dynamic education program intentionally designed to build understanding of student's local watershed, including human impacts on the watershed, water quality, and issues surrounding watershed protection. Conducted over a four-week period, The program begins with an orientation for new participating teachers to give an overview of the content and format of the program. after the teacher orientation, our educators go into classrooms and teach two lessons. Each lesson fosters students' interest in science by using hands-on activities like creating a watershed model.

The program culminates with a 3-hour field study at a local nature site to apply what they've learned in a real-world context. For the Watershed Education Initiative, field sites include Oxbow Nature Study Area, Galena Creek Regional Park or the Nature Conservancy's McCarran Ranch Preserve. Students explore, assess, and collect data about the health of the Truckee River Watershed by observing the river, collecting macroinvertebrate species for study, and discussing how we can use the data to make a determination of health. The program also embeds opportunities to build critical thinking skills and social emotional learning.

While in-class and field-based lessons reach students, WEI's additional outreach components serve to support teachers, engage families and reach community volunteers. Through extension lessons, Sierra Nevada Journeys supports teachers in getting their students back on track after distance learning and extending watershed learning beyond the Sierra Nevada Journeys-led learning experiences. Classroom teachers receive additional materials covering watershed exploration and our instructors work one-on-one with classroom teachers during orientation to identify strategies that deepen student learning. We also engage families through a follow-up email that includes questions for guardians to discuss with their students, a link to photos from their field day, and information about the field site so they can visit together. We also engage parents as chaperones during our programs field trips to support student learning and bolster family engagement and excitement about learning objectives.

Sierra Nevada Journeys believes that science and nature are for everyone. We prioritize partnerships with schools that primarily serve youth who have historically been denied access to high-quality science education

and outdoor learning experiences. With this funding, Sierra Nevada Journeys will serve 700 students in approximately 26 classrooms in the Truckee River Watershed. Students served with this grant will be those who have the highest financial and learning needs, ensuring we address the science and outdoor equity gap.

In Summary, the Watershed Education Initiative includes:

- The school-based component includes two in-class lessons (three) hours of in class instruction. Students participate in hands-on lessons that incorporate the Truckee River watershed, point and non-point source pollution, invasive species, sources and impacts of erosion, water conservation and stewardship.
- The field-based component includes one day of outdoor science education as students hike along the Truckee River Watershed. Students seek clues related to the health of the watershed and determine water quality by collecting and identifying macro-invertebrates or conducting chemical tests such as pH, dissolved oxygen, or turbidity. Students use evidence to make a conclusion about the health of the Truckee River Watershed.
- SNJ provides five ready-to-use classroom extension lessons for teachers that help students prepare for and review learning objectives, as well as extend and reinforce each SNJ-directed lesson.
- To encourage family engagement, SNJ provides teachers with a template to email parents with a summary and pictures of their child's experience after each unit along with information for family-based discussion of the curriculum
- The volunteer component of the program builds our capacity to involve the local community and broadens accessibility to our programming for low-income schools by helping to keep costs low.

### 4.) Grant priorities\*

Explain how the proposed project advances the TRF's specific grant priorities.

WEI is an education program that addresses water, water quality and watershed protection for K-8th grade students, directly aligning with grant priority VI: Stewardship and Environmental Awareness. Students gain first-hand experience determining water quality, explore human impacts on their water source, and obtain skills, knowledge and a field experience to connect them to their local river. The overall long-term program impacts include:

- Students understand important science concepts related to the Truckee River watershed and can articulate how their actions affect the Truckee River watershed and local ecosystems.
- Teachers use extension lessons and implement more hands-on exploration of the watershed. Parents and community members engage in watershed education directly through WEI volunteer.
- Health of the Truckee River watershed and local ecosystems improves as students and their families adopt environmental stewardship practices that help reduce water pollution and human impacts.

## 5.) Permitting\*

Provide a permitting schedule for your project along with your plan for getting the required permits and decision documents. Be sure to include the cost of permitting/decision documents as a line item in your budget.

N/A

## 6.) Future Land Use\*

List any known or foreseeable zoning, land use, or development plans that may affect your proposed project.

N/A

# 7.) If future phases of the project will be needed, identify anticipated sources of funding.\*

N/A

# 8.) Identify the principals involved in leading or coordinating the project or activity.\*

Credentialed science educators on the SNJ staff will be directly responsible for coordination and delivery of watershed education programs. Olive Schillo, Program Director and Project Contact, is a former Montessori preschool director and holds a Bachelor of Science in Parks, Recreation and Tourism with a concentration in Adventure and Outdoor programs from the University of Salt Lake City, UT.

### 9.) Number of staff positions involved in project.\*

Identify how many staff will be full-time and how many will be part-time.

"Fulltime" means 100% of their staff position will be dedicated to this project; "part-time" means only a portion of their staff position will be dedicated to this project.

Fulltime: 5, Part-time: 4

# 10.) Number of volunteers involved in project and an estimated number of volunteer hours.\*

Approximately 50 volunteers (including parent volunteers), and an estimated 250 hours of volunteer time.

## 11.) Timeline of Project\*

List key dates and include project milestones. Note: Be realistic in your estimate of dates and milestones. List any factors that may cause a delay in implementing and/or completing the project.

\*\*Note: Funding will not be provided for work performed prior to grant approval.

Recruitment/Scheduling: SNJ outreach efforts are continuous. Outreach is now underway for the fall semester. SNJ targets schools that participated in watershed programming in the past and new schools that have not received WEI.

Program Delivery: SNJ instructors will deliver engaging watershed education lessons to 700 students through school-based and field-based programs beginning in late August and running through mid-December.

Evaluation: SNJ staff will compile student assessment data throughout the grant period. These results will inform any changes to the curriculum to ensure effective programming in the future. Evaluations will begin in late August and data will be compiled in early January.

Final Report: Submit the final report to the Community Foundation of Western Nevada. This report will include a summary of the work completed, student assessment data, and a budget update. A final report will be drafted in January 2024 and ready to submit by the deadline.

9

### 12.) What factors will indicate a successful project?\*

Success will be found through the delivery of the Watershed Education Initiative to 700 students in grades K-8th. All students receive first-hand experience with the local watershed through a field-study on the Truckee River or one of its tributaries. Provide 26 teachers with WEI extension lessons. Through the Watershed Education Initiative, students will:

- Be able to draw and describe the Truckee River Watershed;
- Complete water quality testing at/on the Truckee River to assess the health of their local watershed;
- Be able to identify the function of storm drains and name three ways they can help reduce the amount of pollution entering the storm drain;
- Feel more comfortable in nature following their field study; and
- Report that the program is helping to build critical thinking skills among their students.

#### 13.) Collaboration\*

List partnerships or collaborations with other entities in relation to your proposal, if any.

We routinely share ideas and partner with organizations for curriculum and program development. We collaborate with Better Environmental Education, Teaching, Learning & Expertise Sharing (BEETLES) methodology through the Lawrence Hall of Science at UC Berkeley, for training in outdoor science education best practices. We also partner with Project Learning Tree, Project WET, NatureBridge, and the Mountain Maidu Tribe for curriculum and program development, and we collaboratively share ideas with the Desert Research Institute, and the University of Nevada, Nevada Teach program.

Additionally, several other partner agencies make our field experiences possible like The Nature Conservancy, Washoe County Regional Parks and Open Space, the City of Reno, and the Nevada Department of Wildlife

## **Grant Match**

All applicants must provide a match of at least 25 percent for dollars requested. The match may be with funding and/or in-kind services. For larger grant requests, priority will be given to projects that significantly leverage the grant with funding from other sources.

Total grant match to be provided.\*

\$11,978.00

#### Cash

\$11,978.00

# For the cash portion, is the funding already being held by the applicant for this project?

No

#### In-kind

\*\*Note: Provide an itemized breakdown of volunteer match in your budget with rationale. \$0.00

### Description of matching funds/in-kind donations.\*

\$11,978 from the Nevada Division of Environmental Protection

## **Attachments**

#### Nonprofits must submit:

- Last audited financial statements if your organization has been audited
- List of Board of Directors
- Copy of agency's IRS 501(c)(3) Tax Determination Letter
- Copy of the agency's most recent IRS Form 990

SNJ Combined Attachements.pdf

#### Governmental entities must submit:

• Departmental budget in lieu of audited financial statements

#### Project Budget\*

Provide detail on line-item expenditures and show which costs are to be paid for by the Truckee River Fund grant, which expenses will be paid by other sources of funding, and which will be paid for with in-kind services. Other sources of funding should be provided. A sample budget template is provided below.

\*\*Note: Indirect/overhead expenses cannot exceed 25 percent; TRF may fund indirect/overhead up to 25% based on availability of funds. Applicants should be prepared to provide reduced budgets during the review of applications by the TRF Board when funds are limited.

Grants from the Truckee River Fund are paid on a reimbursable basis for actual expenditures only. Craft your budget in such a way that requests for reimbursement correspond to the original budget.

TRF Program Budget.docx

<sup>\*\*</sup>Please submit as one PDF document

#### **Sample Budget Template**

|   | ORIGINA     | REIMBURSEMENT REPORT                                       |          |           |                          |                                      |
|---|-------------|--|----------|-----------|--------------------------|--------------------------------------|
| Budget Item Description*TRF\$   |             | Other Funding<br>Name** Match \$                           |          | Total     | Expenditures to date TRF | Expenditures to date (other sources) |
| Design/Engineering  | \$xx,xxx    | Agency X   | -        | \$xx,xxx  | \$xx,xxx                 |                                      |
| Permitting  | \$xx,xxx    | Agency X   | \$x,xxx  | \$x,xxx   |                          | \$x,xxx                              |
| Laborpaid   | \$x,xxx     | Agency X   | \$x,xxx  | \$x,xxx   | \$x,xxx                  |                                      |
| Laborvolunteer (\$20/h  | nr)         | Own people   | \$xx,xxx | \$xx,xxx  | \$x,xxx                  |                                      |
| Construction  | \$xx,xxx    | Agency Y   | \$xx,xxx | \$xx,xxx  |                          |                                      |
| Materials   | \$xx,xxx    | Agency Y   | \$xx,xxx | \$xx,xxx  |                          |                                      |
| Other (be specific)   | \$xx,xxx    | Agency Y   | \$xx,xxx | \$xx,xxx  |                          |                                      |
| Overhead (max. 25%)   | \$xx,xxx    | Own agency   | \$xx,xxx | \$xx,xxx  |                          |                                      |
| TOTAL   | \$xxx,xxx   |  | \$x,xxx  | \$xxx,xxx | \$xx.xxx                 | \$x,xxx                              |
| *These are sample descriptions.   |             | **Explain<br>status of other<br>funding if not<br>in hand. |          |           |                          |                                      |
| If project is to be imple<br>separate budget into e<br>Indirect costs may not | each phase. |  |          |           |                          |                                      |

## Grantee Requirements & Project Evaluation Criteria

#### **GRANTEE REQUIREMENTS**

To be eligible for funding, grantees must adhere to the following requirements:

- Funds are to be used and/or disbursed exclusively for the charitable uses and purposes.
- The Fund shall be used exclusively for projects that protect and enhance water quality or water resources of the Truckee River, or its watershed.
- The Charitable Beneficiaries may include 501(c)(3) organizations and governmental entities. Any grants to governmental entities must be made exclusively for public benefit purposes.
- All grantees will be required to sign a grant agreement stipulating their agreement with all of the terms, conditions, and reporting requirements.
- Organizations or entities sponsoring proposals are prohibited from ex parte communications regarding such proposals with members of the Truckee River Fund Advisory Committee while such proposals are pending before the Committee, and such communications may be grounds for rejecting a proposal.

 To maintain eligibility to receive grant funds, each Charitable Beneficiary must comply at all times with the following requirements:

- 1. Charitable Beneficiaries must be exempt from federal income taxation under Section 501(c)(3) of the Code;
- Charitable Beneficiaries shall use all Fund distributions toward projects that are appropriate and legal public expenditures;
- Charitable Beneficiaries must provide financial details and/or reports of their organizations upon request;
- Charitable Beneficiaries must not use any Fund distributions for political contributions or political advocacy;
- Charitable Beneficiaries must either implement the projects, activities, and/or programs for which they received Fund distributions within six months of the date in which such distributions are received or by date(s) as agreed upon in the grant acceptance agreement, or must return all such distributions to the Community Foundation forthwith;
- Charitable Beneficiaries must provide the Community Foundation a report detailing the completion of their projects, activities, and/or programs; and
- Charitable Beneficiaries must sign an agreement regarding their compliance with the qualifications hereof.

#### PROJECT EVALUATION

Each proposal will be evaluated on criteria that include but are not limited to:

- Measurable outcomes in accordance with stated grant priorities.
- Readiness of sponsoring organization to undertake and complete project.
- Consistency with established Truckee River operations.
- Impact on other River stakeholders.
- Absence of negative or unintended consequences.
- Solutions to known problems as identified through past research.
- Prior performance on grants from the Truckee River Fund.

The Nature Conservancy & Truckee River Watershed Council have conducted assessments of Truckee River and Donner Lake watersheds and have presented their findings to the Truckee River Fund advisory committee. The results may influence the advisors' decision-making during proposal review. Copies of the assessments are available at www.truckeeriverfund.org.

## File Attachment Summary

## Applicant File Uploads

- SNJ Combined Attachements.pdfTRF Program Budget.docx

# Sierra Nevada Journeys' Board of Trustees

Our dedicated board supports Sierra Nevada
Journeys' mission in a multitude of ways. In
addition to their time, knowledge and expertise,
we are very proud to be a recognized 100 percent
board giving organization.

If you are interested in serving on our board, please contact Board Trustee and Nominee Chair, Malena Raymond (mailto:boardinquiry@sierranevadajourneys.org).



LEARN MORE ABOUT SERVING ON OUR BOARD (/SERVING-ON-OUR-BOARD)

Malena Raymond, Board Chair

Interim Executive Director, Domestic Violence Resource Center

**Dan Klaich**, Immediate Past Chair Chancellor, Nevada System of Higher Education, Retired

Karla Hernandez, PhD, Trustee
Associate Director, Student Services' First-Generation Student Center, University of
Nevada, Reno

**English** 

# **Shane Tucker,** Trustee *President, Food Bank Farmers*

# Regina Stanback Stroud, Secretary CEO, RSS Consulting

Tim Crowley, Trustee

Vice President of Government and Community Relations, Lithium Nevada

Joe Schofield, Trustee

Deputy General Counsel, Sacramento Municipal Utility District

Estela Gutierrez, Trustee

Vice President of Student Services and Diversity, Truckee Meadows Community College

SIGN UP FOR OUR NEWSLETTER (HTTP://EEPURL.COM/7PBRN)

Interested in learning more about Sierra Nevada Journeys and partnering to support our programs?

Schedule a call or meeting with our CEO, Sean Hill (/contact-ceo).

 $(oldsymbol{\mathfrak{a}}^{oldsymbol{lpha}})$  (for ) (for ) (  $oldsymbol{lpha}$  )

MAILING ADDRESS

English

### EXTENDED TO NOVEMBER 15, 2022

Form **991** 

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

| Α             | For the                               | 2021 calendar year, or tax year beginning and   | ending        |                                     |                                     |  |  |  |  |
|---------------|---------------------------------------|---|---------------|-------------------------------------|-------------------------------------|--|--|--|--|
| В             | Check if applicable                   | C Name of organization  |               | D Employer identific                | cation number                       |  |  |  |  |
|               | Addres                                | SIERRA NEVADA JOURNEYS  |               |                                     |                                     |  |  |  |  |
|               | Name<br>change                        |   |               | 01-08815                            | 87                                  |  |  |  |  |
|               | Initial<br>return<br>Final<br>return/ | Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 1631        | Room/suite    | E Telephone number (775)355         |                                     |  |  |  |  |
|               | termin<br>ated                        | City or town, state or province, country, and ZIP or foreign postal code                        |               | G Gross receipts \$                 | 3,417,114.                          |  |  |  |  |
|               | Ameno                                 |   |               | H(a) Is this a group re             | eturn                               |  |  |  |  |
|               | Applic tion                           |   |               | for subordinates                    | ? Yes X No                          |  |  |  |  |
|               | pendir                                | SAME AS C ABOVE   |               | <b>H(b)</b> Are all subordinates in | ncluded? Yes No                     |  |  |  |  |
|               |                                       | empt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1) c                                 | or 527        | If "No," attach a                   | list. See instructions              |  |  |  |  |
|               |                                       | e: WWW.SIERRANEVADAJOURNEYS.ORG   |               | H(c) Group exemption                |                                     |  |  |  |  |
|               |                                       | organization: X Corporation Trust Association Other ▶   | <b>L</b> Year | of formation: $2007$ N              | f N State of legal domicile; $f NV$ |  |  |  |  |
| P             |                                       | Summary   |               |                                     |                                     |  |  |  |  |
| ë             | 1                                     | Briefly describe the organization's mission or most significant activities: SIERI               | RA NEV        | ADA JOURNEY                         | S DELIVERS                          |  |  |  |  |
| ă             |                                       | INNOVATIVE OUTDOOR SCIENCE BASED EDUCATION  |               |                                     |                                     |  |  |  |  |
| Governance    |                                       | Check this box if the organization discontinued its operations or dispose                       |               | 1 1                                 | ssets.                              |  |  |  |  |
| Ĝ             |                                       | Number of voting members of the governing body (Part VI, line 1a)                               |               |                                     | 8                                   |  |  |  |  |
| ∞<br>″        |                                       | Number of independent voting members of the governing body (Part VI, line 1b)                   |               |                                     | <u></u>                             |  |  |  |  |
| ţį            |                                       | Total number of individuals employed in calendar year 2021 (Part V, line 2a)                    |               |                                     | 70                                  |  |  |  |  |
| Activities &  |                                       | Total number of volunteers (estimate if necessary)  |               |                                     | 0.                                  |  |  |  |  |
| ¥             |                                       | Net unrelated business taxable income from Form 990-T, Part I, line 11                          |               |                                     | 0.                                  |  |  |  |  |
|               | <b>├</b>                              | Net differenced business taxable income from 1 om 1990-1, 1 art 1, life 11                      | ·····         | Prior Year                          | Current Year                        |  |  |  |  |
| •             | 8                                     | Contributions and grants (Part VIII, line 1h)   |               | 7,369,817.                          | 1,726,237.                          |  |  |  |  |
| Revenue       |                                       | Program service revenue (Part VIII, line 2g)  |               | 271,778.                            | 1,670,105.                          |  |  |  |  |
| e e           |                                       | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                   |               | 21,184.                             | 5,713.                              |  |  |  |  |
| æ             |                                       | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                        |               | 1,565.                              | 5,129.                              |  |  |  |  |
|               | 1                                     | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)              |               | 7,664,344.                          | 3,407,184.                          |  |  |  |  |
|               |                                       | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                |               | 0.                                  | 0.                                  |  |  |  |  |
|               |                                       | Benefits paid to or for members (Part IX, column (A), line 4)                                   |               | 0.                                  | 0.<br>1,924,967.                    |  |  |  |  |
| Ø             | 1                                     | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)               |               |                                     |                                     |  |  |  |  |
| Expenses      | 16a                                   | Professional fundraising fees (Part IX, column (A), line 11e)                                   |               | 0.                                  | 0.                                  |  |  |  |  |
| x<br>be       | b                                     | Total fundraising expenses (Part IX, column (D), line 25)                                       | 38.           |                                     |                                     |  |  |  |  |
| Ш             | 17                                    | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                    |               | 661,733.                            |                                     |  |  |  |  |
|               | 18                                    | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                       |               | 2,243,798.                          | 3,260,103.                          |  |  |  |  |
|               | 19                                    | Revenue less expenses. Subtract line 18 from line 12  |               | 5,420,546.                          | 147,081.                            |  |  |  |  |
| Net Assets or |                                       |   | Ве            | ginning of Current Year             | End of Year                         |  |  |  |  |
| Sset          | 20                                    | Total assets (Part X, line 16)  |               | 7,761,431.                          | 8,776,450.                          |  |  |  |  |
| HA P          | 21                                    | Total liabilities (Part X, line 26)   |               | 990,948.                            | 1,687,912.                          |  |  |  |  |
|               | 22                                    | Net assets or fund balances. Subtract line 21 from line 20                                      |               | 6,770,483.                          | 7,088,538.                          |  |  |  |  |
|               | art II                                | Signature Block   |               |                                     |                                     |  |  |  |  |
|               |                                       | Ities of perjury, I declare that I have examined this return, including accompanying schedules  |               |                                     | y knowledge and belief, it is       |  |  |  |  |
| true          | e, correc                             | t, and complete. Declaration of preparer (other than officer) is based on all information of wh | lich preparer | nas any knowledge.                  |                                     |  |  |  |  |
| C:-           |                                       | Signature of officer  |               | I<br>Date                           |                                     |  |  |  |  |
| Sig           |                                       | SEAN HILL, CEO  |               | 2410                                |                                     |  |  |  |  |
| He            | re                                    | Type or print name and title  |               |                                     |                                     |  |  |  |  |
|               |                                       | Print/Type preparer's name Preparer's signature   | 11            | Date Check                          | PTIN                                |  |  |  |  |
| Pai           | d                                     | AMANDA H. WILLIAMS  AMANDA H. WILLIAMS  |               | .0/27/22 if self-employe            |                                     |  |  |  |  |
|               | parer                                 | Firm's name GILBERT CPAS  |               | Firm's FINI >                       | 68-0037990                          |  |  |  |  |
|               | Only                                  | Firm's address 2880 GATEWAY OAKS DR, STE 100  |               | THIII 3 LIIV                        |                                     |  |  |  |  |
|               | ,                                     | SACRAMENTO, CA 95833  |               | Phone no 91                         | 6-646-6464                          |  |  |  |  |
| Ma            | v the IF                              | RS discuss this return with the preparer shown above? See instructions                          |               | 1                                   | X Yes No                            |  |  |  |  |

| Par        | t 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: OUR MISSION IS TO DELIVER INNOVATIVE OUTDOOR SCIENCE BASED EDUCATION                              |
|            | PROGRAMS FOR YOUTH TO DEVELOP CRITICAL THINKING SKILLS AND TO INSPIRE  |
|            | NATURAL RESOURCE STEWARDSHIP.  |
|            |  |
| 2          | Did the organization undertake any significant program services during the year which were not listed on the                                   |
|            | prior Form 990 or 990-EZ?  |
|            | If "Yes," describe these new services on Schedule O.   |
| 3          | Did the organization cease conducting, or make significant changes in how it conducts, any program services?                                   |
|            | If "Yes," describe these changes on Schedule O.  |
| 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 \$2,073,227. including grants of \$) (Revenue \$1,467,389.)  |
|            | RESIDENTIAL EDUCATION PROGRAMS AT GRIZZLY CREEK RANCH: SIERRA NEVADA   |
|            | JOURNEYS SERVED 2,586 YOUTH IN 2021 AT OUR GRIZZLY CREEK RANCH CAMP.   |
|            | FIFTH AND SIXTH GRADERS THROUGHOUT THE SCHOOL YEAR PARTICIPATE IN  |
|            | OVERNIGHT OUTDOOR LEARNING. THESE EDUCATION PROGRAMS USE OUTDOOR,  |
|            | EXPERIENTIAL LEARNING TO TEACH SCIENCE, TECHNOLOGY, ENGINEERING AND  |
|            | MATH (STEM), AS WELL AS SOCIAL-EMOTIONAL LEARNING COMPETENCIES.  |
|            | STUDENTS RECEIVED FULL DAYS AND EVENINGS OF HANDS-ON, ENGAGING   |
|            | INSTRUCTION DURING WHICH THEY OBSERVE THE ENVIRONMENT AND ECOLOGY,   |
|            | COLLECT AND ANALYZE SAMPLES, LEARN THE IMPORTANCE OF ENVIRONMENTAL   |
|            | STEWARDSHIP AND WORK COLLABORATIVELY TO SOLVE SCIENCE PROBLEMS.  |
|            | ADDITIONALLY, 90% OF STUDENTS IN SNJ'SPROGRAMS DEMONSTRATED IMPROVED   |
|            | UNDERSTANDING OF SCIENCE STANDARDS.  |
| 4b         | (Code: ) (Expenses \$ 530,250 · including grants of \$ ) (Revenue \$ 207,845 · )   |
|            | CLASSROOMS UNLEASHED FOCUSES ON 1ST-6TH GRADE STUDENTS IN NORTHERN   |
|            | CALIFORNIA AND NORTERN NEVADA. THE PROGRAM BLENDS INNOVATIVE CLASSROOM SCIENCE EDUCATION WITH PRACTICAL, INTERACTIVE FIELD STUDY TO BUILD STEM |
|            | SKILLS AND CONTENT KNOWLEDGE. SIERRA NEVADA JOURNEYS' SCIENCE EDUCATORS  |
|            | DELIVER THREE LESSON UNITS THAT INCLUDE A FIELD SCIENCE EXPERIENCE AT A  |
|            | LOCAL NATURE AREA. STUDENTS WORK INDEPENDENTLY AND AS GROUPS TO MAKE   |
|            | OBSERVATIONS, ANALYZE DATA, AND RECORD CONCLUSIONS IN THEIR SCIENCE  |
|            | NOTEBOOKS. CURRICULUM IS DESIGNED TO DIRECTLY ADDRESS STATE SCIENCE  |
|            | STANDARDS AND ELICITS FROM STUDENTS A HIGH LEVEL OF CURIOSITY,   |
|            | ENGAGEMENT, AND ENTHUSIASM FOR SCIENCE LEARNING. 11,702 STUDENTS   |
|            | PARTICIPATED IN CLASSROOMS UNLEASHED WITH A 37% AVERAGE GAIN SCORE FROM  |
|            | PRE- TO POST-ASSESSMENT.   |
| 4c         | (Code:) (Expenses \$   |
|            | · · · · · · · · · · · · · · · · · · ·  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
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|            |  |
|            |  |
|            |  |
| 4 -1       | Others are greater as micros (Describe and Cahadrida O.)   |
| <b>4</b> 0 | Other program services (Describe on Schedule O.)   |
| <u>4e</u>  | (Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 2,603,477.   |
| TU         |  |

# Form 990 (2021) SIERRA NEVADA JOURNEYS 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)?  If "Yes," complete Schedule A   | 1     | х   |            |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2     | Х   |            |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   | 3     |     | х          |
| 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? If "Yes," complete Schedule C, Part II  | 4     |     | Х          |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   |       |     |            |
|     | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II   | 7     |     | Х          |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>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?  If "Yes," complete Schedule D, Part IV  | 9     |     | X          |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   |       |     |            |
|     | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10    |     | Х          |
| 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.   |       |     |            |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |       | 37  |            |
|     | Part VI  | 11a   | Х   |            |
| 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? If "Yes," complete Schedule D, Part VII   | 11b   |     | х          |
| С   | 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? If "Yes," complete Schedule D, Part VIII   | 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? If "Yes," complete Schedule D, Part IX  | 11d   |     | х          |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e   | Х   |            |
| 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)? If "Yes," complete Schedule D, Part X   | 11f   | Х   |            |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   | 12a   | Х   |            |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?  |       |     |            |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b   |     | X          |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13    |     | Х          |
|     | 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   | 4.41- |     | X          |
| 15  | or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  | 14b   |     |            |
| 15  | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15    |     | Х          |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   |       |     | 77         |
| 4-  | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16    |     | X          |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  | 47    |     | X          |
| 10  | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines                                     | 17    |     | ^ <u> </u> |
| 18  | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18    |     | х          |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   | .5    |     | † <u></u>  |
|     | complete Schedule G, Part III  | 19    |     | х          |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a   |     | Х          |
|     | 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? If "Yes," complete Schedule I, Parts I and II  | 21    |     | X          |

## Form 990 (2021) SIERRA NEVADA JOUR 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? If "Yes," complete Schedule I, Parts I and III  | 22  |     | 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? If "Yes," complete   |     |     |     |
|     | Schedule J   | 23  | Х   |     |
| 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? If "Yes," answer lines 24b through 24d and complete   | ١., |     | Х   |
|     | Schedule K. If "No," go to line 25a  | 24a |     | Λ   |
|     | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |     |     |
| C   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   | 24c |     |     |
| d   | any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     |     |
|     | 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? If "Yes," complete Schedule L, Part I  | 25a |     | Х   |
| 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? If "Yes," complete  |     |     |     |
|     | Schedule L, Part I   | 25b |     | Х   |
| 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? If "Yes," complete Schedule L, Part II   | 26  |     | Х   |
| 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  |     |     | v   |
|     | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III   | 27  |     | Х   |
| 28  | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,   |     |     |     |
| •   | instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> |     |     |     |
| а   | "Yes," complete Schedule L, Part IV  | 28a |     | Х   |
| b   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b |     | Х   |
|     | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/   |     |     |     |
|     | "Yes," complete Schedule L, Part IV  | 28c |     | Х   |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29  |     | X   |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |     |     |     |
|     | contributions? If "Yes," complete Schedule M   | 30  |     | Х   |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31  |     | Х   |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |     |     | 7.7 |
|     | Schedule N, Part II  | 32  |     | Х   |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |     |     | Х   |
| 24  | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 33  |     |     |
| 34  | Part V, line 1   | 34  |     | Х   |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a |     | X   |
|     | 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)? If "Yes," complete Schedule R, Part V, line 2  | 35b |     |     |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   |     |     |     |
|     | If "Yes," complete Schedule R, Part V, line 2  | 36  |     | Х   |
| 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? If "Yes," complete Schedule R, Part VI   | 37  |     | X   |
| 38  | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?   |     | 37  |     |
| Pai | Note: All Form 990 filers are required to complete Schedule O  **T V   Statements Regarding Other IRS Filings and Tax Compliance   | 38  | Х   |     |
| Pal |  |     |     |     |
|     | 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 1a 23   |     | 162 | 140 |
|     | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0   |     |     |     |
|     | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |     |     |     |
|     | (gambling) winnings to prize winners?  | 1c  | Х   |     |

021) SIERRA NEVADA JOURNEYS

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

|            |   |         |                       |               | Yes | No       |  |  |
|------------|---|---------|-----------------------|---------------|-----|----------|--|--|
| <b>2</b> a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |         | 7.0                   |               |     |          |  |  |
|            | filed for the calendar year ending with or within the year covered by this return   | 2a      | 76                    |               | 37  |          |  |  |
| b          | If at least one is reported on line 2a, did the organization file all required federal employment tax returns the control of t        |         |                       | 2b            | X   |          |  |  |
| 0-         | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions  |         |                       | 0-            |     | Х        |  |  |
|            |   |         |                       | 3a<br>3b      |     |          |  |  |
|            | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other   |         |                       | 30            |     |          |  |  |
| 44         | financial account in a foreign country (such as a bank account, securities account, or other financial  |         | •                     | 4a            |     | х        |  |  |
| h          | If "Yes," enter the name of the foreign country   | accour  | 11.7:                 | <del></del> a |     |          |  |  |
|            | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A  | cconn   | ts (FBAR)             |               |     |          |  |  |
| 5a         | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   |         |                       | 5a            |     | Х        |  |  |
|            | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa  |         |                       | 5b            |     | Х        |  |  |
|            | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   |         |                       | 5c            |     |          |  |  |
|            | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  |         |                       |               |     |          |  |  |
|            | any contributions that were not tax deductible as charitable contributions?   |         |                       | 6a            |     | Х        |  |  |
| b          | <b>b</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).   |         |                       |               |     |          |  |  |
| а          | $ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ excess \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ excess \ excess \ partly \ excess \ e$ | vices p | rovided to the payor? | 7a            |     | X        |  |  |
| b          | If "Yes," did the organization notify the donor of the value of the goods or services provided?   |         |                       | 7b            |     |          |  |  |
| С          | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w  | as requ | uired                 |               |     | l        |  |  |
|            | to file Form 8282?  |         |                       | 7c            |     | X        |  |  |
| d          | If "Yes," indicate the number of Forms 8282 filed during the year   | 7d      |                       |               |     | 37       |  |  |
| е          | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of  |         |                       | 7e            |     | X        |  |  |
| f          | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of the per        |         |                       | 7f            |     |          |  |  |
| g          | If the organization received a contribution of qualified intellectual property, did the organization file Fo  |         |                       | 7g            |     |          |  |  |
| _          | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are interior deposit and policy of the deposit of the depos        |         |                       | 7h            |     |          |  |  |
| 8          | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?   |         |                       | 8             |     |          |  |  |
| 9          | Sponsoring organizations maintaining donor advised funds.   |         |                       | 0             |     |          |  |  |
| а          | Did the agree of a constitution and a great scale of the state of the         |         |                       | 9a            |     |          |  |  |
| b          | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   |         |                       | 9b            |     |          |  |  |
| 10         | Section 501(c)(7) organizations. Enter:   |         |                       |               |     |          |  |  |
| а          | 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:  |         |                       |               |     |          |  |  |
| а          | 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     |                       |               |     |          |  |  |
|            | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form  |         |                       | 12a           |     |          |  |  |
|            | 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.  |         |                       | 40            |     |          |  |  |
| а          | Is the organization licensed to issue qualified health plans in more than one state?  |         |                       | 13a           |     |          |  |  |
| h          | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  |         |                       |               |     |          |  |  |
| D          | 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     |                       |               |     |          |  |  |
| _          | Enter the amount of reserves on hand  |         |                       |               |     |          |  |  |
| 14a        | Did the organization receive any payments for indoor tanning services during the tax year?  |         |                       | 14a           |     | Х        |  |  |
|            | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu   |         |                       | 14b           |     | <u> </u> |  |  |
| 15         | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune  |         |                       |               |     |          |  |  |
|            | excess parachute payment(s) during the year?  |         |                       | 15            |     | Х        |  |  |
|            | If "Yes," see the instructions and file Form 4720, Schedule N.  |         |                       |               |     |          |  |  |
| 16         | Is the organization an educational institution subject to the section 4968 excise tax on net investmen  | t incor | ne?                   | 16            |     | Х        |  |  |
|            | If "Yes," complete Form 4720, Schedule O.   |         |                       |               |     |          |  |  |
| 17         | $\textbf{Section 501(c)(21) organizations.} \ Did the trust, any disqualified person, or mine operator engage in the trust of the trust of$    | any     |                       |               |     |          |  |  |
|            | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?   |         |                       | 17            |     |          |  |  |
|            | If "Yes," complete Form 6069.   |         |                       |               |     |          |  |  |

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

|     | Check if Schedule O contains a response or note to any line in this Part VI   |         |         | X    |
|-----|---|---------|---------|------|
| Sec | tion 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 1a  |         |         | 110  |
|     | 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.                               |         |         |      |
| b   | Enter the number of voting members included on line 1a, above, who are independent 1b   |         |         |      |
| 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?  | 2       |         | Х    |
| 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?   | 3       |         | Х    |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 4       |         | Х    |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | 5       |         | Х    |
| 6   | Did the organization have members or stockholders?  | 6       |         | Х    |
|     | 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?   | 7a      |         | х    |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                  |         |         |      |
| -   | persons other than the governing body?  | 7b      |         | Х    |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |         |         |      |
|     | The governing body?   | 8a      | Х       |      |
| b   | Each committee with authority to act on behalf of the governing body?   | 8b      | Х       |      |
| 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   | 9       |         | х    |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                    |         |         | I    |
|     |   |         | Yes     | No   |
| 10a | Did the organization have local chapters, branches, or affiliates?  | 10a     |         | Х    |
|     | 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?         | 11a     | Х       |      |
|     | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                       |         |         |      |
|     | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a     | Х       |      |
|     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b     | Х       |      |
|     | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                  |         |         |      |
|     | on Schedule O how this was done   | 12c     |         | Х    |
| 13  | Did the organization have a written whistleblower policy?   | 13      | Х       |      |
| 14  | Did the organization have a written document retention and destruction policy?  | 14      | Х       |      |
| 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?                                   |         |         |      |
| а   | The organization's CEO, Executive Director, or top management official  | 15a     | Х       |      |
|     | Other officers or key employees of the organization   | 15b     | Х       |      |
|     | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  |         |         |      |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a               |         |         |      |
|     | taxable entity during the year?   | 16a     |         | Х    |
| 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     |         |      |
| Sec | tion 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  | ) avail | able |
|     | for public inspection. Indicate how you made these available. Check all that apply.   | •       |         |      |
|     | X Own website X Another's website X Upon request Other (explain on Schedule O)  |         |         |      |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar      | nd fina | ncial   |      |
|     | 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                      |         |         |      |
|     | SEAN HILL - 775-355-1688  |         |         |      |
|     | 190 EAST LIBERTY STREET, RENO, NV 89501   |         |         |      |

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See the instructions for the order in which to list the persons above.

| (A)                        | (B)               | (C)                            |                                      |         |              |                              |           | (D)             | (E)                           | (F)                |
|----------------------------|-------------------|--------------------------------|--------------------------------------|---------|--------------|------------------------------|-----------|-----------------|-------------------------------|--------------------|
| Name and title             | Average           | (do                            | Position (do not check more than one |         | Reportable   | Reportable                   | Estimated |                 |                               |                    |
|                            | hours per         | box                            | , unle                               | ss pe   | rson         | is bot                       | h an      | compensation    | compensation                  | amount of          |
|                            | week<br>(list any | _                              |                                      | T       |              | T                            | 100,      | from<br>the     | from related<br>organizations | other compensation |
|                            | hours for         | direc                          |                                      |         |              | pa                           |           | organization    | (W-2/1099-MISC/               | from the           |
|                            | related           | stee o                         | rustee                               |         |              | ensat                        |           | (W-2/1099-MISC/ | 1099-NEC)                     | organization       |
|                            | organizations     | al tru                         | onal t                               |         | oloyee       | comp                         |           | 1099-NEC)       |                               | and related        |
|                            | below<br>line)    | Individual trustee or director | Institutional trustee                | Officer | Key employee | Highest compensated employee | Former    |                 |                               | organizations      |
| (1) P EATON DUNKELBERGER   | 40.00             |                                | _                                    |         | ×            | Τ 00                         |           |                 |                               |                    |
| CEO                        |                   | 1                              |                                      | Х       |              |                              |           | 167,797.        | 0.                            | 5,942.             |
| (2) DAN KLAICH             | 3.00              |                                |                                      |         |              |                              |           |                 |                               |                    |
| CHAIR                      |                   | Х                              |                                      | Х       |              |                              |           | 0.              | 0.                            | 0.                 |
| (3) REGINA STANBACK STROUD | 1.00              |                                |                                      |         |              |                              |           |                 |                               |                    |
| SECRETARY                  |                   | Х                              |                                      | Х       |              |                              |           | 0.              | 0.                            | 0.                 |
| (4) MALENA RAYMOND         | 1.00              |                                |                                      |         |              |                              |           |                 |                               |                    |
| TREASURER                  |                   | Х                              |                                      | Х       |              |                              |           | 0.              | 0.                            | 0.                 |
| (5) MARK BURRELL           | 1.00              |                                |                                      |         |              |                              |           |                 |                               |                    |
| TRUSTEE                    |                   | Х                              |                                      |         |              |                              |           | 0.              | 0.                            | 0.                 |
| (6) TIM CROWLEY            | 1.00              |                                |                                      |         |              |                              |           |                 |                               |                    |
| TRUSTEE                    |                   | Х                              |                                      |         |              |                              |           | 0.              | 0.                            | 0.                 |
| (7) MARILUZ GARCIA         | 1.00              |                                |                                      |         |              |                              |           |                 |                               |                    |
| TRUSTEE                    |                   | Х                              |                                      |         |              |                              |           | 0.              | 0.                            | 0.                 |
| (8) GAIL PFROMMER          | 1.00              |                                |                                      |         |              |                              |           |                 |                               |                    |
| TRUSTEE                    |                   | Х                              |                                      |         |              |                              |           | 0.              | 0.                            | 0.                 |
| (9) SHANE TUCKER           | 2.00              |                                |                                      |         |              |                              |           |                 |                               |                    |
| TRUSTEE                    |                   | Х                              |                                      |         |              |                              |           | 0.              | 0.                            | 0.                 |
|                            |                   | -                              |                                      |         |              |                              |           |                 |                               |                    |
|                            |                   |                                |                                      |         |              |                              |           |                 |                               |                    |
|                            |                   | -                              |                                      |         |              |                              |           |                 |                               |                    |
|                            |                   |                                |                                      |         |              |                              |           |                 |                               |                    |
|                            |                   | 1                              |                                      |         |              |                              |           |                 |                               |                    |
|                            |                   |                                |                                      |         |              |                              |           |                 |                               |                    |
|                            |                   |                                |                                      |         |              |                              |           |                 |                               |                    |
|                            |                   |                                |                                      |         |              |                              |           |                 |                               |                    |
|                            |                   |                                |                                      |         |              |                              | $\vdash$  |                 |                               |                    |
|                            |                   |                                |                                      |         |              |                              |           |                 |                               |                    |
|                            |                   |                                |                                      |         |              |                              |           |                 |                               |                    |
|                            |                   |                                |                                      |         |              | _                            |           |                 |                               |                    |
|                            |                   | -                              |                                      |         |              |                              |           |                 |                               |                    |
|                            | <u> </u>          |                                |                                      |         |              |                              |           |                 |                               | - 000              |

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| Pai                | tees, Key Em   | ployees, and Highest Compensated Employees (continue                                    |   |                      |                              |                                   |                                |                               | es (continued)  |  |                      |                  |  |                              |
|--------------------|--|---|---|----------------------|------------------------------|-----------------------------------|--------------------------------|-------------------------------|---|--|----------------------|------------------|--|------------------------------|
|                    | Section A. Officers, Directors, Trus (A)  Name and title   | (B) Average hours per week (list any hours for related organizations below line)        | tee or director op objection op | not c                | Pos<br>heck                  | ition<br>more<br>erson<br>lirecto |                                | one<br>h an<br>itee)          | Reportable compensated Employe (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | es (continued)  (E)  Reportable compensation from related organization (W-2/1099-MIS 1099-NEC) | on<br>d<br>is<br>SC/ | com<br>fr<br>org | (F) etimate nount of other pensa om the anization relate | of<br>tion<br>e<br>ion<br>ed |
|                    |  |   | -   |                      |                              |                                   |                                |                               |   |  |                      |                  |  |                              |
| С                  | Subtotal  Total from continuation sheets to Part Vi  Total (add lines 1b and 1c)  Total number of individuals (including but no compensation from the organization | I, Section A  |   |                      |                              |                                   |                                | <u> </u>                      | 167,797. 0. 167,797. eceived more than \$100  | 0,000 of reportab  | 0.<br>0.<br>0.       |                  | 5,9<br>5,9   | 0.                           |
| 3<br>4<br>5<br>Sec | Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for some some some some some some some some                            | uch individual um of reportab 0,000? If "Yes, accrue compet plete Schedul mpensated ind | ole co<br>," co<br>nsati<br>le J f                                  | omp<br>mple<br>ion f | ensa<br>ete S<br>from<br>uch | atior<br>Sche<br>any<br>pers      | n and<br>edule<br>/ uni<br>son | d ot<br>e <i>J i</i><br>relat | her compensation from for such individual ted organization or individual that received more than          | the organization<br>idual for services<br>\$100,000 of con                                     |                      | 3 4 5 ation f    | X  | X                            |
|                    | Name and business  |   |   | ONI                  |                              | with                              | or w                           | itnir                         | n the organization's tax (B) Description of s   |  |                      | (Compe           | c)<br>nsation  | n                            |
| 2                  | Total number of independent contractors (i \$100,000 of compensation from the organi   |   | ıot liı   | mite                 | d to                         | tho (                             | se li:                         | stec                          | d above) who received n   | nore than  |                      |                  | 000 "  |                              |

Form 990 (2021) SIERRA I

|  |            | Check if Schedule O             | contains a response                   | or note to any lir  | ne in this Part VIII |                    |                  |                                      |
|--|------------|---------------------------------|---------------------------------------|---------------------|----------------------|--------------------|------------------|--------------------------------------|
|  |            | Chicar in Confedence C          |                                       | or rioto to arry in | (A)                  | (B)                | (C)              | (D)                                  |
|  |            |                                 |                                       |                     | Total revenue        | Related or exempt  |                  | Revenue excluded                     |
|  |            |                                 |                                       |                     |                      | function revenue   | business revenue | from tax under<br>sections 512 - 514 |
| s so   |            |                                 | 1.1                                   |                     |                      |                    |                  | 30000013 312 314                     |
| Contributions, Gifts, Grants and Other Similar Amounts |            | Federated campaigns             |                                       |                     |                      |                    |                  |                                      |
| اع چر<br>ا   | b          | Membership dues                 | 1b                                    |                     |                      |                    |                  |                                      |
| Arr.   | С          | Fundraising events              | 1c                                    |                     |                      |                    |                  |                                      |
| 盲  | d          | Related organizations           | 1d                                    |                     |                      |                    |                  |                                      |
| S,E  |            | Government grants (conti        |                                       | 849,024.            |                      |                    |                  |                                      |
| Sign   |            | All other contributions, gifts, |                                       |                     |                      |                    |                  |                                      |
| 를  | •          | similar amounts not included    | - '                                   | 877,213.            |                      |                    |                  |                                      |
| 불하   |            |                                 |                                       | 07772131            |                      |                    |                  |                                      |
| ng p   | _          |                                 |                                       |                     | 1 726 227            |                    |                  |                                      |
| 9  | <u>n</u>   | Total. Add lines 1a-1f          |                                       |                     | 1,726,237.           |                    |                  |                                      |
|  |            |                                 |                                       | Business Code       | 4 650 405            | 1 600 105          |                  |                                      |
| S  | 2 a        | EDUCATIONAL F                   | PROGRAMS                              | 721214              | 1,670,105.           | 1,670,105.         |                  |                                      |
| ا ق∑َ  | b          |                                 |                                       |                     |                      |                    |                  |                                      |
| S Z  | С          |                                 | _                                     |                     |                      |                    |                  |                                      |
| ean  | d          |                                 |                                       |                     |                      |                    |                  |                                      |
| g &  | _          |                                 |                                       |                     |                      |                    |                  |                                      |
| Program Service<br>Revenue                             | f          | All other program service       | rovonuo                               |                     |                      |                    |                  |                                      |
|  | '          |                                 |                                       |                     | 1,670,105.           |                    |                  |                                      |
| $\rightarrow$  | <u>g</u>   | Total. Add lines 2a-2f          |                                       |                     | 1,070,103.           |                    |                  |                                      |
|  | 3          | Investment income (include      |                                       |                     | F 712                |                    |                  | E 713                                |
|  |            | other similar amounts)          |                                       |                     | 5,713.               |                    |                  | 5,713.                               |
|  | 4          | Income from investment of       | of tax-exempt bond p                  | proceeds            |                      |                    |                  |                                      |
|  | 5          | Royalties                       |                                       | <u>,</u>            |                      |                    |                  |                                      |
|  |            |                                 | (i) Real                              | (ii) Personal       |                      |                    |                  |                                      |
|  | 6 a        | Gross rents                     | 6a                                    |                     |                      |                    |                  |                                      |
|  |            | Less: rental expenses           | 6b                                    |                     |                      |                    |                  |                                      |
|  |            | Rental income or (loss)         | 6c                                    |                     |                      |                    |                  |                                      |
|  |            | Net rental income or (loss      | L .                                   |                     |                      |                    |                  |                                      |
|  |            | •                               | (i) Securities                        | (ii) Other          |                      |                    |                  |                                      |
|  | <i>i</i> a | Gross amount from sales of      | ''                                    | (ii) Oti lei        |                      |                    |                  |                                      |
|  |            | assets other than inventory     | 7a                                    |                     |                      |                    |                  |                                      |
|  | b          | Less: cost or other basis       |                                       |                     |                      |                    |                  |                                      |
| ا م  |            | and sales expenses              | 7b                                    |                     |                      |                    |                  |                                      |
| ther Revenue   | С          | Gain or (loss)                  | 7c                                    |                     |                      |                    |                  |                                      |
| 8  |            | Net gain or (loss)              |                                       |                     |                      |                    |                  |                                      |
| ē  |            | Gross income from fundraisi     |                                       |                     |                      |                    |                  |                                      |
| ₹  |            | including \$                    | of                                    |                     |                      |                    |                  |                                      |
|  |            | contributions reported on       |                                       |                     |                      |                    |                  |                                      |
|  |            | •                               | , , , , , , , , , , , , , , , , , , , |                     |                      |                    |                  |                                      |
|  |            | Part IV, line 18                |                                       | 1                   | -                    |                    |                  |                                      |
|  |            | Less: direct expenses           |                                       |                     |                      |                    |                  |                                      |
|  |            | Net income or (loss) from       |                                       | <b>D</b>            |                      |                    |                  |                                      |
|  | 9 a        | Gross income from gamin         |                                       |                     |                      |                    |                  |                                      |
|  |            | Part IV, line 19                |                                       | 1                   |                      |                    |                  |                                      |
|  | b          | Less: direct expenses           | 9b                                    |                     |                      |                    |                  |                                      |
|  | С          | Net income or (loss) from       | gaming activities                     |                     |                      |                    |                  |                                      |
|  | 10 a       | Gross sales of inventory,       | less returns                          |                     |                      |                    |                  |                                      |
|  |            | and allowances                  |                                       | 9,417.              |                      |                    |                  |                                      |
|  | h          | Less: cost of goods sold        |                                       |                     |                      |                    |                  |                                      |
|  |            | Net income or (loss) from       |                                       |                     | -513.                | -513.              |                  |                                      |
| $\dashv$   | U          | 1461 111001116 OI (1022) 110111 | Jaico Of HIVEHILUTY                   | Business Code       | 313.                 | 313.               |                  |                                      |
| Sn   |            | MISCELLANEOUS                   | TNCOME                                | 900099              | 5,642.               | 5,642.             |                  |                                      |
| ne ge  | _          |                                 | TINCOME                               | 900099              | 3,044.               | J,044.             |                  |                                      |
| lar<br>en  | b          |                                 |                                       |                     |                      |                    |                  |                                      |
| Miscellaneous<br>Revenue                               | С          |                                 |                                       |                     |                      |                    |                  |                                      |
| ĕ₽   | d          | All other revenue               |                                       |                     |                      |                    |                  |                                      |
|  | е          | Total. Add lines 11a-11d        |                                       | <b>&gt;</b>         | 5,642.               |                    |                  |                                      |
|  | 12         | Total revenue. See instruction  | ons                                   | <b>.</b>            | 3,407,184.           | 1,675 <u>,234.</u> | 0.               | 5,713.                               |

## 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 respon   | <u>'</u>           |                          |                                 |                      |
|----|---|--------------------|--------------------------|---------------------------------|----------------------|
| Do | not include amounts reported on lines 6b,   | (A)                | (B)                      | (C)                             | (D)                  |
|    | 8b, 9b, and 10b of Part VIII.   | Total expenses     | Program service expenses | Management and general expenses | Fundraising expenses |
| 1  | Grants and other assistance to domestic organizations   |                    | 3/10/1000                | денения одрениесь               | 57,001,000           |
|    | and domestic governments. See Part IV, line 21  |                    |                          |                                 |                      |
| 2  | Grants and other assistance to domestic   |                    |                          |                                 |                      |
|    | individuals. See Part IV, line 22   |                    |                          |                                 |                      |
| 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   | 173,739.           | 130,545.                 | 10,126.                         | 33,068.              |
| 6  | Compensation not included above to disqualified   |                    |                          |                                 |                      |
|    | persons (as defined under section 4958(f)(1)) and   |                    |                          |                                 |                      |
|    | persons described in section 4958(c)(3)(B)  | 1 420 524          | 1 000 000                | 02 045                          | 0.00                 |
| 7  | Other salaries and wages  | 1,438,534.         | 1,080,890.               | 83,845.                         | 273,799.             |
| 8  | Pension plan accruals and contributions (include  |                    |                          |                                 |                      |
|    | section 401(k) and 403(b) employer contributions)   | 166 533            | 105 100                  | 0 707                           | 21 (06               |
| 9  | Other employee benefits   | 166,532.           | 125,129.                 | 9,707.<br>8,519.                | 31,696.<br>27,819.   |
| 10 | Payroll taxes   | 146,162.           | 109,824.                 | 8,519.                          | 27,819.              |
| 11 | Fees for services (nonemployees):   |                    |                          |                                 |                      |
|    | Management  |                    |                          |                                 |                      |
|    | Legal   |                    |                          |                                 |                      |
|    | Accounting  |                    |                          |                                 | _                    |
|    | Lobbying Professional fundraising services. See Part IV, line 17  |                    |                          |                                 |                      |
| f  | Investment management fees  |                    |                          |                                 |                      |
|    | Other. (If line 11g amount exceeds 10% of line 25,  |                    |                          |                                 |                      |
| 9  | column (A), amount, list line 11g expenses on Sch 0.)   | 162,499.           | 70,742.                  | 75,394.                         | 16,363.              |
| 12 | Advertising and promotion   | 7,965.             | 2,896.                   | 5,069.                          |                      |
| 13 | Office expenses   | 151,270.           | 108,976.                 | 29,339.                         | 12,955.              |
| 14 | Information technology  |                    | ,                        | ,                               |                      |
| 15 | Royalties   |                    |                          |                                 | _                    |
| 16 | Occupancy   | 333,379.           | 311,224.                 | 6,321.                          | 15,834.              |
| 17 | Travel  | 38,494.            | 35,899.                  | 440.                            | 2,155.               |
| 18 | Payments of travel or entertainment expenses  |                    |                          |                                 |                      |
|    | for any federal, state, or local public officials   |                    |                          |                                 |                      |
| 19 | Conferences, conventions, and meetings  |                    |                          |                                 |                      |
| 20 | Interest  |                    |                          |                                 |                      |
| 21 | Payments to affiliates  | 4.0.0              | 4.2.2.2.2                |                                 |                      |
| 22 | Depreciation, depletion, and amortization   | 130,322.           | 130,322.                 |                                 |                      |
| 23 | Insurance   | 244,475.           | 243,195.                 | 883.                            | 397.                 |
| 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 0.)  | 107 201            | 107 201                  |                                 |                      |
| a  | FOOD SERVICE  | 107,381.           | 107,381.                 |                                 | 60                   |
| b  | OTHER PROGRAM COSTS   | 54,857.            | 54,797.                  | 16                              | 232.                 |
| C  | SUPPLIES STAFF TRAINING AND APPA  | 46,717.<br>36,795. | 46,469.<br>27,561.       | 2,050.                          | 7,184.               |
| d  |   | 20,982.            | 17,627.                  | 1,679.                          | 1,676.               |
|    | All other expenses  | 3,260,103.         | 2,603,477.               | 233,388.                        | 423,238.             |
| 25 | Total functional expenses. Add lines 1 through 24e  | J, 400, 10J.       | 4,003,411.               | 233,300.                        | <b>443,430</b>       |
| 26 | <b>Joint costs</b> . 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)  |                    |                          |                                 |                      |
|    | ii following oor 30-2 (NOC 300-720)   |                    |                          |                                 | F 000 (0004)         |

## Form 990 (2021) Part X Balance Sheet

| Pa                          | rt X | Balance Sheet   |                 |                       |                                 |            |                           |
|-----------------------------|------|---|-----------------|-----------------------|---------------------------------|------------|---------------------------|
|                             |      | Check if Schedule O contains a response or r                            | ote to any      | / line in this Part X |                                 |            |                           |
|                             |      |   |                 |                       | <b>(A)</b><br>Beginning of year |            | <b>(B)</b><br>End of year |
|                             | 1    | Cash - non-interest-bearing   |                 |                       | 429,660.                        | 1          | 431,540.                  |
|                             | 2    | Savings and temporary cash investments                                  | 1,370,804.      | 2                     | 2,207,362.                      |            |                           |
|                             | 3    | Pledges and grants receivable, net                                      |                 |                       | 652,562.                        | 3          | 617,644.                  |
|                             | 4    | Accounts receivable, net  | 28,340.         | 4                     | 244,842.                        |            |                           |
|                             | 5    | Loans and other receivables from any current                            |                 |                       |                                 |            |                           |
|                             |      | trustee, key employee, creator or founder, sub                          | ostantial c     | ontributor, 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 describ                          | ed in sect      | tion 4958(c)(3)(B)    |                                 | 6          |                           |
| ţ                           | 7    | Notes and loans receivable, net   |                 |                       | 7                               |            |                           |
| Assets                      | 8    | Inventories for sale or use   |                 | 6,520.                | 8                               | 5,591.     |                           |
| ⋖                           | 9    | Prepaid expenses and deferred charges                                   |                 |                       | 67,220.                         | 9          | 145,713.                  |
|                             | 10a  | Land, buildings, and equipment: cost or other                           |                 |                       |                                 |            |                           |
|                             |      | basis. Complete Part VI of Schedule D                                   |                 | 5,450,997.            |                                 |            |                           |
|                             | b    | Less: accumulated depreciation  | 10b             | 337,692.              | 5,198,972.                      | 10c        | 5,113,305.                |
|                             | 11   | Investments - publicly traded securities                                |                 |                       |                                 | 11         |                           |
|                             | 12   | Investments - other securities. See Part IV, line                       | e 11            |                       | 7,353.                          | 12         | 10,453.                   |
|                             | 13   | Investments - program-related. See Part IV, lin                         | e 11            |                       |                                 | 13         |                           |
|                             | 14   | Intangible assets   |                 |                       |                                 | 14         |                           |
|                             | 15   | Other assets. See Part IV, line 11                                      |                 |                       |                                 | 15         |                           |
|                             | 16   | Total assets. Add lines 1 through 15 (must ed                           | qual line 33    | 3)                    | 7,761,431.                      | 16         | 8,776,450.                |
|                             | 17   | Accounts payable and accrued expenses                                   |                 | 82,454.               | 17                              | 265,214.   |                           |
|                             | 18   | Grants payable  |                 |                       | 000 101                         | 18         | 688 455                   |
|                             | 19   | Deferred revenue  |                 |                       | 883,494.                        | 19         | 677,455.                  |
|                             | 20   | Tax-exempt bond liabilities   |                 |                       |                                 | 20         |                           |
|                             | 21   | Escrow or custodial account liability. Complet                          | of Schedule D   |                       | 21                              |            |                           |
| es                          | 22   | Loans and other payables to any current or fo                           |                 |                       |                                 |            |                           |
| Liabilities                 |      | trustee, key employee, creator or founder, sub                          |                 |                       |                                 |            |                           |
| <u>ia</u>                   |      | controlled entity or family member of any of the                        |                 |                       | 22                              |            |                           |
| _                           | 23   | Secured mortgages and notes payable to unr                              |                 | 25 000                | 23                              |            |                           |
|                             | 24   | Unsecured notes and loans payable to unrela                             |                 |                       | 25,000.                         | 24         |                           |
|                             | 25   | Other liabilities (including federal income tax,                        |                 |                       |                                 |            |                           |
|                             |      | parties, and other liabilities not included on lin                      | Complete Part X | 0                     |                                 | 745 242    |                           |
|                             |      | of Schedule D   |                 |                       | 0.                              |            | 745,243.                  |
|                             | 26   | Total liabilities. Add lines 17 through 25                              |                 |                       | 990,948.                        | 26         | 1,687,912.                |
| Se                          |      | Organizations that follow FASB ASC 958, c                               | heck here       |                       |                                 |            |                           |
| ŭ                           | 0.7  | and complete lines 27, 28, 32, and 33.                                  |                 | 6,194,710.            | 07                              | 5,824,944. |                           |
| sala                        | 27   |   |                 | 575,773.              | 27<br>28                        | 1,263,594. |                           |
| βE                          | 28   | Net assets with donor restrictions                                      |                 |                       | 373,773.                        | 28         | 1,203,354.                |
| Net Assets or Fund Balances |      | Organizations that do not follow FASB ASC                               | 958, cne        | ck nere               |                                 |            |                           |
|                             |      | and complete lines 29 through 33.                                       |                 |                       | 00                              |            |                           |
|                             | 29   | Capital stock or trust principal, or current fund                       |                 |                       | 29                              |            |                           |
|                             | 30   | Paid-in or capital surplus, or land, building, or                       |                 | 30                    |                                 |            |                           |
|                             | 31   | Retained earnings, endowment, accumulated                               | 6,770,483.      | 31                    | 7,088,538.                      |            |                           |
| Z                           | 32   |   |                 |                       | 7,761,431.                      | 32         | 8,776,450.                |
|                             | 33   | rotal liabilities and her assets/tund dalances                          |                 |                       | / , / OI , 4 OI •               | <b>ა</b> პ | 0,770,430.                |

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| Pa                    | rt XI Reconciliation of Net Assets   |                       |              |                   |            |  |  |
|-----------------------|--|-----------------------|--------------|-------------------|------------|--|--|
|                       | Check if Schedule O contains a response or note to any line in this Part XI  |                       |              |                   |            |  |  |
| 1<br>2<br>3<br>4<br>5 | Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments   | 1<br>2<br>3<br>4<br>5 | 3,40<br>3,26 | 7,1<br>0,1<br>7,0 | 03.<br>81. |  |  |
| 6<br>7<br>8<br>9      | Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,  | 7 8 9                 | 17           | 0,9               | 74.        |  |  |
|                       | column (B))  Part XII Financial Statements and Reporting   |                       |              |                   |            |  |  |
|                       | Check if Schedule O contains a response or note to any line in this Part XII   |                       |              |                   |            |  |  |
| 1                     | Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule   |                       |              | Yes               | No<br>X    |  |  |
| 2a                    | 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:  Separate basis  Consolidated basis  Both consolidated and separate basis  |                       |              |                   |            |  |  |
|                       | 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:  X Separate basis Consolidated basis Both consolidated and separate basis |                       |              |                   |            |  |  |
| С                     | 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.  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?                               |                       |              |                   |            |  |  |
| 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   |                       |              |                   |            |  |  |

Form **990** (2021)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **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.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization SIERRA NEVADA JOURNEYS 01-0881587 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

### 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.)

| Sec  | tion A. Public Support   |                     | ·                       | -                   |                     |                      |             |  |
|------|--|---------------------|-------------------------|---------------------|---------------------|----------------------|-------------|--|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2017            | <b>(b)</b> 2018         | (c) 2019            | (d) 2020            | (e) 2021             | (f) Total   |  |
| 1    | Gifts, grants, contributions, and  |                     |                         |                     |                     |                      |             |  |
|      | membership fees received. (Do not  |                     |                         |                     |                     |                      |             |  |
|      | include any "unusual grants.")   | 1,259,613.          | 1,420,951.              | 1,497,324.          | 6,729,212.          | 1,726,237.           | 12,633,337. |  |
| 2    | Tax revenues levied for the organ-   |                     |                         |                     |                     |                      |             |  |
|      | ization'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   | 1,259,613.          | 1,420,951.              | 1,497,324.          | 6,729,212.          | 1,726,237.           | 12,633,337. |  |
| 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)   |                     |                         |                     |                     |                      |             |  |
|      | Public support. Subtract line 5 from line 4.   |                     |                         |                     |                     |                      | 12,633,337. |  |
| Sec  | tion B. Total Support  |                     |                         |                     |                     |                      |             |  |
| Cale | ndar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2017     | <b>(b)</b> 2018         | (c) 2019            | (d) 2020            | (e) 2021             | (f) Total   |  |
| 7    | Amounts from line 4  | 1,259,613.          | 1,420,951.              | 1,497,324.          | 6,729,212.          | 1,726,237.           | 12,633,337. |  |
| 8    | Gross income from interest,  |                     |                         |                     |                     |                      |             |  |
|      | dividends, payments received on  |                     |                         |                     |                     |                      |             |  |
|      | securities loans, rents, royalties,  | 00                  | 44 555                  |                     | 04 404              |                      | 04 600      |  |
|      | and income from similar sources  | 9,579.              | 14,755.                 | 30,377.             | 21,184.             | 5,713.               | 81,608.     |  |
| 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   |                     |                         |                     | 054 206             | 5 640                |             |  |
|      | assets (Explain in Part VI.)   | 2,058,878.          | 1,957,153.              | 2,071,785.          | 274,306.            | 5,642.               | 6,367,764.  |  |
|      | <b>Total support.</b> Add lines 7 through 10   |                     |                         |                     |                     |                      | 19,082,709. |  |
|      | Gross receipts from related activities,  | •                   |                         |                     |                     |                      | ,670,105.   |  |
| 13   | First 5 years. If the Form 990 is for the  | -                   | rst, second, third, f   | ourth, or fifth tax | year as a section 5 | 501(c)(3)            | . $\Box$    |  |
|      | organization, check this box and stor  |                     |                         |                     |                     |                      | <u> </u>    |  |
|      | tion C. Computation of Publ  |                     |                         | . (0)               |                     |                      | 66.20 %     |  |
|      | Public support percentage for 2021 (I  |                     |                         |                     |                     | 14                   | <u> </u>    |  |
| 15   | Public support percentage from 2020  |                     |                         |                     |                     | 15                   |             |  |
| 16a  | 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  |                     |                         |                     |                     |                      |             |  |
|      | stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box |                     |                         |                     |                     |                      |             |  |
| D    |  |                     |                         |                     |                     |                      |             |  |
| 47-  | and <b>stop here.</b> The organization qual  |                     |                         |                     |                     |                      |             |  |
| 17a  | 10% -facts-and-circumstances tes   | -                   |                         |                     |                     |                      |             |  |
|      | and if the organization meets the fact   |                     | *                       | •                   |                     | · ·                  | <b>.</b> □  |  |
| ı.   | meets the facts-and-circumstances to   | ū                   | •                       |                     |                     | 170, and line 15 is: |             |  |
| a    | 10% -facts-and-circumstances tes   | Zuzu. II the org    | ai iizationi did Not Cl | HOUR A DUX ON IME   | o io, ioa, iob, or  | ı ra, anu iine 15 is | 1U70 UI     |  |
|      | more and if the organization mosts th  | on facts and aircum | netaneoe toot obo       | ok this boy and at  | on hore Evalois is  | Dart VI how the      |             |  |
|      | more, and if the organization meets the organization meets the facts-and-circ  |                     | •                       |                     |                     |                      | <b>▶</b> □  |  |

#### 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   | slow, picase com         | piete i art ii.j          |                       |                    |                     |               |
|---|--------------------------|---------------------------|-----------------------|--------------------|---------------------|---------------|
| Calendar year (or fiscal year beginning in)   | (a) 2017                 | <b>(b)</b> 2018           | (c) 2019              | (d) 2020           | (e) 2021            | (f) Total     |
| 1 Gifts, grants, contributions, and   |                          | , ,                       | , ,                   | , ,                | 1 '                 |               |
| membership fees received. (Do not   |                          |                           |                       |                    |                     |               |
| include any "unusual grants.")  |                          |                           |                       |                    |                     |               |
| <b>2</b> Gross receipts from admissions,  |                          |                           |                       |                    |                     |               |
| merchandise sold or services per-   |                          |                           |                       |                    |                     |               |
| formed, 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 bus-  |                          |                           |                       |                    |                     |               |
| :   |                          |                           |                       |                    |                     |               |
|   |                          |                           |                       |                    | +                   |               |
| 4 Tax revenues levied for the organ-  |                          |                           |                       |                    |                     |               |
| ization'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>b</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  |                          |                           |                       |                    |                     |               |
| <b>c</b> 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) 🖊   | <b>(a)</b> 2017          | <b>(b)</b> 2018           | (c) 2019              | (d) 2020           | (e) 2021            | (f) Total     |
| 9 Amounts from line 6   |                          |                           |                       |                    |                     |               |
| 10a Gross income from interest,   |                          |                           |                       |                    |                     |               |
| dividends, payments received on securities loans, rents, royalties,                           |                          |                           |                       |                    |                     |               |
| and income from similar sources   |                          |                           |                       |                    |                     |               |
| <b>b</b> Unrelated business taxable income  |                          |                           |                       |                    |                     |               |
| (less section 511 taxes) from businesses  |                          |                           |                       |                    |                     |               |
| acquired after June 30, 1975  |                          |                           |                       |                    |                     |               |
| <b>c</b> Add lines 10a and 10b  |                          |                           |                       |                    |                     |               |
| 11 Net income from unrelated business   |                          |                           |                       |                    |                     |               |
| activities not included on line 10b,  |                          |                           |                       |                    |                     |               |
| whether or not the business is regularly carried on   |                          |                           |                       |                    |                     |               |
| 12 Other income. Do not include gain  |                          |                           |                       |                    |                     | <del> </del>  |
| or loss from the sale of capital  |                          |                           |                       |                    |                     |               |
| assets (Explain in Part VI.)  |                          |                           |                       |                    |                     |               |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)   |                          | <br>                      | faculta au fifth tac  |                    |                     | <u> </u>      |
| 14 First 5 years. If the Form 990 is for the  | · ·                      |                           | •                     |                    |                     | ion,          |
| check this box and stop here  Section C. Computation of Publi                                 |                          | roontago                  |                       |                    |                     | <u></u>       |
| -   |                          |                           | 1 (5)                 |                    | 145                 |               |
| 15 Public support percentage for 2021 (li   |                          |                           |                       |                    |                     |               |
| 16 Public support percentage from 2020  |                          |                           |                       |                    | 16                  |               |
| Section D. Computation of Inves   |                          | <u>~</u> _                |                       |                    | 11                  |               |
| 17 Investment income percentage for 202   |                          |                           |                       |                    |                     | •             |
| 18 Investment income percentage from 2  |                          |                           |                       |                    | 18                  |               |
| 19a 33 1/3% support tests - 2021. If the  |                          |                           |                       |                    |                     | 17 is not     |
| more than 33 1/3%, check this box ar  |                          |                           |                       |                    |                     | ▶∟            |
| <b>b 33 1/3% support tests - 2020.</b> If the   | · ·                      |                           |                       | •                  | •                   |               |
| line 18 is not more than 33 1/3%, che   | ck this box and <b>s</b> | <b>top here.</b> The orga | anization qualifies a | as a publicly supp | ported organization | ▶ <u></u>     |
| 20 Private foundation. If the organization  | n did not check a        | box on line 14, 19        | a, or 19b, check t    | his box and see i  | nstructions         | <b>&gt;</b> L |

# Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **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)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|     | Yes | No |
|-----|-----|----|
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| 9с  |     |    |
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| 10a |     |    |
| 10b |     |    |

| Pa  | rt IV Supporting Organizations (continued)  |          |      |      |
|-----|---|----------|------|------|
|     | (dominada)  |          | Yes  | No   |
| 11  | Has the organization accepted a gift or contribution from any of the following persons?   |          |      |      |
|     | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and  |          |      |      |
|     | 11c below, the governing body of a supported organization?  | 11a      |      |      |
| b   | A family member of a person described on line 11a above?  | 11b      |      |      |
|     | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide  |          |      |      |
|     | detail in <b>Part VI</b> .  | 11c      |      |      |
| Sec | tion B. Type I Supporting Organizations   |          |      |      |
|     |   |          | Yes  | No   |
| 1   | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or  |          |      | -110 |
| -   | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,   |          |      |      |
|     | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)   |          |      |      |
|     | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported  |          |      |      |
|     | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1        |      |      |
| 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.  | 2        |      |      |
| Sec | tion 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  |          | 100  |      |
| •   | 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        |      |      |
| Sec | tion D. All Type III Supporting Organizations   |          |      |      |
|     | and any any point outper any organizations  |          | Yes  | No   |
| 1   | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the  |          | 100  | 110  |
| •   | 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?  | 1        |      |      |
| 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).   | 2        |      |      |
| 3   | By reason of the relationship described on line 2, above, did the organization's supported organizations have a   | _        |      |      |
| -   | significant voice in the organization's investment policies and in directing the use of the organization's  |          |      |      |
|     | income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's   |          |      |      |
|     | supported organizations played in this regard.  | 3        |      |      |
| Sec | tion 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 yea(see instructions)  |          |      |      |
| а   | The organization satisfied the Activities Test. Complete line 2 below.  |          |      |      |
| b   | The organization is the parent of each of its supported organizations. Complete line 3 below.   |          |      |      |
| С   | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in   | structio | ns). |      |
| 2   | Activities Test. Answer lines 2a and 2b below.  | I        | Yes  | No   |
| а   | 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.  | 2a       |      |      |
| b   | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,   |          |      |      |
|     | one or more of the organization's supported organization(s) would have been engaged in? 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.  | 2b       |      |      |
| 3   | Parent of Supported Organizations. Answer lines 3a and 3b below.  |          |      |      |
| а   | 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? If "Yes" or "No" provide details in Part VI.   | 3a       |      |      |
| 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.

| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supportin  | g Orga     | nizations                    |                                |  |  |
|------|--|------------|------------------------------|--------------------------------|--|--|
| 1    | 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   | t complete | e Sections A through E.      |                                |  |  |
| Sect | ion A - Adjusted Net Income  |            | (A) Prior Year               | (B) Current Year<br>(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          |                              |                                |  |  |
| Sect | ion B - Minimum Asset Amount   |            | (A) Prior Year               | (B) Current Year<br>(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):  |            |                              |                                |  |  |
| а    | Average monthly value of securities  | 1a         |                              |                                |  |  |
| b    | Average monthly cash balances  | 1b         |                              |                                |  |  |
| С    | Fair market value of other non-exempt-use assets   | 1c         |                              |                                |  |  |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d         |                              |                                |  |  |
| е    | Discount claimed for blockage or other factors   |            |                              |                                |  |  |
|      | (explain in detail in <b>Part VI</b> ):  |            |                              |                                |  |  |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets   | 2          |                              |                                |  |  |
| 3    | Subtract line 2 from line 1d.  | 3          |                              |                                |  |  |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,  |            |                              |                                |  |  |
|      | see instructions).   | 4          |                              |                                |  |  |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5          |                              |                                |  |  |
| 6    | Multiply line 5 by 0.035.  | 6          |                              |                                |  |  |
| 7    | Recoveries of prior-year distributions   | 7          |                              |                                |  |  |
| 8    | Minimum Asset Amount (add line 7 to line 6)  | 8          |                              |                                |  |  |
| Sect | ion C - Distributable Amount   |            |                              | Current Year                   |  |  |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)  | 1          |                              |                                |  |  |
| 2    | Enter 0.85 of line 1.  | 2          |                              |                                |  |  |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)   | 3          |                              |                                |  |  |
| 4    | Enter greater of line 2 or line 3.   | 4          |                              |                                |  |  |
| 5    | Income tax imposed in prior year   | 5          |                              |                                |  |  |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to   |            |                              |                                |  |  |
|      | emergency temporary reduction (see instructions).  | 6          |                              |                                |  |  |
| 7    | Check here if the current year is the organization's first as a non-functional   | ly integra | ted Type III supporting orga | anization (see                 |  |  |

Schedule A (Form 990) 2021

instructions).

|      | dule A (Form 990) 2021 SIERRA NEVADA                            |                                   | <del></del>                           | 01   | L-0881587 <sub>Page <b>7</b></sub>        |
|------|---|-----------------------------------|---------------------------------------|------|---|
| Pai  | rt V Type III Non-Functionally Integrated 509                   | (a)(3) Supporting Orga            | anizations <sub>(continu</sub>        | ued) |   |
| Sect | ion D - Distributions   |                                   |                                       |      | Current Year                              |
| _1_  | Amounts paid to supported organizations to accomplish exe       | empt purposes                     |                                       | 1    |   |
| 2    | Amounts paid to perform activity that directly furthers exemple | pt purposes of supported          |                                       |      |   |
|      | organizations, in excess of income from activity                |                                   | 2                                     |      |   |
| _3_  | Administrative expenses paid to accomplish exempt purpos        | es of supported organization      | าร                                    | 3    |   |
| _4_  | Amounts paid to acquire exempt-use assets                       |                                   |                                       | 4    |   |
| _5_  | Qualified set-aside amounts (prior IRS approval required - pro  | ovide details in <b>Part VI</b> ) |                                       | 5    |   |
| _6_  | Other distributions (describe in Part VI). See instructions.    |                                   |                                       | 6    |   |
| _7_  | <b>Total annual distributions.</b> Add lines 1 through 6.       |                                   |                                       | 7    |   |
| 8    | Distributions to attentive supported organizations to which t   | the organization is responsive    | e                                     |      |   |
|      | (provide details in Part VI). See instructions.                 |                                   |                                       | 8    |   |
| 9    | Distributable amount for 2021 from Section C, line 6            |                                   |                                       | 9    |   |
| 10   | Line 8 amount divided by line 9 amount                          |                                   |                                       | 10   |   |
| Sect | ion E - Distribution Allocations (see instructions)             | (i)<br>Excess Distributions       | (ii)<br>Underdistribution<br>Pre-2021 | ns   | (iii)<br>Distributable<br>Amount for 2021 |
| 1    | Distributable amount for 2021 from Section C, line 6            |                                   |                                       |      |   |
| 2    | Underdistributions, if any, for years prior to 2021 (reason-    |                                   |                                       |      |   |
|      | able cause required - explain in Part VI). See instructions.    |                                   |                                       |      |   |
| 3    | Excess distributions carryover, if any, to 2021                 |                                   |                                       |      |   |
| а    | From 2016   |                                   |                                       |      |   |
| b    | From 2017   |                                   |                                       |      |   |
| С    | From 2018   |                                   |                                       |      |   |
| d    | From 2019   |                                   |                                       |      |   |
| е    | From 2020   |                                   |                                       |      |   |
| f    | Total of lines 3a through 3e                                    |                                   |                                       |      |   |
| g    | Applied to underdistributions of prior years                    |                                   |                                       |      |   |
| h    | Applied to 2021 distributable amount                            |                                   |                                       |      |   |
| i    | Carryover from 2016 not applied (see instructions)              |                                   |                                       |      |   |
| j    | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                                   |                                       |      |   |
| 4    | Distributions for 2021 from Section D,                          |                                   |                                       |      |   |
|      | line 7: \$  |                                   |                                       |      |   |
| а    | Applied to underdistributions of prior years                    |                                   |                                       |      |   |
| b    | Applied to 2021 distributable amount                            |                                   |                                       |      |   |
| С    | Remainder. Subtract lines 4a and 4b from line 4.                |                                   |                                       |      |   |
| 5    | Remaining underdistributions for years prior to 2021, if        |                                   |                                       |      |   |
|      | any. Subtract lines 3g and 4a from line 2. For result greater   |                                   |                                       |      |   |
|      | than zero, explain in Part VI. See instructions.                |                                   |                                       |      |   |
| 6    | Remaining underdistributions for 2021. Subtract lines 3h        |                                   |                                       |      |   |
|      | and 4b from line 1. For result greater than zero, explain in    |                                   |                                       |      |   |
|      | Part VI. See instructions.                                      |                                   |                                       |      |   |
| 7    | Excess distributions carryover to 2022. Add lines 3j            |                                   |                                       |      |   |
|      | and 4c.   |                                   |                                       |      |   |
| 8    | Breakdown of line 7:  |                                   |                                       |      |   |
| а    | Excess from 2017  |                                   |                                       |      |   |

Schedule A (Form 990) 2021

b Excess from 2018c Excess from 2019d Excess from 2020e Excess from 2021

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

| SCHEDULE A, PART | II, LINE 10, EXPLANATION FOR OTHER INCOME: |
|------------------|--|
| OTHER INCOME     |  |
| 2017 AMOUNT: \$  | 2,058,878.                                 |
| 2018 AMOUNT: \$  | 1,957,153.                                 |
| 2019 AMOUNT: \$  | 2,071,785.                                 |
| 2020 AMOUNT: \$  | 274,306.                                   |
|                  |  |
| OTHER RELATED    |  |
| 2021 AMOUNT: \$  | 5,642.                                     |
|                  |  |
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## **Schedule B** (Form 990)

### **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number

|   | SIERRA NEVADA JOURNEYS  | 01-0881587                            |  |  |  |  |
|---|---|---------------------------------------|--|--|--|--|
| Organization type (check one):  |   |                                       |  |  |  |  |
| Filers of:  | Section:  |                                       |  |  |  |  |
| Form 990 or 990-EZ  | $\overline{\mathbf{X}}$ 501(c)( 3) (enter number) organization  |                                       |  |  |  |  |
|   | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation  |                                       |  |  |  |  |
|   | 527 political organization  |                                       |  |  |  |  |
| Form 990-PF   | 501(c)(3) exempt private foundation   |                                       |  |  |  |  |
|   | 4947(a)(1) nonexempt charitable trust treated as a private foundation   |                                       |  |  |  |  |
|   | 501(c)(3) taxable private foundation  |                                       |  |  |  |  |
|   |   |                                       |  |  |  |  |
|   | on is covered by the <b>General Rule</b> or a <b>Special Rule.</b><br>1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R  | ule. See instructions.                |  |  |  |  |
| General Rule  |   |                                       |  |  |  |  |
| denoral Hale  |   |                                       |  |  |  |  |
|   | ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin<br>any one contributor. Complete Parts I and II. See instructions for determining a contributor  | · · · · · · · · · · · · · · · · · · · |  |  |  |  |
| Special Rules   |   |                                       |  |  |  |  |
| sections 509(a<br>contributor, du   | X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.  |                                       |  |  |  |  |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. |   |                                       |  |  |  |  |
| year, contribut<br>is checked, en<br>purpose. Don't   | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{1}{2} \rightarrow 1 |                                       |  |  |  |  |
| answer "No" on Part IV,   | n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF filing requirements of Schedule B (Form 990).   | • •                                   |  |  |  |  |

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

# SIERRA NEVADA JOURNEYS

01-0881587

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. |                                  |  |  |  |
|------------|--|----------------------------------|--|--|--|
| (a)        | (b)  | (c)                              | (d)  |  |  |
| No.        | Name, address, and ZIP + 4   | Total contributions              | Type of contribution   |  |  |
| 1          |  | \$\$                             | Person X Payroll   |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions       | (d)<br>Type of contribution  |  |  |
| 2          |  | \$ 223,989.                      | Person X Payroll   |  |  |
| (a)        | (b)  | (c)                              | (d)  |  |  |
| No. 3      | Name, address, and ZIP + 4   | Total contributions  \$ 172,912. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |  |  |
| (a)        | (b)  | (c)                              | (d)  |  |  |
| No. 4      | Name, address, and ZIP + 4   | Total contributions  \$ 164,598. | Person X Payroll   |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions          | (d)<br>Type of contribution  |  |  |
| 5          |  | \$113,314.                       | Person X Payroll Noncash (Complete Part II for noncash contributions.) |  |  |
| (a)        | (b)  | (c)                              | (d)  |  |  |
| No. 6      | Name, address, and ZIP + 4   | \$ 95,000.                       | Person X Payroll Noncash (Complete Part II for noncash contributions.) |  |  |

# SIERRA NEVADA JOURNEYS

01-0881587

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addition | nal space is needed.    |  |
|------------|---|-------------------------|--|
| (a)        | (b)   | (c)                     | (d)  |
| No.        | Name, address, and ZIP + 4  | Total contributions     | Type of contribution   |
| 7          |   | \$\$41,698.             | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions | (d)<br>Type of contribution  |
| 8          |   | \$\$6,634.              | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions | (d)  |
|            | rame, address, and 2n + +   | \$                      | Person Payroll Complete Part II for noncash contributions.             |
| (a)        | (b)   | (c)                     | (d)  |
| No.        | Name, address, and ZIP + 4  | Total contributions     | Person Payroll Complete Part II for noncash contributions.             |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions | (d) Type of contribution   |
|            |   | \$                      | Person Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)        | (b)   | (c) Total contributions | (d)  |
| No.        | Name, address, and ZIP + 4  | Total contributions     | Person Payroll Noncash (Complete Part II for noncash contributions.)   |

Name of organization Employer identification number

# SIERRA NEVADA JOURNEYS

01-0881587

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. |   |                      |  |  |
|------------------------------|---|---|----------------------|--|--|
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |
|                              |   | \$  |                      |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |
|                              |   | \$  |                      |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |
|                              |   | \$  |                      |  |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |
|                              |   | \$  |                      |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |
|                              |   | \$  |                      |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |
|                              |   | \$  |                      |  |  |

Schedule B (Form 990) (2021) Name of organization **Employer identification number** 01-0881587 SIERRA NEVADA JOURNEYS Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SIERRA NEVADA JOURNEYS

Employer identification number 01-0881587

| Par | organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin                              |  | s or Accounts.Complete if the          |
|-----|---|--|--|
|     |   | (a) Donor advised funds                      | (b) Funds and other accounts           |
| 1   | Total number at end of year   | , ,  | . ,                                    |
| 2   | Aggregate value of contributions to (during year)   |  |  |
| 3   | Aggregate value of grants from (during year)  |  |  |
| 4   | Aggregate value at end of year  |  |  |
| 5   | Did the organization inform all donors and donor advisors in  | writing that the assets held in donor advis  | sed funds                              |
|     | are the organization's property, subject to the organization's  | _  |  |
| 6   | Did the organization inform all grantees, donors, and donor a   |  |  |
|     | for charitable purposes and not for the benefit of the donor of   |  |  |
|     | impermissible private benefit?  | ······································       | Yes No_                                |
| Par |   |  |  |
| 1   | Purpose(s) of conservation easements held by the organizati   | on (check all that apply).                   |  |
|     | Preservation of land for public use (for example, recrea  | tion or education)                           | f a historically important land area   |
|     | Protection of natural habitat   | Preservation of                              | f a certified historic structure       |
|     | Preservation of open space  |  |  |
| 2   | Complete lines 2a through 2d if the organization held a qualif  | ied conservation contribution in the form    |  |
|     | day of the tax year.  |  | Held at the End of the Tax Year        |
| а   | Total number of conservation easements  |  | 2a                                     |
| b   | Total acreage restricted by conservation easements  |  |  |
| С   | Number of conservation easements on a certified historic str  |  |  |
| d   | Number of conservation easements included in (c) acquired a   | •  |  |
|     | listed in the National Register   |  | 2d                                     |
| 3   | Number of conservation easements modified, transferred, rel   | eased, extinguished, or terminated by the    | e organization during the tax          |
|     | year ▶  |  |  |
| 4   | Number of states where property subject to conservation eas   |  |  |
| 5   | Does the organization have a written policy regarding the per   |  |  |
| _   | violations, and enforcement of the conservation easements if  |  |  |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting,  | handling of violations, and enforcing con    | servation easements during the year    |
| _   | <u> </u>  |  |  |
| 7   | Amount of expenses incurred in monitoring, inspecting, hand   | iling of violations, and enforcing conserva  | ation easements during the year        |
|     | ▶ \$ Does each conservation easement reported on line 2(d) above  | o antinfo the conscionments of anotice 170   | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| 8   |   |  |  |
| 0   | and section 170(h)(4)(B)(ii)?   |  |  |
| 9   | ,   | •  |  |
|     | balance sheet, and include, if applicable, the text of the footr<br>organization's accounting for conservation easements. | iote to the organization's illiancial statem | ients that describes the               |
| Par |   | f Art. Historical Treasures. or O            | Other Similar Assets.                  |
|     | Complete if the organization answered "Yes" on Form   |  |  |
| 1a  | If the organization elected, as permitted under FASB ASC 95   |  | and balance sheet works                |
|     | of art, historical treasures, or other similar assets held for put  | ·  |  |
|     | service, provide in Part XIII the text of the footnote to its finar   |  | •                                      |
| b   | If the organization elected, as permitted under FASB ASC 95   |  |  |
| -   | art, historical treasures, or other similar assets held for public  |  |  |
|     | provide the following amounts relating to these items:  | ,,,  | ,                                      |
|     | (i) Revenue included on Form 990, Part VIII, line 1   |  | <b>&gt;</b> \$                         |
|     |   |  |  |
| 2   | If the organization received or held works of art, historical tre   |  |  |
| _   | the following amounts required to be reported under FASB A  |  | g, p. e                                |
| а   | Revenue included on Form 990, Part VIII, line 1   | _  | <b>▶</b> \$                            |
|     | Assets included in Form 990, Part X   |  |  |

| Pai | t III Organizations Maintaining C  | ollections of A                                    | rt, Hist   | torical Tr     | easures,      | or Othe      | r Similar      | Asse     | <b>ts</b> (contin | ued)  | )           |
|-----|--|--|------------|----------------|---------------|--------------|----------------|----------|-------------------|-------|-------------|
| 3   | Using the organization's acquisition, accessi  | on, and other record                               | ls, checl  | k any of the   | following tha | at make si   | gnificant us   | e of its |                   |       |             |
|     | collection items (check all that apply):   |  |            |                |               |              |                |          |                   |       |             |
| а   | Public exhibition  | d  | · 🖳        | Loan or exc    | hange progra  | am           |                |          |                   |       |             |
| b   | Scholarly research   | е  |            | Other          |               |              |                |          |                   |       |             |
| С   | Preservation for future generations  |  |            |                |               |              |                |          |                   |       |             |
| 4   | Provide a description of the organization's co   | ollections and explai                              | n how th   | ney further t  | he organizati | ion's exen   | npt purpose    | in Par   | XIII.             |       |             |
| 5   | During the year, did the organization solicit o  | r receive donations                                | of art, hi | storical trea  | sures, or oth | er similar   | assets         |          | _                 | _     | _           |
|     | to be sold to raise funds rather than to be ma   |  |            |                |               |              |                |          | Yes               |       | No          |
| Pai | t IV Escrow and Custodial Arran  |  | ete if the | organizatio    | on answered   | "Yes" on     | Form 990, F    | Part IV, | line 9, or        |       |             |
|     | reported an amount on Form 990, Pai  | t X, line 21.                                      |            |                |               |              |                |          |                   |       |             |
| 1a  | Is the organization an agent, trustee, custodi   |  | •          |                |               |              |                |          | 1                 | _     | _           |
|     | on Form 990, Part X?   |  |            |                |               |              |                | └─       | Yes               |       | _ No        |
| b   | If "Yes," explain the arrangement in Part XIII   | and complete the fo                                | llowing t  | table:         |               |              |                |          |                   |       |             |
|     |  |  |            |                |               |              |                |          | Amount            |       |             |
|     | Beginning balance  |  |            |                |               |              |                |          |                   |       |             |
|     | Additions during the year  |  |            |                |               |              |                |          |                   |       |             |
| е   | Distributions during the year  |  |            |                |               |              |                |          |                   |       |             |
| f   | Ending balance   |  |            |                |               |              |                |          | 1                 | _     | <del></del> |
|     | Did the organization include an amount on Fo   |  |            |                |               |              | ty?            | 🗀        | Yes               | H     | ∐ No        |
|     | If "Yes," explain the arrangement in Part XIII.  |  |            |                |               |              | ·····          |          |                   |       |             |
| Fai | T V Endowment Funds. Complete i  | (a) Current year                                   |            | rior year      |               |              | d) Three year  | e hack   | (e) Four          | Vear  | s hack      |
|     | <b>5</b> · · · · · · · ·   | (a) Current year                                   | (D) F      | Tior year      | (C) TWO yea   | 15 Dack (    | uj illiee yeal | 3 Dack   | (e) i oui         | year  | 5 Dack      |
|     | Beginning of year balance  |  |            |                |               |              |                |          |                   |       |             |
|     | Contributions  |  |            |                |               |              |                |          |                   |       |             |
|     | Net investment earnings, gains, and losses   |  |            |                |               |              |                |          |                   |       |             |
|     | Grants or scholarships   |  |            |                |               |              |                |          |                   |       |             |
| е   | Other expenditures for facilities  |  |            |                |               |              |                |          |                   |       |             |
|     | and programs   |  |            |                |               |              |                |          |                   |       |             |
|     | Administrative expenses  |  |            |                |               |              |                |          |                   |       |             |
| _   | End of year balance  |  | - /! 4     |                | -\\    -      |              |                |          |                   |       |             |
| 2   | Provide the estimated percentage of the curr   | rent year end baland                               |            | g, column (a   | a)) neid as:  |              |                |          |                   |       |             |
|     | Board designated or quasi-endowment  | 0/   | _%         |                |               |              |                |          |                   |       |             |
|     | Permanent endowment  | %<br>%   |            |                |               |              |                |          |                   |       |             |
| С   |  | · <del>-</del>                                     |            |                |               |              |                |          |                   |       |             |
| 2-  | The percentages on lines 2a, 2b, and 2c sho  | •  | -4: 41     |                |               |              |                |          |                   |       |             |
| Sa  | Are there endowment funds not in the posse   | ission of the organiza                             | ation tha  | at are rielu a | and administe | ered for th  | ie organizati  | ION      | Г                 | Yes   | No          |
|     | by:  |  |            |                |               |              |                |          |                   | 100   | +           |
|     | (i) Unrelated organizations  |  |            |                |               |              |                |          |                   |       | _           |
| h   | (ii) Related organizations   |  |            |                |               |              |                |          |                   |       | _           |
| 4   | Describe in Part XIII the intended uses of the   |  |            |                |               |              |                |          | 30                |       |             |
| Ė   | t VI Land, Buildings, and Equipm   |  | WITHELL    | iuiius.        |               |              |                |          |                   |       |             |
|     | Complete if the organization answere   |  | ). Part I\ | /. line 11a. S | See Form 990  | D. Part X. I | line 10.       |          |                   |       |             |
|     | Description of property  | (a) Cost or o                                      |            |                | t or other    |              | cumulated      |          | (d) Book          | valı  | IE.         |
|     | bescription of property  | basis (investr                                     |            |                | (other)       | . ,          | reciation      |          | ( <b>a</b> ) Bool | · vai | uc          |
| 12  | Land   | <del>-   ` `                                </del> | 7          |                | 4,327.        |              |                |          | 1,544             | 1.3   | 327.        |
|     | Buildings  |  |            |                | 7,273.        | 1            | 25,064         |          | 3,422             | 2.2   | 209.        |
|     | Leasehold improvements   |  |            |                | 9,227.        | _            | 77,532         |          |                   |       | 95.         |
|     | Equipment  |  |            |                | 0,170.        | 1            | 35,096         |          |                   |       | 74.         |
|     | Other  |  |            |                | •             |              |                |          |                   |       | -           |
|     | . Add lines 1a through 1e. (Column (d) must e  |  | X. colun   | nn (B). line i | 10c.)         |              |                | <b>—</b> | 5,113             | 3,3   | 305.        |
|     | and the second s | -,   | .,         | (=,,           | /             |              |                |          |                   |       |             |

| Part VII Investments - Other Securities.                               |                            |   | t t t = t t t t t t t t t t t t t t t t |
|--|----------------------------|---|---|
| Complete if the organization answered "Yes" of                         | on Form 990, Part IV, line | e 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  |                            |   | <u> </u>                                |
| (2) Closely held equity interests                                      |                            |   |   |
| (3) Other  |                            |   |   |
| (A)  |                            |   |   |
| (B)  |                            |   |   |
| (C)  |                            |   |   |
| (D)  |                            |   |   |
| (E)  |                            |   |   |
| (F)  |                            |   |   |
| (G)  |                            |   |   |
| (H)  |                            |   |   |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)       |                            |   |   |
| Part VIII Investments - Program Related.                               | 5 000 D . W.               |   |   |
| Complete if the organization answered "Yes" of                         |                            |   |   |
| (a) Description of investment  | (b) Book value             | (c) Method of valuation: Cost or end  | -of-year market value                   |
| (1)  |                            |   |   |
| (2)  |                            | <u> </u>  |   |
| (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" of                         | on Form 990. Part IV. line | e 11d. See Form 990. Part X. line 15.   |   |
|  | 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.)                       | <b>&gt;</b>   |   |
| Part X Other Liabilities.  |                            |   |   |
| Complete if the organization answered "Yes" of                         | on Form 990, Part IV, line | e 11e or 11f. See Form 990, Part X, line 25.  |   |
| 1. (a) Description of liability  |                            |   | (b) Book value                          |
| (1) Federal income taxes   |                            |   | <b>545.040</b>                          |
| (2) PAYCHECK PROTECTION PROGRA   | M LOAN                     |   | 745,243.                                |
| (3)  |                            |   |   |
| (4)  |                            |   |   |
| (5)  |                            |   |   |
| (6)  |                            |   |   |
| (7)  |                            |   |   |
| (8)  |                            |   |   |
| (9)  | 05.)                       |   | 7/15 2/2                                |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line          | <u> </u>                   | to the aurentine time and a time a time and a time a time and a time and a time and a time a time a time and a time a time and a time a time and a time a time a time and a time a | 745,243.                                |

<sup>2.</sup> 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... X

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

SIERRA NEVADA JOURNEYS

Employer identification number 01-0881587

|            | ·  |    | Yes | No |
|------------|--|----|-----|----|
| <b>1</b> a | 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.             |    |     |    |
|            | First-class or charter travel  Housing allowance or residence for personal use   |    |     |    |
|            | Travel for companions Payments for business use of personal residence  |    |     |    |
|            | Tax indemnification and gross-up payments Health or social club dues or initiation fees                                |    |     |    |
|            | Discretionary spending account 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.   |    |     |    |
|            | X Compensation committee Written employment contract   |    |     |    |
|            | Independent compensation consultant  X Compensation survey or study  |    |     |    |
|            | Form 990 of other organizations  X 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:  |    |     |    |
| а          | Receive a severance payment or change-of-control payment?  | 4a |     | X  |
| b          | Participate in or receive payment from a supplemental nonqualified retirement plan?                                    | 4b |     | X  |
| С          | Participate in or receive payment from an equity-based compensation arrangement?                                       | 4c |     | X  |
|            | 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:   |    |     |    |
| а          | The organization?  | 5a |     | X  |
| b          | Any related organization?  | 5b |     | X  |
|            | 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:   |    |     |    |
| а          | The organization?  | 6a |     | X  |
| b          | Any related organization?  | 6b |     | X  |
|            | 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  |     | X  |
| 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  |     | X  |
| 9          | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in                 |    |     |    |
|            | Regulations section 53.4958-6(c)?  | 9  |     |    |

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

Schedule J (Form 990) 2021

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

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

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

|                          | (B) Breakdown of W | <i>I-</i> 2 and/or 1099-MIS compensation | C and/or 1099-NEC                         | (C) Retirement and other deferred   | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | in column (B) |   |
|--------------------------|--------------------|--|---|-------------------------------------|-------------------------|------------------------------------|---------------|---|
| (A) Name and Title       |                    | (i) Base<br>compensation                 | (ii) Bonus &<br>incentive<br>compensation | (iii) Other reportable compensation | compensation            |                                    |               | reported as deferred<br>on prior Form 990 |
| (1) P EATON DUNKELBERGER | (i)                | 137,797.                                 | 30,000.                                   | 0.                                  | 0.                      | 5,942.                             | 173,739.      | 0.  |
| CEO                      | (ii)               | 0.                                       | 0.  | 0.                                  | 0.                      | 0.                                 | 0.            | 0.  |
|                          | (i)                |  |   |                                     |                         |                                    |               |   |
|                          | (ii)               |  |   |                                     |                         |                                    |               |   |
|                          | (i)                |  |   |                                     |                         |                                    |               |   |
|                          | (ii)               |  |   |                                     |                         |                                    |               |   |
|                          | (i)                |  |   |                                     |                         |                                    |               |   |
|                          | (ii)               |  |   |                                     |                         |                                    |               |   |
|                          | (i)                |  |   |                                     |                         |                                    |               |   |
|                          | (ii)               |  |   |                                     |                         |                                    |               |   |
|                          | (i)                |  |   |                                     |                         |                                    |               |   |
|                          | (ii)               |  |   |                                     |                         |                                    |               |   |
|                          | (i)                |  |   |                                     |                         |                                    |               |   |
|                          | (ii)               |  |   |                                     |                         |                                    |               |   |
|                          | (i)                |  |   |                                     |                         |                                    |               |   |
|                          | (ii)               |  |   |                                     |                         |                                    |               |   |
|                          | (i)                |  |   |                                     |                         |                                    |               |   |
|                          | (ii)               |  |   |                                     |                         |                                    |               |   |
|                          | (i)                |  |   |                                     |                         |                                    |               |   |
|                          | (ii)               |  |   |                                     |                         |                                    |               |   |
|                          | (i)                |  |   |                                     |                         |                                    |               |   |
|                          | (ii)               |  |   |                                     |                         |                                    |               |   |
|                          | (i)                |  |   |                                     |                         |                                    |               |   |
|                          | (ii)               |  |   |                                     |                         |                                    |               |   |
|                          | (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. |
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#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

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

2021
Open to Public Inspection

Name of the organization

SIERRA NEVADA JOURNEYS

Employer identification number 01-0881587

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY PROGRAMS: DURING SCHOOL DAYS, OVER EVENINGS, SUMMERS AND
WEEKENDS, SIERRA NEVADA JOURNEYS FACILITATES COMMUNITY DEVELOPMENT

PARTNERS' PROGRAMS FOR MORE THAN 20,000 CHILDREN TO INCREASE

ACCESSIBILITY TO OUTDOOR AND STEM LEARNING. PARTNERS INCLUDE ELEMENTARY

SCHOOLS THROUGH A PROGRAM CALLED CLASSROOMS UNLEASHED, FAMILY STEM

NIGHTS, CAMPS FOR CHILDREN WITH DISABILITIES, TEEN LEADERSHIP CAMPS,

AND OTHER COMMUNITY FOCUSED ORGANIZATIONS. EXAMPLES INCLUDE: IMPROVE

YOUR TOMORROW; UNITED CEREBRAL PALSY; CITY OF SACRAMENTO YOUTH CENTER;

BLACK YOUTH LEADERSHIP PROJECT; NORTHERN NEVADA RAVE FAMILY FOUNDATION;

AND BOYS & GIRLS CLUB OF TRUCKEE MEADOWS.

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

THE FORM 990 WILL BE SUBMITTED TO THE CHAIRMAN OF THE BOARD WHO WILL REVIEW THE FORM, MAKE CORRECTIONS AS NECESSARY, AND PROVIDE A COPY TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. THE EXECUTIVE COMMITTEE WILL MAKE NECESSARY CHANGES AND APPROVE THE SUBMISSION OF THE 990 TO THE INTERNAL REVENUE SERVICE BY THE SECRETARY OF BOARD PRIOR TO THE FILING DEADLINE. A COPY OF THE APPROVED FORM 990 WILL BE PROVIDED TO ALL OF THE OFFICERS AND TRUSTEES PRIOR TO OFFICIAL FILING.

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

THE BOARD OF TRUSTEES APPOINTED AN EXECUTIVE COMMITTEE TO EVALUATE THE COMPENSATION PACKAGE FOR THE CEO DURING THE INITIAL HIRING PROCESS IN 2012.

THE COMMITTEE USED THE "NEVADA NONPROFIT COMPENSATION STUDY" AS COMPILED BY

Schedule O (Form 990) 2021 Page **2** 

| Name of the organization SIERRA NEVADA JOURNEYS           | Employer identification number 01-0881587 |
|---|---|
| NEVADA NONPROFIT NEWS TO BENCHMARK COMPETITIVE SALARIES.  | ANNUAL REVIEWS AND                        |
| COMPENSATION CHANGES ARE CONDUCTED BY THE BOARD ANNUALLY. | OTHER MANAGEMENT                          |
| SALARIES ARE SET BY THE CEO WITH BOARD OVERSIGHT, USING T | THE ASSOCIATION OF                        |
| FUNDRAISING PROFESSIONALS, AMERICAN CAMP ASSOCIATIONS, NO | ORTH AMERICAN                             |
| ASSOCIATION OF ENVIRONMENTAL EDUCATION, AND NEVADA NONPRO | FIT NEWS                                  |
| COMPENSATION STUDIES AT BENCHMARKS.                       |   |
|   |   |
| FORM 990, PART VI, SECTION C, LINE 19:                    |   |
| THE ORGANIZATIONS CONFLICT OF INTEREST POLICY AND GOVERNI | NG DOCUMENTS ARE                          |
| MADE AVAILABLE TO THE PUBLIC UPON REQUEST TO THE CEO. FIN | NANCIAL DOCUMENTS                         |
| ARE AVAILABLE ON THE GUIDESTAR AND SIERRA NEVADA JOURNEYS | S WEBSITES.                               |
|   |   |
| FORM 990, PART XII, LINE 2C                               |   |
| NEITHER THE PROCESS FOR OVERSIGHT OF THE FINANCIAL STATEM | MENT AUDIT NOR                            |
| THE PROCESS FOR SELECTION OF AN INDEPENDENT ACCOUNTANT HA | AS CHANGED FROM                           |
| THE PRIOR YEAR.   |   |
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INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: MAR 3 0 2007

SIERRA NEVADA JOURNEYS 287 SURREY DR RENO, NV 89521 Employer Identification Number: 01-0881587 DT.N. 17053059003047 Contact Person: TD# 31462 IL WAYNE BOTHE Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Yes Effective Date of Exemption: December 14, 2006 Contribution Deductibility: Advance Ruling Ending Date: December 31, 2010

#### Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

Tabbas 1045 (DO/GG)

Sincerely,

Lois G. Lerner

Director, Exempt Organizations

Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)

Statute Extension

# FINANCIAL STATEMENTS WITH INDEPENDENT AUDITOR'S REPORT

YEARS ENDED DECEMBER 31, 2022 AND 2021

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#### INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees Sierra Nevada Journeys Reno, Nevada

#### **Opinion**

We have audited the accompanying financial statements of Sierra Nevada Journeys (a nonprofit organization), which comprise the statements of financial position as of December 31, 2022 and 2021, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Sierra Nevada Journeys as of December 31, 2022 and 2021, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Sierra Nevada Journeys and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Sierra Nevada Journeys' ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

#### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and

To the Board of Trustees Sierra Nevada Journeys Page two

therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to
  fraud or error, and design and perform audit procedures responsive to those risks. Such
  procedures include examining, on a test basis, evidence regarding the amounts and disclosures in
  the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit
  procedures that are appropriate in the circumstances, but not for the purpose of expressing an
  opinion on the effectiveness of Sierra Nevada Journeys' internal control. Accordingly, no such
  opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Sierra Nevada Journeys' ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Gilbert CPAs

GILBERT CPAs
Sacramento, California

April 20, 2023

# STATEMENTS OF FINANCIAL POSITION DECEMBER 31, 2022 AND 2021

|  | <u>2022</u>  | <u>2021</u>  |
|--|--------------|--------------|
| ASSETS                                       |              |              |
| CURRENT ASSETS:                              |              |              |
| Cash and cash equivalents                    | \$ 1,231,071 | \$ 2,638,902 |
| Accounts receivable                          | 76,964       | 244,842      |
| Pledges receivable, current                  | 53,200       | 282,645      |
| Grants receivable                            | 284,883      | 33,879       |
| Prepaid expenses and other assets            | 188,972      | 161,757      |
| Total current assets                         | 1,835,090    | 3,362,025    |
| NON-CURRENT ASSETS:                          |              |              |
| Investments                                  | 1,586,386    |              |
| Pledges receivable, net                      | 45,000       | 301,120      |
| Grants receivable, net                       | 86,976       |              |
| Property and equipment, net                  | 5,032,025    | 5,113,305    |
| Operating lease, right-of-use asset          | 89,105       |              |
| Total non-current assets                     | 6,839,492    | 5,414,425    |
| TOTAL ASSETS                                 | \$ 8,674,582 | \$ 8,776,450 |
| LIABILITIES AND NET ASSETS                   |              |              |
| CURRENT LIABILITIES:                         |              |              |
| Accounts payable                             | \$ 77,128    | \$ 32,785    |
| Accrued expenses                             | 138,352      | 232,429      |
| Deferred revenue                             | 669,923      | 382,264      |
| Refundable advances                          |              | 295,191      |
| Current portion of operating lease liability | 27,230       |              |
| Total current liabilities                    | 912,633      | 942,669      |
| OPERATING LEASE LIABILITY, Net               | 62,178       |              |
| PAYCHECK PROTECTION PROGRAM LOAN             |              | 745,243      |
| TOTAL LIABILITIES                            | 974,811      | 1,687,912    |
| NET ASSETS:                                  |              |              |
| Without donor restrictions                   | 6,922,849    | 5,824,944    |
| With donor restrictions                      | 776,922      | 1,263,594    |
| Total net assets                             | 7,699,771    | 7,088,538    |
| TOTAL LIABILITIES AND NET ASSETS             | \$ 8,674,582 | \$ 8,776,450 |

# STATEMENTS OF ACTIVITIES YEARS ENDED DECEMBER 31, 2022 AND 2021

|   | 2022                |              |
|---|---------------------|--------------|
| NET A CORTO MURILOUE DONOR DECEDIORIONO                               | <u>2022</u>         | <u>2021</u>  |
| NET ASSETS WITHOUT DONOR RESTRICTIONS OPERATING REVENUES AND SUPPORT: |                     |              |
|   |                     |              |
| Program fees (net of scholarship discounts of \$1,404,988             | ф. <b>2.464.052</b> | ф. 1.660.500 |
| for 2022 and \$1,507,714 for 2021)                                    | \$ 2,464,953        | \$ 1,669,592 |
| Paycheck Protection Program loan forgiveness Grants and contributions | 745,243             | 402 555      |
|   | 179,122             | 403,777      |
| Investment income (loss) Other revenue                                | (1,435)             | 5,713        |
|   | 6,882               | 5,642        |
| Net assets released from restriction                                  | 2,065,696           | 1,153,583    |
| Total revenue and support   | 5,460,461           | 3,238,307    |
| OPERATING EXPENSES:   |                     |              |
| Program services:   |                     |              |
| Grizzly Creek Ranch   | 2,731,578           | 2,073,227    |
| School field-based programs   | 821,463             | 530,250      |
| Total program services  | 3,553,041           | 2,603,477    |
| Supporting services:  |                     |              |
| General and administrative  | 432,957             | 233,388      |
| Fundraising   | 376,558             | 423,238      |
| Total supporting services   | 809,515             | 656,626      |
| Total expenses  | 4,362,556           | 3,260,103    |
| INCREASE (DECREASE) IN NET ASSETS WITHOUT                             |                     |              |
| DONOR RESTRICTIONS  | 1,097,905           | (21,796)     |
| NET ASSETS WITH DONOR RESTRICTIONS:                                   |                     |              |
| Grants and contributions  | 1,579,024           | 1,322,460    |
| Net assets released from restriction                                  | (2,065,696)         | (1,153,583)  |
| INCREASE (DECREASE) IN NET ASSETS WITH                                |                     |              |
| DONOR RESTRICTIONS  | (486,672)           | 168,877      |
| INCREASE IN NET ASSETS  | 611,233             | 147,081      |
| NET ASSETS, Beginning of the Year                                     | 7,088,538           | 6,941,457    |
| NET ASSETS, End of the Year   | \$ 7,699,771        | \$ 7,088,538 |

# STATEMENT OF FUNCTIONAL EXPENSES YEAR ENDED DECEMBER 31, 2022

|                           |           | <b>Program Services</b>   |     |                               | <b>Supporting Services</b> |                            |           |            |    |           |
|---------------------------|-----------|---------------------------|-----|-------------------------------|----------------------------|----------------------------|-----------|------------|----|-----------|
|                           |           | Grizzly<br>Creek<br>Ranch | Fie | School<br>ld-Based<br>rograms |                            | eneral and<br>ninistrative | <u>Fu</u> | ındraising |    | Total     |
| Salaries, wages and       |           |                           |     |                               |                            |                            |           |            |    |           |
| benefits                  | \$        | 1,424,590                 | \$  | 662,563                       | \$                         | 310,019                    | \$        | 302,117    | \$ | 2,699,289 |
| Insurance                 |           | 295,656                   |     | 6,945                         |                            |                            |           | 1,321      |    | 303,922   |
| Occupancy                 |           | 255,756                   |     | 38,136                        |                            | 14,346                     |           | 15,393     |    | 323,631   |
| Food service              |           | 213,424                   |     |                               |                            |                            |           |            |    | 213,424   |
| Depreciation              |           | 136,623                   |     |                               |                            |                            |           |            |    | 136,623   |
| Operating expenses        |           | 54,523                    |     | 34,757                        |                            | 13,850                     |           | 22,494     |    | 125,624   |
| Outside contract services |           | 50,773                    |     | 11,648                        |                            | 37,459                     |           | 24,094     |    | 123,974   |
| Transportation and        |           |                           |     |                               |                            |                            |           |            |    |           |
| fieldtrip costs           |           | 70,280                    |     | 35,294                        |                            | 3,976                      |           | 1,625      |    | 111,175   |
| Other program costs       |           | 79,884                    |     | 4,953                         |                            |                            |           |            |    | 84,837    |
| Travel and meetings       |           | 67,469                    |     | 2,299                         |                            | 8,701                      |           | 5,484      |    | 83,953    |
| Supplies                  |           | 43,195                    |     | 14,426                        |                            |                            |           | 172        |    | 57,793    |
| Staff training and        |           |                           |     |                               |                            |                            |           |            |    |           |
| apparel                   |           | 7,985                     |     | 5,335                         |                            | 24,300                     |           | 441        |    | 38,061    |
| Bank fees                 |           | 15,216                    |     |                               |                            | 2,921                      |           |            |    | 18,137    |
| Advertising               |           | 1,400                     |     | 24                            |                            | 15,100                     |           |            |    | 16,524    |
| Membership dues           |           | 5,043                     |     | 289                           |                            | 1,106                      |           | 860        |    | 7,298     |
| Other                     |           | 9,761                     |     | 4,794                         |                            | 1,179                      | F         | 2,557      |    | 18,291    |
| Total expenses            | <u>\$</u> | 2,731,578                 | \$  | 821,463                       | <u>\$</u>                  | 432,957                    | \$        | 376,558    | \$ | 4,362,556 |

# STATEMENT OF FUNCTIONAL EXPENSES YEAR ENDED DECEMBER 31, 2021

|                           | Program Services                                |           |           | Supporting Services           |         |             |         |    |           |
|---------------------------|---|-----------|-----------|-------------------------------|---------|-------------|---------|----|-----------|
|                           | Grizzly School Creek Field-Based Ranch Programs |           | eld-Based | General and<br>Administrative |         | Fundraising |         |    | Total     |
| Salaries, wages and       |   |           |           |                               |         |             |         |    |           |
| benefits                  | \$<br>1,040,825                                 | \$        | 405,563   | \$                            | 112,197 | \$          | 366,382 | \$ | 1,924,967 |
| Insurance                 | 241,577   |           | 1,618     |                               | 883     |             | 397     |    | 244,475   |
| Occupancy                 | 282,127   |           | 29,097    |                               | 6,321   |             | 15,834  |    | 333,379   |
| Food service              | 107,381   |           |           |                               |         |             |         |    | 107,381   |
| Depreciation              | 130,322   |           |           |                               |         |             |         |    | 130,322   |
| Operating expenses        | 64,589  |           | 35,688    |                               | 4,914   |             | 12,911  |    | 118,102   |
| Outside contract services | 65,306  |           | 5,436     |                               | 75,394  |             | 16,363  |    | 162,499   |
| Transportation and        |   |           |           |                               |         |             |         |    | •         |
| fieldtrip costs           | 24,211  |           | 7,751     |                               | 272     |             | 1,282   |    | 33,516    |
| Other program costs       | 41,206  |           | 13,591    |                               |         |             | 60      |    | 54,857    |
| Travel and meetings       | 1,349   |           | 2,588     |                               | 168     |             | 873     |    | 4,978     |
| Supplies                  | 35,905  |           | 10,564    |                               | 16      |             | 232     |    | 46,717    |
| Staff training and        |   |           |           |                               |         |             |         |    | •         |
| apparel                   | 12,275  |           | 15,286    |                               | 2,050   |             | 7,184   |    | 36,795    |
| Bank fees                 | 9,438   |           | 105       |                               | 1,496   |             | 549     |    | 11,588    |
| Advertising               | 2,844   |           | 52        |                               | 5,069   |             |         |    | 7,965     |
| Membership dues           | 7,090   |           | 994       |                               | 183     |             | 1,127   |    | 9,394     |
| Other                     | <br>6,782                                       |           | 1,917     |                               | 24,425  |             | 44      |    | 33,168    |
| Total expenses            | \$<br>2,073,227                                 | <u>\$</u> | 530,250   | \$                            | 233,388 | \$          | 423,238 | \$ | 3,260,103 |

# STATEMENTS OF CASH FLOWS YEARS ENDED DECEMBER 31, 2022 AND 2021

|   | 2022            | 2021            |
|---|-----------------|-----------------|
| CASH FLOWS FROM OPERATING ACTIVITIES:                         |                 |                 |
| Increase in net assets  | \$<br>611,233   | \$<br>147,081   |
| Adjustments to reconcile to net cash provided                 | ,               | ,               |
| by operating activities:                                      |                 |                 |
| Forgiveness of Small Business Administration loan             |                 | (25,000)        |
| Depreciation  | 136,623         | 130,322         |
| Net realized/unrealized loss on investments                   | 32,333          | ŕ               |
| Forgiveness of Paycheck Protection Program loan               | (745,243)       |                 |
| Reduction in operating lease, right-of-use asset              | 9,380           |                 |
| Changes in:   | ĺ               |                 |
| Accounts receivable   | 167,878         | (216,502)       |
| Pledges receivable  | 485,565         | (7,992)         |
| Grants receivable   | (337,980)       | 42,910          |
| Prepaid expenses and other assets                             | (27,215)        | (80,664)        |
| Accounts payable  | 44,343          | (12,615)        |
| Accrued expenses  | (94,077)        | 116,621         |
| Deferred revenue  | 287,659         | 275,302         |
| Refundable advances   | (295,191)       | (233,075)       |
| Operating lease liability                                     | <br>(9,077)     |                 |
| Net cash provided by operating activities                     | 266,231         | 136,388         |
| CASH FLOWS FROM INVESTING ACTIVITIES:                         |                 |                 |
| Purchases of investments                                      | (1,618,719)     |                 |
| Purchases of property and equipment                           | (55,343)        | (44,654)        |
| Net cash used by investing activities                         | (1,674,062)     | (44,654)        |
| CASH FLOWS FROM FINANCING ACTIVITIES:                         |                 |                 |
| Proceeds from Paycheck Protection Program Loan                | <br>            | 745,243         |
| CHANGE IN CASH AND CASH AND EQUIVALENTS                       | (1,407,831)     | 836,977         |
| CASH AND CASH EQUIVALENTS, Beginning of year                  | <br>2,638,902   | <br>1,801,925   |
| CASH AND CASH EQUIVALENTS, End of year                        | \$<br>1,231,071 | \$<br>2,638,902 |
| NON-CASH INVESTING ACTIVITIES                                 |                 |                 |
| Right-of-use asset acquired through operating lease liability | \$<br>98,485    | \$<br>          |

#### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2022 AND 2021

#### 1. NATURE OF ACTIVITIES

Sierra Nevada Journeys (the Organization) was formed in 2006 as a Nevada non-profit corporation. The Organization is a leading provider of experiential education, serving students, teachers, families, and community partners, in Northern Nevada and Northern California. The Organization owns and operates Grizzly Creek Ranch, a 515-acre camp located in Portola, California. The Organization carries out its mission through in-school lessons, after school programs, field-based experiences, residential outdoor schools, and summer camps. Each program focuses on hands-on, inquiry-based education.

As a youth development and education nonprofit, the Organization creates customized experiences using the best practices for teambuilding, Social Emotional Learning, leadership and environmental learning from Next Generation Science Standards (NGSS) and the University of California at Berkeley's BEETLES (Better Environmental Learning Education, Teaching, Learning & Expertise Sharing) teaching techniques and pedagogy.

The Organization's primary source of revenue comes from fees generated by the various educational programs offered. Additional support comes from individual/corporate contributions and government/private foundation grants.

#### 2. SIGNIFICANT ACCOUNTING POLICIES

**Basis of accounting and financial statement presentation** – The financial statements are prepared on the accrual basis of accounting and in conformity with U.S. generally accepted accounting principles. The Organization reports information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

**Net assets without donor restrictions** represent the portion of net assets available for use in general operations and not subject to donor (or certain grantor) restrictions.

**Net assets with donor restrictions** represent the portion of net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. The Organization has no donor-imposed restrictions that are perpetual in nature.

**Revenue recognition** – The Organization's revenue from contracts with customers consists of fees charged to schools and families for field trips and camps. The performance obligation of delivering educational services is simultaneously received and consumed by the students and/or families; therefore, the revenue is recognized when the corresponding event takes place.

Funds received in advance of being earned are recorded as deferred revenue, which represents a contract liability. A contract asset is recorded when the Organization satisfies a performance obligation of a contract but is not yet entitled to payment. When the Organization becomes entitled to payment, the contract asset is classified as a receivable, whether invoiced or not. Contract liabilities from contracts with customers as of December 31, 2022, 2021 and 2020 totaled \$669,923, \$382,264 and \$355,228, respectively. Accounts receivable related to contracts with customers as of December 31, 2022, 2021 and 2020 totaled \$79,409, \$244,842 and \$28,340, respectively.

#### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2022 AND 2021

Contributions and grants are recognized in full when received or unconditionally promised, in accordance with professional standards. Conditional promises to give – that is, those with a measurable performance or other barrier and a right of return – are not recognized until the conditions on which they depend have been met. All contributions are considered available for unrestricted use unless specifically restricted by donors for future periods or specific purposes. Donor-restricted amounts are reported as increases in net assets with donor restrictions. Net assets with donor restrictions become unrestricted and are reported in the statements of activities as net assets released from restrictions when the time restrictions expire, or the contributions are used for the restricted purpose.

A portion of the Organization's revenue is derived from cost-reimbursable state contracts and grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has incurred expenditures in compliance with specific contract or grant provisions. Amounts received prior to incurring qualifying expenditures, if any, are reported as refundable advances in the statement of financial position. The Organization received cost-reimbursable grants of \$54,426 and \$295,191 that have not been recognized at December 31, 2022 and 2021, respectively, because qualifying expenditures have not yet been incurred.

Donated materials, equipment, and professional services are recorded as contributions in-kind and recognized at the estimated fair value as of the date of donation or service. During the years ended December 31, 2022 and 2021, the Organization did not receive any significant in-kind contributions.

**Use of estimates** – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Cash and cash equivalents – For financial statement purposes, the Organization considers all cash and highly liquid financial instruments with original maturities of three months or less, and which are neither held for nor restricted by donors for long-term purposes, to be cash and cash equivalents.

The Organization minimizes credit risk associated with cash by periodically evaluating the credit quality of its primary financial institution. The balance at times may exceed federally insured limits. The Organization's deposits held with financial institutions in excess of federal depository insurance limits were \$889,140 and \$2,122,066 as of December 31, 2022 and 2021, respectively. The Organization has not experienced any losses in such accounts and management believes the Organization is not exposed to any significant credit risk related to cash.

**Investments** are recorded at fair value. Unrealized gains and losses from the fluctuation of market value and realized gains and losses from the sale of investments are reflected in the statements of activities.

#### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2022 AND 2021

Accounts receivable are reported at the amount the Organization expects to collect on outstanding balances. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to bad debt expense. Based on management's assessment of receivables having outstanding balances and past history, it has concluded that losses on balances outstanding are unlikely; therefore, no allowance for doubtful accounts is deemed necessary at December 31, 2022 and 2021.

Pledges receivable are considered to be available for general operations unless specifically restricted by the donor. Pledges receivable are recognized when supported by a written contract to make a contribution. Contributions and pledges receivable are reported net of the allowance for uncollectible accounts. However, management has determined that no allowance was necessary at December 31, 2022 or 2021 based on their conclusion that all pledges were collectible. Management has determined that the present value discount related to long-term pledges receivable is not material, therefore a present value discount has not been recorded.

Grants receivable are amounts due from other nonprofits and government entities which are supported by a written contract and are considered current. Management believes that all outstanding receivables are collectible in full and therefore, an allowance for uncollectible accounts was not considered necessary. Current grants receivable are expected to be collected within 1 year. Non-current grants receivable are expected to be collected within 2 years.

**Furniture and equipment** are stated at cost or, if donated, at the estimated fair value at the date of donation. The Organization capitalizes all expenditures for furniture and equipment in excess of \$5,000. Depreciation is computed using the straight-line method over estimated useful lives of individual assets ranging from 3 to 7 years.

Leases – The Organization determines if an arrangement is or contains a lease at inception. Leases are included in right-of-use (ROU) assets and lease liabilities in the statements of financial position. ROU assets and lease liabilities reflect the present value of the future minimum lease payments over the lease term, and ROU assets are also adjusted for prepaid or accrued rent. The Organization uses the rate implicit in the lease if it is determinable. If the rate is not determinable, management uses the Organization's incremental borrowing rate based on the information available at lease commencement. Operating lease expense is recognized on a straight-line basis over the lease term. Lease terms may include options to renew, extend or terminate to the extent they are reasonably certain to be exercised. The Organization does not report ROU assets and leases liabilities for its short-term leases (leases with a term of 12 months or less). Instead, the lease payments of those leases are reported as lease expense on a straight-line basis over the lease term.

**Advertising** – The Organization expenses advertising costs as incurred. Advertising expense for the years ended December 31, 2022 and 2021 was \$16,524 and \$7,965, respectively.

Income taxes – The Organization is publicly supported and has received tax-exempt status under Internal Revenue Code Section 501(c)(3) and Section 23701(d) of the California Revenue and Taxation Code. There is no unrelated taxable income and, accordingly, there is no provision for income taxes in the financial statements. The Organization has applied the accounting principles related to accounting for uncertainty in income taxes and has determined that there is no material impact on the financial statements.

#### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2022 AND 2021

Fair value measurements – Fair value is a market-based measurement, not an entity-specific measurement. For some assets and liabilities, observable market transactions or market information might be available. For other assets and liabilities, observable market transactions and market information might not be available. However, the objective of a fair value measurement in both cases is the same – to estimate the price at which an orderly transaction to sell the asset or to transfer the liability would take place between market participants at the measurement date under current market conditions (that is, an exit price at the measurement date from the perspective of a market participant that holds the asset or owes the liability). In order to increase consistency and comparability in fair value measurements, a fair value hierarchy that prioritizes observable and unobservable inputs is used to measure fair value into three broad levels, as follows:

Level 1 Inputs Unadjusted quoted prices in active markets that are accessible at the

measurement date for identical assets or liabilities.

Level 2 Inputs 
Inputs other than quoted prices in active markets that are observable either

directly or indirectly.

Level 3 Inputs Unobservable inputs for the asset or liability.

Functional allocation of expenses — The costs of program and supporting service activities have been summarized on a functional basis in the statements of activities. The statements of functional expenses presents the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited. The financial statements report certain categories of expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. Expenses, such as salaries, wages, and benefits, occupancy, and other supporting services have been allocated based primarily on employee time allocations and on estimates made by the Organization.

Recent accounting pronouncement – Effective January 1, 2022, the Organization adopted Accounting Standards Codification (ASC) 842, *Leases*, using the modified retrospective approach with January 1, 2022 as the date of initial adoption. ASC 842 is intended to improve financial reporting of lease transactions by requiring entities that lease assets to recognize assets and liabilities for the rights and obligations created by leases that extend more than 12 months. Key provisions in this guidance include additional disclosures surrounding the amount, timing, and uncertainty of cash flows arising from leases. For leases existing at the transition date, the Organization applied the package of three transition practical expedients and therefore did not reassess whether an arrangement is or contains a lease, did not reassess lease classification, and did not reassess what qualifies as an initial direct cost. Additionally, the Organization applied the practical expedient to use hindsight for the purpose of determining the lease term.

Under the modified retrospective approach, the adoption of ASC 842 resulted in the recognition of ROU assets and lease liabilities of \$98,485. There is no cumulative effect adjustment to net assets at the transition date.

Subsequent events have been evaluated through April 20, 2023, the date the financial statements were available to be issued. Management concluded that no material subsequent events have occurred since December 31, 2022, that require recognition or disclosure in such financial statements.

#### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2022 AND 2021

#### 3. LIQUIDITY

The Organization's financial assets available within one year of the statements of financial position dates for general expenditure are as follows as of December 31:

|   | <u>2022</u>  | <u>2021</u>  |
|---|--------------|--------------|
| Cash and cash equivalents   | \$ 1,231,071 | \$ 2,638,902 |
| Accounts receivable   | 79,409       | 244,842      |
| Pledges receivable  | 98,200       | 583,765      |
| Grants receivable   | 371,859      | 33,879       |
| Investments   | 1,586,386    | ,            |
| Total financial assets  | 3,366,925    | 3,501,388    |
| Less: amounts unavailable for general expenditures within one year, due to: |              |              |
| Restricted by donors (see Note 12):   | (776,922)    | (1,263,594)  |
| Total financial assets available for general expenditure within one         |              |              |
| year  | \$ 2,590,003 | \$ 2,237,794 |

As part of the Organization's liquidity management, cash in excess of daily requirements is maintained in an interest-bearing money market account.

#### 4. CASH AND CASH EQUIVALENTS

Cash and cash equivalents consisted of the following at December 31:

|                            | <u>2022</u>           | <u>2021</u>             |
|----------------------------|-----------------------|-------------------------|
| Money market funds<br>Cash | \$ 889,101<br>341,970 | \$ 2,207,362<br>431,540 |
| Total                      | \$ 1,231,071          | \$ 2,638,902            |

#### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2022 AND 2021

#### 5. INVESTMENTS

Investments consisted of the following at December 31, 2022:

| Exchange traded funds - equity securities:    |                 |
|---|-----------------|
| Large blend exchange traded funds             | \$<br>452,758   |
| Medium value exchange traded funds            | 91,800          |
| Large growth exchange traded funds            | 54,310          |
| Medium blend exchange traded funds            | 38,012          |
| Small value exchange traded funds             | 31,261          |
| Emerging markets exchange traded funds        | 30,644          |
| Mutual funds - equity securities:             | •               |
| Large blend                                   | 36,253          |
| Mutual funds - fixed income:                  |                 |
| Bonds   | 89,338          |
| Fixed income securities:                      | -               |
| Bond exchange traded funds                    | 249,676         |
| Intermediate Government exchange traded funds | 89,499          |
| United States Treasury Bills                  | 192,410         |
| Cash equivalents                              | <br>230,425     |
| Total   | \$<br>1,586,386 |

Investments other than investments in United States Treasury Bills are classified within Level 1 of the fair value hierarchy because they are valued using quoted market prices in active markets for identical assets.

Investments in United States Treasury Bills are classified within Level 2 of the fair value hierarchy because they are valued using alternative pricing methods using observable information inputs, such as current interest rates.

#### 6. PROPERTY AND EQUIPMENT

Property and equipment consisted of the following at December 31:

|                             | <u>2022</u>  | <u>2021</u>  |
|-----------------------------|--------------|--------------|
| Buildings                   | \$ 3,547,273 | \$ 3,547,273 |
| Land                        | 1,544,327    | 1,544,327    |
| Furniture and equipment     | 258,180      | 210,414      |
| Capital improvements        | 106,804      | 99,227       |
| Vehicles                    | 30,999       | 30,999       |
| Computer and software       | 18,757       | 18,757       |
| Total                       | 5,506,340    | 5,450,997    |
| Accumulated depreciation    | (474,315)    | , ,          |
| Property and equipment, net | \$ 5,032,025 | \$ 5,113,305 |

#### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2022 AND 2021

#### 7. PLEDGES RECEIVABLE

Pledges receivable as of December 31 are expected to be collected as follows:

|                                      | 2         | 2022             |    | <u>2021</u> |
|--------------------------------------|-----------|------------------|----|-------------|
| Within one year In one to five years | \$        | 53,200<br>45,000 | \$ | 282,645     |
| in one to rive years                 |           | 43,000           | _  | 301,120     |
| Total                                | <u>\$</u> | 98,200           | \$ | 583,765     |

#### 8. LEASES

In August 2022, the Organization entered into a lease agreement for office space through February 2026, which is included on the statement of financial position as of December 31, 2022 as an ROU asset and operating lease liability of \$89,105 and \$89,408, respectively.

The ROU asset and operating lease liability were calculated using a risk-free discount rate of 3.19%. Rent expense for this lease totaled \$9,935 for 2022. Cash paid for amounts included in the measurement of operating lease liabilities totaled \$9,632 for 2022.

Maturities of the lease liability for this lease are as follows:

| 2023                            | \$<br>28,896 |
|---------------------------------|--------------|
| 2024                            | 29,618       |
| 2025                            | 30,967       |
| 2026                            | <br>5,201    |
| Total lease payments            | 94,682       |
| Less: present value discount    | <br>(5,274)  |
| Total operating lease liability | \$<br>89,408 |

The Organization leases office space, staff housing, and equipment under agreements with terms less than 12 months. The Organization did not report ROU assets and leases liabilities for these short-term leases. Rent expense under these agreements was \$135,664 for the year ended December 31, 2022.

Prior to the implementation of ASC 842 in 2022, leases were accounted for in accordance with the previous lease standard, ASC 840. Total rent expense for all operating leases under ASC 840 was \$116,715 for 2021.

#### 9. PAYCHECK PROTECTION PROGRAM LOAN

On January 25, 2021, the Organization received a Paycheck Protection Program (PPP) loan under the Federal Coronavirus Aid, Relief, and Economic Security (CARES) Act totaling \$745,243. Under the CARES Act, a portion or all of the loan and accrued interest may be forgiven provided the funds are spent on qualifying expenditures and certain other criteria regarding full-time equivalent employee and payroll levels are maintained.

#### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2022 AND 2021

The Organization received notification that its application for loan forgiveness was approved on February 24, 2022 and recognized the loan as income in the year ended December 31, 2022.

#### 10. CONTINGENCIES

The Organization has received funds for specific purposes that are subject to review and audit by the grantor agencies. Although such audits could generate expenditure disallowance under the terms of the grants, it is believed that any required reimbursements will not be material.

#### 11. RETIREMENT PLAN

The Organization sponsors a retirement plan (Plan) under IRC Section 403(b) covering all employees. There is no minimum deferral rate and employees may contribute up to the maximum contribution allowed by the IRS. Employees of age 21 or more who have completed at least 3 months of employment are eligible to receive matching employer contributions. The Plan also permits discretionary profit-sharing contributions and/or a discretionary match to eligible participant accounts. Discretionary profit-sharing payments or matching contributions made for the year ended December 31, 2022, were \$54,315. There were no discretionary profit-sharing payments or matching contributions made for the year ended December 31, 2021.

#### 12. NET ASSETS

Net assets with donor restrictions consist of unspent funds from contributions and grants restricted for the following purposes as of December 31:

|                                     | <u>20</u>   | <u>)22</u>          | <u>2021</u>        |
|-------------------------------------|-------------|---------------------|--------------------|
| Grizzly Creek Ranch<br>Scholarships |             | 31,607 \$<br>45,315 | 525,645<br>737,949 |
|                                     | <u>\$ 7</u> | 76,922 <u>\$</u>    | 1,263,594          |

Program Budget for Classrooms Unleashed – Watershed Education Initiative

| Item                            | Description   | Per Student | Total         | SNJ Match | Total    |
|---------------------------------|---|-------------|---------------|-----------|----------|
|                                 |   | Expense     | Expense       | 25%       | Request  |
| Compensation & Related Expenses | Includes Education Personnel like Instructors, Program Directors and Coordinators   | \$53.74     | \$37,618      | \$9,405   | \$28,214 |
| Program Costs                   | Direct program expenses,<br>such as: magnifying glasses,<br>water containers, field day<br>health supplies, printing and<br>paper, uniforms, etc. | \$6.28      | \$4,396       | \$1,099   | \$3,297  |
| Outside Contract<br>Services    | External evaluation services, DEI consultant, etc.  | \$1.80      | \$1,260       | \$315     | \$945    |
| Occupancy<br>Expenses           | Rent and utilities  | \$2.73      | \$1,911       | \$478     | \$1,433  |
| Operating Expenses              | Such as office supplies,<br>postage/shipping, telephone,<br>internet, equipment rental and<br>maint., licenses and<br>membership dues             | \$3.15      | \$2,205       | \$551     | \$1,654  |
| Other Misc Expenses             | Staff recruitment,<br>advertising/marketing<br>expense, banking fees,<br>merchant proc. fees  | \$0.74      | <b>\$</b> 518 | \$129.50  | \$389    |
| 2 37 2 Zxp 3 11000              | Total Expenses  | \$68.44     | \$47,945      | \$11,978  | \$35,933 |

# Lake Park Watershed Project (Floating Wetlands and Pollinator Revegetation Project)

Truckee River Fund- Fall 2023

## City of Reno

Trina Magoon 1 E First St Reno, NV 89501 0: 775-560-5363

## Daniel Moss

1307 King James Ct Reno, NV 89503 mossd@reno.gov 0: 775-560-5363

## **Application Form**

#### **Grant Priorities**

TMWA recommends that the Advisors give preference to well-prepared and thought out grant requests for projects and programs that mitigate substantial threats to water quality and the watershed, particularly those threats upstream or nearby treatment and hydroelectric plant intakes:

- I. Aquatic Invasive Species (AIS): Projects/Programs that support the prevention or control of aquatic invasive species in the main stream Truckee River, Lake Tahoe, other tributaries and water bodies in the Truckee River system.
- II. **Watershed Improvements:** Projects that reduce erosion or sediment, suspended solids, or TDS discharges to the River. Projects or programs that are located within 303d (impaired waters) sections of the River should be considered, both in California and Nevada. Innovative techniques should be encouraged.
- III. **Local Stormwater Improvements**: Projects that are well designed which mitigate storm water run-off due to urbanization of the local watershed. Priority should be given to those improvement projects in close proximity to TMWA's water supply intakes and canals and which will improve the reliability and protect the quality of the community's municipal water supply.
- IV. Re-Forestation and Re-Vegetation Projects: Projects to restore forest and upland areas damaged by fire and historical logging operations, and to improve watershed resiliency in drought situations. Projects/programs in this category should be given a high priority due to urbanization of the watershed and increased susceptibility of the urban and suburban watershed to wildfire.
- V. **Support to Rehabilitation of Local Tributary Creeks and Drainage Courses**: Practical projects to support water quality improvement in Gray Creek, Bronco Creek, Mogul Creek, Chalk Creek, Steamboat Creek and the North Truckee Drain.
- VI. **Stewardship and Environmental Awareness**: Support to Clean-Up programs and the development and implementation of educational programs relative to water, water quality and watershed protection.
- VII. **Meet Multiple Objectives:** Projects/Programs should identify opportunities to meet multiple water quality and watershed objectives as outlined above with preference given to those achieving multiple benefits.
- VIII. **Leverage Stakeholder Assets and Participation:** Projects/Program selection should include an assessment of various stakeholder interests in all aspects of river water quality, watershed protection, source water protection and species enhancement thereby leveraging available funds and other assets.

Note: For proposals related to weed control/eradication, contact Lauren Renda at the Community Foundation of Northern Nevada for additional criteria at Irenda@nevadafund.org

## Organization Information

Organization Name\*

City of Reno

## **Organization Type\***

**Governmental Entity** 

#### **EIN**

If the organization is a 501c3, please include the EIN#.

### **Director of Organization\***

Trina Magoon, Director of Utility Services Department

## **Project Contact Name\***

Daniel Moss, PE

## **Project Contact Postion/Title\***

**Project Coordinator** 

## **Project Contact Email\***

mossd@reno.gov

## **Project Contact Phone Number\***

7755605363

## Organization Mission\*

From the City of Reno Website:

#### Vision

We are a thriving urban center known for our world-class colleges, vibrant culture, diverse outdoor activities, and innovative industries.

#### Mission

Creating a community that people are proud to call home.

#### Strategic Priorities and Goals

The City Council established six overarching goals for the City of Reno.

- 1. Fiscal Sustainability
- 2. Public Safety
- 3. Economic Opportunity, Homelessness, and Affordable Housing
- 4. Economic and Community Development

5. Infrastructure, Climate Change, and Environmental Sustainability 6. Arts, Parks, and Historical Resources

## **Project Information**

## **Project Title\***

Name of Project.

Lake Park Watershed Project (Floating Wetlands and Pollinator Revegetation Project)

## Amount Requested\*

\$30,832.00

## **Project Start Date\***

10/15/2023

## **Project End Date\***

10/15/2024

## This funding will be used to:\*

Complete this sentence with a max of 2 sentences.

Funding is for installing three landscaped floating wetlands to improve water quality at Lake Park pond, revegetate the shoreline with native pollinator plants to improve plant diversity, and design and install permanent educational STEM signage for schools and the public to learn how wetlands benefit plant and animal ecosystems and water quality.

## This project is on:\*

Check all that apply

Public land

## Are government permits or decision documents needed for the project?\*

No

#### If so, are those permits and decision documents already secured?

If permits and decision documents are needed but not yet secured, in #4 of the Narrative Requirements provide a list of permits and documents needed and a schedule for securing them.

Yes

## Previous Funding from Truckee River Fund

Has your organization received other grants from the Truckee River Fund?\*
Yes

#### If yes, please include the following information for all previously funded projects:

- Date awarded
- Project # and Title
- Amount of award

Please attach additional pages as needed to list ALL previously funded projects.

The City has received numerous TRF grants over the years, providing funding for several Departments: Grant #207

Second Truckee River Cleanup Crew. (\$23,472) - City of Reno, 2018

Grant #183

Truckee River Cleanup Crew - Year 3. (\$28,694) - City of Reno, 2017

Grant #169

Truckee River Cleanup Crew - Year 2. (\$47,787) - City of Reno, 2016

Grant #166

Virginia Lake Water Quality Improvements. (\$100,000) - City of Reno, 2015

Grant #164

Cemetery Drain Water Quality, Erosion Control and Drainage Project. (\$77,500) - City of Reno, 2015

Grant #157

Truckee River Cleanup Crew. (\$104,235) - City of Reno, 2015

Grant #151

Virginia Lake Water Quality Improvement Project Monitoring and Public Education. (\$18,820) - City of Reno Public Works, 2014

Grant #144

Reducing Non-Point Source Pollution to TMWA's Highland Canal. (\$329,000) - City of Reno Public Works, 2014

Grant #134

Reducing Non-Point Source Pollution to the Highland Canal. (\$400,000) - City of Reno, 2013

Grant #120

Truckee River Bank Stabilization at Crooked Mile. (\$30,615) - City of Reno, 2013

Grant #119

Hazardous Tree Removal at Oxbow Park. (\$32,250) - City of Reno, 2013

Grant #83

Livestock Event Center Treatment System-Phase 2. (\$97,500) - City of Reno Public Works, 2011

Grant #73

Livestock Events Center Drainage Treatment System. (\$75,000) - City of Reno, 2009

Grant #60

McKinley Arts and Cultural Center/ LID Demonstration Project. (\$115,500) - City of Reno Public Works, 2008 Grant #59

Chalk Creek Watershed TDS/Sulfate Reducing Wetland Pilot Project. (\$163,000) - City of Reno Public Works, 2008

Grant #52

Truckee River Bank Stabilization at Oxbow Park. (\$207,750) - City of Reno, 2008

Grant #48

Truckee River Watershed Map Web Tool. (\$80,000) - City of Reno Public Works, 2008

Grant #30

Downtown Eco-Channel Construction. (\$370,000) - City of Reno Public Works and Sanitary Engineering, 2007 Grant #29

Chalk Creek Watershed Management for Water Quality to Minimize Non-Point Source Pollution from

Reaching the Truckee River. (\$250,000) - City of Reno Public Works, 2007

Grant #28

Restoration of Riparian Vegetation in a Channel at Sapphire Ridge in Chalk Creek Watershed. (\$18,375) - City of Reno Public Works. 2007

Grant #13

Urban Storm Water Quality Improvements. (\$66,000) - City of Reno, 2006

Grant #11

Lower Steamboat Creek Restoration. (\$86,000) - City of Reno, 2006

Grant #10

Watershed protection for the drinking water source of the Chalk Bluff Water Treatment Plant. (\$211,000) - City of Reno, 2006

Grant #2

Chalk Creek TDS Loading to Truckee River Study: Possible TDS mitigation and pollution trade for TMWRF on Truckee River TDS TMDL. (\$25,000) - City of Reno, 2005

## Description of Project Under Consideration

## Indicate the description that best fits the project you are proposing\*

Mark no more than three categories.

- A. Projects that improve bank or channel stabilization and decrease erosion.
- B. Structural controls or Low Impact Development (LID) projects on tributaries and drainages to the Truckee River where data supports evidence of pollution and/or sediments entering the Truckee River.
- C. Projects that remove pollution from the Truckee River.
- D. Projects that remove or control invasive aquatic species or terrestrial invasive plant species that are adverse to water supply.
- E. Other projects that meet the evaluation criteria.
- A.)
- B.)
- C.)

## Narrative Requirements

## 1.) Specific project goals and measurable outcomes and how you will measure and report them.\*

All projects are required to have measurable outcomes.

Goal 1: Improve the Lake Park ecosystem (habitat and water quality), reduce erosion, and downstream drainages. The Project will improve habitat for birds, pollinator insects, other wetland wildlife, and water quality, which will improve the overall ecosystem of Lake Park and its pond. The pond water routinely overflows into the storm drain system, which leads to the Truckee River, so any water quality improvements in Lake Park also improve the Truckee River.

Metrics to evaluate impact of Goal 1 will include City of Reno coordinating staff and Friends of Lake Park volunteers to count the number of birds that actively utilize the current shoreline vegetation at a certain time of day, for 5 total days during the month of May. They will also conduct an insect survey to count an approximate number of bees and butterflies, at that time. Then, volunteers will perform the same count approximately one (1) year after the Project is completed. Volunteers will also track the number of dead or dying plants for two (2) years after the Project is completed. Basic water quality sample data has been collected from the City of Reno during the fall of 2021. The target metric is a 50% increase in bird and insect populations utilizing the shoreline vegetation and wetlands, and a 25% maximum plant die-off rate.

Water quality samples will be collected once per year for two years after the Project is completed. However, notably, given the scale of the nutrient loading and size of the pond, the wetlands and other revegetation efforts may not be able to measurably improve overall pond water quality, except within the immediate vicinity of the wetlands islands. Referencing the research report prepared for this project (attached to application), Table 2 - Estimated Nutrient Removal Rate of Nutrients from Lake Park Pond (pounds per year) summarizes estimated annual removal rates. Erosion reduction will be assessed by measuring the square footage of previously barren bank slopes that are now covered by specific riparian species.

Goal 2: STEM-based Education: Lead and coordinate the design, fabrication, and installation of two STEM-based signs at Lake Park and share the news and educational way to use the new Lake Park improvements with schools and residents. The educational signs installed will support local schools, groups, and the general public to learn more about watershed topics with a STEM-based lens. Signage will have a stewardship message for everyone to take responsible actions to protect our local watershed. City of Reno will mail all residents with one-mile of the park and all Washoe County School Districts to share the news about the STEM-based education at Lake Park.

Metrics to evaluate impact of Goal 2 are the number of individuals who read the educational signs. This will be tracked by providing a QR code on signs to City of Reno and TMstormwater.com websites by the counted clicks from the QR link. The quality of education can be evaluated through a visitor feedback box or using a web form. Mailers will be evaluated by the number mailed and the number of responses from the mailer. The target metric is 200 individuals reading the signs in the first full year after installation, and at least two classroom field trips to the park to view the STEM signage and explore the wetlands/riparian information.

## 2.) Describe the project location.\*

Lake Park is a City of Reno park located in a residential neighborhood of Northwest Reno. The park makes up one city block, consists of grass, trees, walking paths, a playground, and is centered around a 1.5-acre pond. The park is popular with local residents, and a Friends of Lake Park (FOPL) group has been create to help coordinate volunteers in maintaining the park, and providing feedback for park improvements.

## 3.) Project Description\*

Include site map and aerial photos if applicable/possible as an attachment.

Lake Park Wetlands and Pollinator Projects\_Design Memo\_TRF\_Reduced.pdf

The City of Reno (City) proposes a collaborative Lake Park Watershed Project (Project) with One Truckee River (OTR), Friends of Lake Park, and Truckee Meadows Park Foundation. A natural resource initiative, this Project would use advanced wetland solutions and science, technology, engineering, and math (STEM)-based education to support a healthy watershed at Lake Park's central pond, which flows intermittently into the Truckee River. Specifically, Project objectives are to: 1) place three 10'x12' floating vegetated wetland islands within the pond; 2) plant around the entire pond shoreline (wetland and natives) and in barren park areas; and 3) design and install two STEM-based signs. The Project will combine with OTR's River-Friendly demonstration garden (funded by a 319(h) Grant) and complement Friends of Lake Park's public art project; both funded and planned for installation in Fall 2023. Reference the attached report prepared for this project ("Lake Park Wetlands and Pollinator Project\_Design Memo\_TRF\_Combined.pdf"), which provides detailed information including history of Lake Park, photos of the existing site, preliminary site plan, wetland design engineering details, existing water quality monitoring results, and more.

Currently, Lake Park has undiversified landscaping, consisting primarily of grass lawn, a few common tree species, invasive weeds surrounding the pond, and a few individual riparian plants. Patches of invasive weeds include bindweed, thistle, pigweed, and horseweed, and the pond edge is usually overgrown with a monoculture of Curlytop Knotweed, with a few milkweed plants interspersed. The pond receives inflow from the Highland Canal during the spring and summer months, and while it has a recirculation and aeration system, the pond is otherwise stagnant and has ongoing water quality issues related to water clarity, odor, and nutrient/bacteria concentrations, primarily due to the high population of ducks (summer) and geese (winter) that utilize the pond. Pond water routinely overflows into storm drains, causing the impaired water travels to the Truckee River.

For the past decade, research has been conducted by the City of Reno and UNR at various City-owned lakes, exploring various chemical, mechanical, and biological methods for removing such pollutants, and a wetlands approach has proven to be one of the most cost effective and beneficial techniques. Floating wetlands are small artificial platforms that allow aquatic plants to grow in water typically too deep for them to establish, and the submerged root-based ecosystem that develops creates an environment that captures nutrients and remove common water pollutants. Specifically, the floating wetlands support minimizing phosphorus, nitrogen, and total dissolved solids in the pond (these constituents have NDEP-mandated concentration limits in the Truckee River), as well as other forms of water pollution. The Project's wetland plants have been carefully chosen by the City's horticulturalist, and include several species of rushes and sedges, including the common tule, Baltic rush, tufted hair grass, as well as the yellow flowering seep monkeyflower.

Reference the attached research report prepared for this project, which provides detailed information about Lake Park water quality (baseline samples taken in summer 2021) and the nutrient removal rates associated with an engineered floating wetlands.

Further project benefits are to provide permanent STEM-based educational resources at no cost to students, teachers, and the public that will include messaging on how to be more responsible to protect our local watershed, test out and showcase a growing ecological method to protect and enhance wetlands, increase and diversify native and pollinator plant species, support creating a safe waterfowl habitat, and engage the local community in park improvements.

## 4.) Grant priorities\*

Explain how the proposed project advances the TRF's specific grant priorities.

Lake Park Watershed Project meets several grant priorities, specifically numbers VI – Stewardship and Environmental Awareness, II – Watershed Improvements, VII – Multiple Objectives, and VIII – Leverage Stakeholder Assets and Participation.

Priority VII is met through priorities II and VI. For priority II - Watershed Improvements, revegetating barren sections of the pond shoreline with various pollinator-friendly shrubs will reduce sediment erosion into the pond by keeping soil protected from rainfall and foot traffic. In addition, referencing Table 2 - Estimated Nutrient Removal Rate of Nutrients from Lake Park Pond (pounds per year) from the attached research report, the floating wetlands have the capacity to remove up to 1,800 lbs/year of Total Suspended Solids (TSS), as well as excess nutrients and BOD (Biological Oxygen Demand).

Priority VI – Stewardship and Environmental Awareness is met through the implementation of professionally designed STEM-based signage around the lake that allows the public to easily understand the function of wetlands in improving water quality, watersheds, and the general ecosystem. Several Washoe County School District schools, and a large preschool, are within walking distance to Lake Park, and will be notified about the STEM-based education at Lake Park via mailers that will encourage field trips to the park.

The project meets Priority VIII – Leverage Stakeholder Assets and Participation as it engages several agencies to collaborate and contribute to the project, including the City of Reno Utility Services Department, Parks and Recreation Department, the Friends of the Lake Park, The Truckee Meadows Park Foundation, and One Truckee River (OTR). Utility Services will provide in-kind (time and labor) project management services including project coordination, planning, and construction management. Parks and Recreation will provide in-kind services for landscape design, plant purchasing, plant cultivation in greenhouses (wetlands plants will need to be grown for 3-6 months prior to planting into the wetland island), and wetland installation support. The Truckee Meadows Park Foundation has also been engaged and will volunteer the labor of several skilled wetlands restoration technicians to perform the majority of the bank plantings, over several days. However, the City would like to utilize the grant to reimburse their efforts, if possible.

One Truckee River (OTR) has also been engaged in project management for the Wetlands Project, aiding in coordinating this project with the OTR's River-Friendly pollinator garden at Lake Park, which goes hand-in-hand with the Wetlands Project, and also engages the same partners for construction and landscaping design and labor. If OTR has excess funds for their garden, they are open to helping purchase wetlands plants for starting greenhouse cultivation earlier in the Project timeline. A final stakeholder is the Friends of Lake Park (FOPL), a growing association of citizens from the Lake Park neighborhood who utilize the park for recreation, volunteer to help clean and landscape the park, and gather to discuss potential park improvements. FOPL was engaged in a public outreach meeting in August 2022, where the group, backed by leader Cathy Schmidt, expressed being highly in favor of this type of project, and willing to aid in long-term maintenance and upkeep of the improvements.

## 5.) Permitting\*

Provide a permitting schedule for your project along with your plan for getting the required permits and decision documents. Be sure to include the cost of permitting/decision documents as a line item in your budget.

Approvals for this installation and the associated in-kind services have already been provided in email documentation from the Parks and Recreation and the Utility Services departments. No permits are required for the landscaping or wetlands installation.

### 6.) Future Land Use\*

List any known or foreseeable zoning, land use, or development plans that may affect your proposed project.

OTR's River-Friendly demonstration garden and the Friends of Lake Park's public art sitting bench project will be installed in Fall 2023, which won't alter existing landscaping plans.

## 7.) If future phases of the project will be needed, identify anticipated sources of funding.\*

No future phases are anticipated, however, if any extra funds are required for future repairs or professional services related to wetlands maintenance, the City of Reno Utility Services is prepared to allocate approximately \$10k of department funds.

## 8.) Identify the principals involved in leading or coordinating the project or activity.\*

Daniel Moss - Project Coordinator, City of Reno Utility Services. Role: Lead Project Manager Ryan Sharrer - Horticulturalist, City of Reno Parks and Recreation. Role: Lead landscaping/construction manager and plant cultivator.

Elena Larson - Nature Study Area Director, Truckee Meadows Parks Foundation. Role: Coordinator of TMPF Wetland Technician staff labor.

## 9.) Number of staff positions involved in project.\*

Identify how many staff will be full-time and how many will be part-time.

"Fulltime" means 100% of their staff position will be dedicated to this project; "part-time" means only a portion of their staff position will be dedicated to this project.

fulltime - 0. Part-time - 5 (up to 9 total including minor roles or for construction mgmt only)

## 10.) Number of volunteers involved in project and an estimated number of volunteer hours.\*

5 FOPL volunteers at 10 hours each (50 hours)

## 11.) Timeline of Project\*

List key dates and include project milestones. Note: Be realistic in your estimate of dates and milestones. List any factors that may cause a delay in implementing and/or completing the project.

\*\*Note: Funding will not be provided for work performed prior to grant approval.

Fall 2023:

- Project Funding approval, project kick off

October/November 2023:

- Purchase wetlands and riparian plants (or seeds) and place in City of Reno greenhouse for cultivation March/April 2024:

- Plant certain seedlings in City of Reno greenhouse for cultivation June/July 2024:
  - Purchase floating wetlands islands and anchoring material;
  - Design and purchase STEM educational signs
  - For Goal #1 metrics, conduct 5 total days of bird and insect counts utilizing existing vegetation
  - Take baseline water quality samples at pond recirculation discharge

#### September 2024:

- If plants are large enough for planting (likely), install floating wetlands island, complete pond perimeter plantings, and install STEM signs

October 2024 (Installation Complete):

- Hold project completion walk-through and gathering with all Stakeholders
- Send out mailers to schools and neighbors advertising the park improvements

#### Post-Installation Follow-Up

#### May 2025:

- Check for dead plants and consider replacing them June/July 2025:
  - For Goal #1 metrics, conduct 5 total days of bird and insect counts utilizing existing vegetation
  - Take new water quality samples at pond recirculation discharge

#### May 2026:

- Check for dead plants (and count them for Goal #1 metrics) and consider replacing them

#### 12.) What factors will indicate a successful project?\*

Several Factors will indicate a successful project, including the following:

- A) The long-term health of the wetland islands and riparian shoreline plants, which will be determined by semi-annual vegetation inspections and any necessary maintenance.
- B) A measurable increase in vegetation usage by birds and insects, which will be determined by the volunteer-led surveys.
- C) Frequent viewing of the STEM educational signs by the public and school groups, which will be determined by tour counts, QR code counts and other volunteer-led observations.
- D) Positive feedback from park users, including members of the Friends of Lake Park (FOPL).
- E) Minimal long-term maintenance of improvements, including annual wetlands maintenance, a lack of vandalism, and longevity of wetlands island infrastructure (materials can last 20+ years).

## 13.) Collaboration\*

List partnerships or collaborations with other entities in relation to your proposal, if any.

Partnerships: One Truckee River, Friends of Lake Park, Truckee Meadows Parks Foundation (NOTE: text below is copied from section 4. regarding Priority VIII – Leverage Stakeholder Assets and Participation)

The Truckee Meadows Park Foundation has been engaged and will volunteer the labor of several skilled wetlands restoration technicians to perform the majority of the bank plantings, over several days. However, the City would like to utilize the grant to reimburse their efforts, if possible.

One Truckee River (OTR) has also been engaged in project management for the Wetlands Project, aiding in coordinating this project with the OTR's River-Friendly pollinator garden at Lake Park, which goes hand-in-hand with the Wetlands Project, and also engages the same partners for construction and landscaping design

and labor. If OTR has excess funds for their garden, they are open to helping purchase wetlands plants for starting greenhouse cultivation earlier in the Project timeline.

A final partnership is with is the Friends of Lake Park (FOPL), a growing association of citizens from the Lake Park neighborhood who utilize the park for recreation, volunteer to help clean and landscape the park, and gather to discuss potential park improvements. FOPL was engaged in a public outreach meeting in August 2022, where the group, backed by leader Cathy Schmidt, expressed being highly in favor of this type of project, and willing to aid in long-term maintenance and upkeep of the improvements.

## **Grant Match**

All applicants must provide a match of at least 25 percent for dollars requested. The match may be with funding and/or in-kind services. For larger grant requests, priority will be given to projects that significantly leverage the grant with funding from other sources.

Total grant match to be provided.\*

\$16,916.00

#### Cash

For the cash portion, is the funding already being held by the applicant for this project?

No

#### In-kind

\*\*Note: Provide an itemized breakdown of volunteer match in your budget with rationale. \$16.916.00

## Description of matching funds/in-kind donations.\*

- CoR Utility Services Project Coordinator to coordinate and the Lake Park Watershed Project (cost includes wages and taxes)
- CoR Utility Services Associate Civil Engineer to oversee and assist in project coordination (cost includes wages and taxes)
- CoR Parks and Rec Horticulturist to oversee plant cultivation and landscaping (cost includes wages and taxes)
- CoR Parks and Rec Irrigation System Technician to aid in wetlands installation and landscaping (cost includes wages and taxes)
- Truckee Meadows Park Foundation services for installation (AmeriCorps Wetlands Technician labor at a value of 20/hr. x 4 AmeriCorps x 48 hrs. each)
- OTR Executive Director to coordinate River-Friendly Demonstration Garden with Watershed Project (cost includes wages and taxes)

- Friends of Lake Park volunteer services for bird/insect surveys (free volunteer services)

## **Attachments**

## Nonprofits must submit:

- Last audited financial statements if your organization has been audited
- List of Board of Directors
- Copy of agency's IRS 501(c)(3) Tax Determination Letter
- Copy of the agency's most recent IRS Form 990

#### Governmental entities must submit:

Departmental budget in lieu of audited financial statements

FY24 Budget Report - Utility Services & Parks Maintenance.pdf

#### **Project Budget\***

Provide detail on line-item expenditures and show which costs are to be paid for by the Truckee River Fund grant, which expenses will be paid by other sources of funding, and which will be paid for with in-kind services. Other sources of funding should be provided. A sample budget template is provided below.

\*\*Note: Indirect/overhead expenses cannot exceed 25 percent; TRF may fund indirect/overhead up to 25% based on availability of funds. Applicants should be prepared to provide reduced budgets during the review of applications by the TRF Board when funds are limited.

Grants from the Truckee River Fund are paid on a reimbursable basis for actual expenditures only. Craft your budget in such a way that requests for reimbursement correspond to the original budget.

Budget Worksheet\_Lake Park Watershed Project.pdf

#### **Sample Budget Template**

| ORIGINAL PROJECT BUDGET |          |                         |          |          | REIMBURS                 | EMENT REPORT                         |
|-------------------------|----------|-------------------------|----------|----------|--------------------------|--------------------------------------|
| Budget Item Description | on*TRF\$ | Other Funding<br>Name** | Match \$ | Total    | Expenditures to date TRF | Expenditures to date (other sources) |
| Design/Engineering      | \$xx,xxx | Agency X                | -        | \$xx,xxx | \$xx,xxx                 |                                      |
| Permitting              | \$xx,xxx | Agency X                | \$x,xxx  | \$x,xxx  |                          | \$x,xxx                              |
| Laborpaid               | \$x,xxx  | Agency X                | \$x,xxx  | \$x,xxx  | \$x,xxx                  |                                      |
| Laborvolunteer (\$20/   | hr)      | Own people              | \$xx,xxx | \$xx,xxx | \$x,xxx                  |                                      |

13

<sup>\*\*</sup>Please submit as one PDF document

| Construction  | \$xx,xxx   | Agency Y   | \$xx,xxx | \$xx,xxx  |          |         |
|---|------------|--|----------|-----------|----------|---------|
| Materials   | \$xx,xxx   | Agency Y   | \$xx,xxx | \$xx,xxx  |          |         |
| Other (be specific)   | \$xx,xxx   | Agency Y   | \$xx,xxx | \$xx,xxx  |          |         |
| Overhead (max. 25%)   | \$xx,xxx   | Own agency   | \$xx,xxx | \$xx,xxx  |          |         |
| TOTAL   | \$xxx,xxx  |  | \$x,xxx  | \$xxx,xxx | \$xx.xxx | \$x,xxx |
| *These are sample descriptions.   |            | **Explain<br>status of other<br>funding if not<br>in hand. | ·        |           |          |         |
| If project is to be imple<br>separate budget into e<br>Indirect costs may not | ach phase. | •  |          |           |          |         |

## Grantee Requirements & Project Evaluation Criteria

#### **GRANTEE REQUIREMENTS**

To be eligible for funding, grantees must adhere to the following requirements:

- Funds are to be used and/or disbursed exclusively for the charitable uses and purposes.
- The Fund shall be used exclusively for projects that protect and enhance water quality or water resources of the Truckee River, or its watershed.
- The Charitable Beneficiaries may include 501(c)(3) organizations and governmental entities. Any grants to governmental entities must be made exclusively for public benefit purposes.
- All grantees will be required to sign a grant agreement stipulating their agreement with all of the terms, conditions, and reporting requirements.
- Organizations or entities sponsoring proposals are prohibited from ex parte communications regarding such proposals with members of the Truckee River Fund Advisory Committee while such proposals are pending before the Committee, and such communications may be grounds for rejecting a proposal.
- To maintain eligibility to receive grant funds, each Charitable Beneficiary must comply at all times with the following requirements:
  - Charitable Beneficiaries must be exempt from federal income taxation under Section 501(c)(3) of the Code;
  - Charitable Beneficiaries shall use all Fund distributions toward projects that are appropriate and legal public expenditures;
  - Charitable Beneficiaries must provide financial details and/or reports of their organizations upon request:
  - Charitable Beneficiaries must not use any Fund distributions for political contributions or political advocacy;
  - Charitable Beneficiaries must either implement the projects, activities, and/or programs for which they received Fund distributions within six months of the date in which such distributions are

received or by date(s) as agreed upon in the grant acceptance agreement, or must return all such distributions to the Community Foundation forthwith;

Charitable Beneficiaries must provide the Community Foundation a report detailing the completion of their projects, activities, and/or programs; and

Charitable Beneficiaries must sign an agreement regarding their compliance with the qualifications hereof.

#### **PROJECT EVALUATION**

Each proposal will be evaluated on criteria that include but are not limited to:

- Measurable outcomes in accordance with stated grant priorities.
- Readiness of sponsoring organization to undertake and complete project.
- Consistency with established Truckee River operations.
- Impact on other River stakeholders.
- Absence of negative or unintended consequences.
- Solutions to known problems as identified through past research.
- Prior performance on grants from the Truckee River Fund.

The Nature Conservancy & Truckee River Watershed Council have conducted assessments of Truckee River and Donner Lake watersheds and have presented their findings to the Truckee River Fund advisory committee. The results may influence the advisors' decision-making during proposal review. Copies of the assessments are available at www.truckeeriverfund.org.

## File Attachment Summary

## Applicant File Uploads

- Lake Park Wetlands and Pollinator Projects\_Design Memo\_TRF\_Reduced.pdf
- FY24 Budget Report Utility Services & Parks Maintenance.pdf
- Budget Worksheet\_Lake Park Watershed Project.pdf

# Lake Park Floating Wetlands and Pollinator Revegetation Project

LAKE PARK, RENO, NV

## Prepared by:

Daniel Moss, PE Utility Services Department, City of Reno

#### Date:

July 2023





## Table of Contents

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Table 1 - Lake Park Nutrient Concentrations vs WQ Limits, Fall/Winter 2021

Table 2 - Estimated Nutrient Removal Rate of Nutrients from Lake Park Pond (pounds per year)

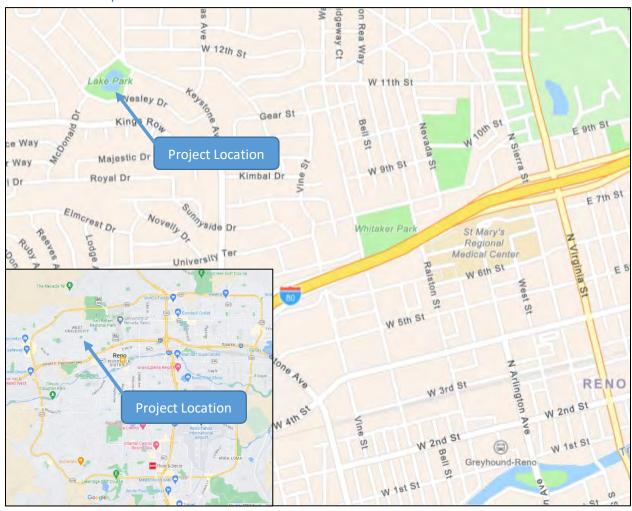
## Summary

Lake Park is a City of Reno-maintained neighborhood park centered on a 1.5-acre pond, at the corner of Coleman Drive and Keystone Avenue. The pond receives inflow from the Highland Canal during the spring and summer, and while it has a recirculation and aeration system, it is otherwise stagnant and has water quality issues related to water clarity, odor, and nutrient/bacteria concentrations. Reference the attached photos, showing the typical green-brown color of the pond water. Due to water quality concerns, the Utility Services Department routinely monitors this lake for the presence of toxic algae, and has posted public warning signs in the past.

The proposed Lake Park Floating Wetlands and Pollinator Revegetation Project includes placing three (3) 10'x12' floating wetland islands within the pond, and planting various wetland and pollinator plants in specific locations around the pond's edge. Reference Appendix A and B for the Preliminary Site Plan and Wetland Concept Example. This project concept is acceptable to the Parks and Recreation Department, contingent on the project's feasibility and minimal routine (annual) maintenance, and is popular with the Friends of Lake Park, a coalition of citizens created to protect and enhance Lake Park.

The benefits of the Project is multifold, including improving overall aesthetics of the park, diversifying plant and pollinator species, improving water quality, creating safer habitat for waterfowl, providing water quality education to citizens, and providing good public relations to the Friends of Lake Park. Notably, given the scale of the nutrient loading, the revegetation efforts are not able to significantly improve overall pond water quality.

## **Location Map**



Caption: Lake Park is located within a city block at the corner of Coleman Dr and Keystone Ave

## Background

Lake Park is subject to multiple factors that exacerbate poor water quality including minimal lake inflow/outflow, high average water temperatures, stormwater runoff, and significant bird usage. Many issues are related to poor quality, including unsightliness, odor, disease risk for wildlife, toxic algae risks, and poor ecosystem function (eutrophication, etc.).

Lake Park only receives a limited amount of inflow from the Highland Ditch – 7.5 ac-ft/year, in spring and summer (based on Truckee River/Orr Ditch Decree). The lake is not designed to have a constant inflow/outflow.

Climate models show warming trends over the decades, and Lake Park has been subject to these rising temperatures. Many citizens report of less and less ice present on the lake, over the years.

The lake is heavily used by roosting waterfowl (geese and ducks) in the winter time, and as a breeding ground for ducks in the spring/summer. Reducing the population of these animals at this park has been investigated and attempted in the past, but efforts have been marginally effective.

Over the two decades, City of Reno Parks and Recreation has taken steps to improve water quality and the overall enjoyment of the park, however, water quality is still impaired, and a 2018 proposal to remove the lake altogether and replace it with a water feature instead was met with significant public opposition. In 2008, the recirculation and aeration system was installed and made notable improvements to water odor and some improvement to water clarity (Appendix J). In the early 2000s, the lake was dredged of silt, bird droppings, and decomposed vegetation.

Multiple techniques can be used to raise water quality, including increased recirculation/aeration, wetlands vegetation, discouraging presence of waterfowl, chemical dyes, disinfectants, grass carp, and many other experimental methods.

## Community Support

In August 2022, Daniel Moss conducted a public meeting with the Friends of Lake Park, an informal group of concerned citizens who utilize the park, to discuss the proposed wetlands and revegetation concept. Of note, the Friends group was likely created as a response to the 2018 proposal for replacing the lake. The Friends group is highly in favor of this type of Park improvement, and provided input for the overall project design, related to plant species, sight lines, and other general ideas. Reference the attached meeting Agenda with design considerations (Appendix F.1), and the follow up email exchange with Matt Brezina (Appendix F.2), Parks Manager of City of Reno Parks and Recreation.

## Water Quality Monitoring Results

From September through December 2021, Lake Park surface water was monitored using a multiparameter water quality sonde, and through the collection and analysis of water samples for various parameters. The four samples were analyzed for nutrient-related water quality constituents including ammonia (NH<sub>3</sub>), nitrate and nitrite (NO<sub>3</sub> & NO<sub>2</sub>), total nitrogen (TN), total kjeldahl nitrogen (TKN), total phosphorous (TP), ortho-phosporous (OP) and toxic algae. Samples were collected at the discharge of the recirculation waterfall, while sonde measurements were taken both at this discharge point as well as the northeast corner of the lake (opposite corner), which has minimal circulation.

Nutrient concentrations are summarized in the below table, as well as water quality criteria from multiple EPA and NDEP sources (Table 1).

Table 1 - Lake Park Nutrient Concentrations vs WQ Limits, Fall/Winter 2021

| Date  | NH3<br>(mg/L) | Ortho-P<br>(mg/L) | TP<br>(mg/L) | Total N<br>(mg/L) | TKN<br>(mg/L) |
|---|---------------|-------------------|--------------|-------------------|---------------|
| 9/29/2021   | 0             | 0.075             | 0.74         | 15                | 15            |
| 10/13/2021  | 2             | 0.025             | 1.4          | 20                | 20            |
| 11/4/2021   | 4.8           | 0.072             | 0.62         | 6.7               | 6.6           |
| 12/8/2021   | 6.1           | 0.07              | 1.8          | 28                | 28            |
| Average   | 3.23          | 0.06              | 1.14         | 17.43             | 17.40         |
| WQ Limit <sup>1</sup> /<br>Ref Value <sup>2</sup><br>(mg/L) | 9.65          | ≤ 0.05            | 0.33         | 0.51              | 0.34          |

#### Footnotes:

- 1. "Water Quality Criteria to Protect Beneficial Uses, from NAC 445A
- NH3 Acute ammonia concentration for pH 7.7 (average from samples), taken from Table 1 of NAC 445A.118
- OrthoP Ref NAC 445A.1684 Truckee Region: Truckee River at Idlewild
- Total P Ref NAC 445A.1722 Truckee Region: Washoe Lakes. The limits of this table apply to the entire body of water known as Washoe Lakes.
- Total N Ref NAC 445A.1694 Truckee Region: Truckee River at the Pyramid Lake Paiute Reservation
- 2. TKN Reference Value: Average 25th percentile values based on all seasons data for the decade, from Table 3d: Reference conditions for Ecoregion III lakes and reservoirs sub-ecoregion 13, from Ambient Water Quality Criteria Recommendations: Lakes and Reservoirs in Nutrient Ecoregion III, EPA, 2001

The samples exhibit very high levels of TP, TN, and TKN, which far exceed recommended water quality criteria for local water bodies. Further, the samples show a generally increasing trend over the months, especially for NH<sub>3</sub>, TN, TKN. This trend is likely related to increased waterfowl usage in the winter months, and could also be related to decreased vegetation/algae uptake due to cooler water temperatures and less daily sunlight.

It should be noted that due to very shallows water levels, measuring accurate water quality parameters (dissolved oxygen, TDS, pH, etc.) with the sonde was difficult as it frequently got coated in silt/vegetation, so this table of data is not shown in the report. Nevertheless, the parameters showed expected correlation between increased temperatures and decreased dissolved oxygen, while trends in pH were not recognizable. Toxic algae was expected in the periods of warmest water, however, none was found present in this round of sampling.

## Design

An initial design has been prepared by Daniel Moss, Utility Services Civil Engineer Project Coordinator, in conjunction with Ryan Sharrer, the City of Reno Parks and Recreation Horticulturalist. With his experience as the Washoe State Nursery Manager for over 8 years, Mr. Sharrer selected a number of

key plant species for the overall design, and plant suggestions from the Friends of Lake Park have also been taken into account. If the project is funded, the design will be completed entirely in-house, providing significant time and cost savings.

The following considerations were accounted for in the initial plant revegetation and wetlands design:

- i. Water quality and ecological function, wildlife safety
- ii. Overall aesthetics
- iii. Sight lines, human safety, vandalism reduction
- iv. Feasibility of construction, cost, routine maintenance

Three (3) 10'x12' kidney-shaped Biohaven® wetlands islands, manufactured by Floating Island International, are currently selected for the wetlands design, as shown in the pictures in Appendix B. These are prefabricated floating platforms that allow for simple transport, installation, and planting. Reference Appendix A and B for the Preliminary Site Plan and Wetland Concept Example.

#### **Nutrient Removal Rates:**

As described in the Summary section of this report, the wetlands is not designed to significantly improve overall pond water quality through high volume nutrient removal rates. These removal rates are have still been estimated, demonstrating that water quality will be improved immediately around the wetlands. Floating Island International's Biohaven® FAQ Sheet (Appendix C) contains a Removal Spreadsheet, providing a table of estimated nutrient removal rates for Nitrates, Nitrogen, Phosphorous, TSS, BOD, and more. These rates depend on if the water type is wastewater, stormwater, or lake water.

The range of removal rate varies broadly, so these calculations are considered rough estimates. In an attempt to estimate the proposed wetlands nutrient removal rates, the average nutrient concentrations values from Table 1 were compared to typical wastewater inflow concentrations, provided by TMWRF (Truckee Meadows Water Reclamation Facility), to help classify the lake as "wastewater," "Stormwater," or "lake water." This comparison is shown in the attached Lake Park/TMWRF WQ Comparison Table (Appendix D). Overall, Lake Park concentrations ranged from 1.64% and 3.27% of TMWRF's for OP and  $NO_3$  to 35.39% and 18.46% of TMWRF's for TKN and TP. These values range widely, so removal rates were roughly estimated using the existing Biohaven table values. Reference the attached Nutrient Removal Spreadsheet table (appendix E).

Total estimated removal rates were calculated and are summarized in the table below. A 2011 study entitled *Floating Treatment Wetlands: A New Tool For Nutrient Management In Lakes and Waterways* (Helmholtz Centre for Environmental Research (UFZ), Leipzig, Germany, 2011) was referenced to verify these estimated values. In addition, a 1998 EPA Wetlands Design Manual was referenced for removal rates, but the BOD removal rate equation could not be utilized due to limited existing data needed for equation parameters and constants.

Table 2 - Estimated Nutrient Removal Rate of Nutrients from Lake Park Pond (pounds per year)

|                               | NH3 | Total N | Nitrate | TP | TSS   | BOD   |
|-------------------------------|-----|---------|---------|----|-------|-------|
| Removal<br>Rate<br>(lbs/year) | 72  | 72      | 72      | 25 | 1,800 | 1,800 |

#### Construction Labor

Given the small scale of this project, preparation of the wetlands plants and construction can be completed without a contractor. The construction can be performed by the City of Reno Parks and Recreation Department maintenance workers and the horticulturalist, with support from skilled wetlands restoration technicians from the Truckee Meadows Parks Foundation (TMPF). The project would be managed by a qualified engineer from the Utility Services Department.

The use of AmeriCorps volunteer restoration technicians is based off a discussion with Elena Larson, TMPF's Nature Study Area Director, where she confirmed that her program would be enthusiastic to include restoration technicians in the project. She explained that there's a high likelihood of their availability, especially for the final installation days and routine maintenance. She confirmed that funding will be available in at least the upcoming 3-4 years, so it is very likely that this is a consistent source of labor for completing this project. Her largest workforce is available in spring-summer, as opposed to fall, so spring plant installation is the optimal time to use their resources. Reference the meeting's minutes contained in an email, attached as Appendix G.

#### Materials and Quantities

Reference the attached preliminary material and cost estimate, prepared by Ryan Sharrer and Daniel Moss, updated in July 2023 (Appendix H). Ryan notes that plant prices are based on the prices at the local National Division of Forestry (NDF) conservation nursery.

#### Construction Schedule Overview

The project involves cultivating plants from seed, which will take 6-12 months, depending on the species. The wetlands would be installed in mid-spring, for optimal growth, but can also be installed in fall. The revegetation and wetlands construction installation is estimate to take 4-5 working days, with a crew of up to 2 landscapers and 4 wetlands technicians. The proposed schedule is as follows:

- A) Fall 2023:
- Project Funding approval, project kick off
- B) October/November 2023:
- Purchase wetlands and riparian plants (or seeds) and place in City of Reno greenhouse for cultivation C) March/April 2024:
- Plant certain seedlings in City of Reno greenhouse for cultivation
- D) June/July 2024:
- Purchase floating wetlands islands and anchoring material;
- Design and purchase STEM educational signs

- For Goal #1 metrics, conduct 5 total days of bird and insect counts utilizing existing vegetation
- Take baseline water quality samples at pond recirculation discharge
- E) September 2024:
- -If plants are large enough for planting (likely), install floating wetlands island, complete pond perimeter plantings, and install STEM signs
- F) October 2024 (Installation Complete):
- Hold project completion walk-through and gathering with all Stakeholders
- Send out mailers to schools and neighbors advertising the park improvements

Post-Construction maintenance and monitoring:

- G) May 2025:
- Check for dead plants and consider replacing them
- H) June/July 2025:
- For Goal #1 metrics, conduct 5 total days of bird and insect counts utilizing existing vegetation
- Take new water quality samples at pond recirculation discharge
- I) May 2026:
- Check for dead plants (and count them for Goal #1 metrics) and consider replacing them

## **Funding**

Funding is currently being pursued through the Truckee River Fund, with a 25% in-kind/cash match requirement.

## Photos



Lake Park, looking southeast from the return flow channel. Typical color in summer/fall months.



Lake Park, looking south from the return flow channel. Typical mallard/geese presence shown.



Lake Park, looking west, return flow channel shown on right. Shows invasive species surrounding pond.



Lake Park, looking north at only section of reeds/cattails. Pole in water indicates return flow intake pipe.



Lake Park return flow channel/water feature, on west side of lake.

## **Appendix**

**Appendix A – Preliminary Site Plan** 

**Appendix B – Wetland Concept Example** 

Appendix C – Biohaven FAQ

Appendix D – Lake Park/TMWRF WQ Comparison Table

Appendix E – Nutrient Removal Spreadsheet Summary

Appendix F-1 – 8-15-22 Meeting with Friends of Lake Park - Agenda

Appendix F-2 – Friends of Lake Park Follow-Up Email – Matt Brezina Responses

Appendix G – Meeting Notes – Labor Collaboration with TMPF

Appendix H – Materials and Cost Estimate (Preliminary)

Appendix I –

Appendix J – Lake Park Pond Water Circulation System Site Plan, 2008

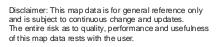




City of Reno, NV
Department of Public Works

Lake Park - Preliminary Site Plan

**Source: Public Works Enterprise GIS Portal** 









# BIOHAVEN® FREQUENTLY ASKED QUESTIONS

#### How much of each contaminant is removed by BioHaven Floating Treatment Wetlands (FTWs)?

The removal rates we use are based on field-scale case studies so they vary depending on the concentrations and type of water, but some typical quantities are shown in the following table.

| REMOVAL SPREADSHEET             |            |                         |  |  |  |  |  |  |  |
|---------------------------------|------------|-------------------------|--|--|--|--|--|--|--|
| For 1000-ft <sup>2</sup> Island |            |                         |  |  |  |  |  |  |  |
|                                 |            |                         |  |  |  |  |  |  |  |
| Parameter                       | Water      | Typical Removal (lb/yr) |  |  |  |  |  |  |  |
| Ammonia-N                       | wastewater | 400 - 2,300             |  |  |  |  |  |  |  |
| Nitrate-N                       | wastewater | 600                     |  |  |  |  |  |  |  |
|                                 | stormwater | 13                      |  |  |  |  |  |  |  |
| Total N                         | wastewater | 250 - 600               |  |  |  |  |  |  |  |
|                                 | stormwater | 50 - 250                |  |  |  |  |  |  |  |
| Total P                         | lake water | 35                      |  |  |  |  |  |  |  |
|                                 | wastewater | 500                     |  |  |  |  |  |  |  |
|                                 | stormwater | 10 - 80                 |  |  |  |  |  |  |  |
| TSS                             | wastewater | 200                     |  |  |  |  |  |  |  |
|                                 | stormwater | 2,000 - 35,000          |  |  |  |  |  |  |  |
|                                 | lake water | 5,000                   |  |  |  |  |  |  |  |
| BOD                             | wastewater | 200 - 20,000            |  |  |  |  |  |  |  |
|                                 | stormwater | 20,000                  |  |  |  |  |  |  |  |
| Total Copper                    | stormwater | 14 – 400                |  |  |  |  |  |  |  |
| Total Zinc                      | stormwater | 80                      |  |  |  |  |  |  |  |

- The table can be used for wastewater, stormwater or lake water applications where a specific target must be met.
- Our experience has shown it is accurate to within 50%. Every time we get substantial new data, we refine the model to make it more accurate.
- Other ways of sizing are available (e.g., by budget, by increments) if the goals are more general.
- For best sizing estimates, we want to know current concentrations and concentration goals for
  each contaminant of concern, along with the estimated flow rate and water temperature. If
  flow is absent or very low, we can specify the time period over which the client wants



- remediation to occur (e.g., phosphorus concentrations will be reduced from 0.3 mg/L to 0.05 mg/L in two years) if we know the water volume.
- Removal estimates shown above are based on field-scale case studies. Removal will be somewhat lower when it is cold, which is why we factor in the water temperature. The temperature correlation we are using shows that the removal rate at 10°C will be 53% of the rate at 23°C. However, native bacteria have an amazing ability to adapt and we have found that removal at lower temperatures will typically be higher than predicted in the literature.
- These removals and estimated island sizes are for BioHavens without aeration. We believe that removal rates will be several times higher for islands that incorporate aeration and active mixing. Since these "active" islands called Floating Streambeds are relatively new, we do not yet have field-scale data to demonstrate this.

#### How are nutrients actually removed?

- Ammonia is converted to nitrate by an *aerobic* bacterial process (nitrification). The only requirements for this are: a) dissolved ammonia and oxygen, b) bacteria and c) surface area for the bacteria to attach to. If the resulting nitrate is also removed, that will show up under "total nitrogen" removal (discussed below).
- **Nitrate** is converted to nitrogen gas by an *anoxic* bacterial process (denitrification). Nitrogen gas is then released to the atmosphere so this two-stage nitrification/denitrification process provides "total nitrogen" removal. The requirements are: a) nitrate, b) bacteria c) surface area d) dissolved carbon (rather than dissolved oxygen).
- Although the nitrification/denitrification processes appear to require mutually-exclusive conditions (air/no air), we know from research (both ours and others') that both processes occur simultaneously within the BioHaven if aeration is present.
- **Total nitrogen** is removed via: a) denitrification (if it is present as nitrate) or b) nitrification / denitrification (if it is present as ammonia). Sometimes the rates for ammonia removal and/or nitrate removal will be higher than that for total nitrogen removal.

  An example would be water with ammonia of 10 and nitrate of 5, so TN is 15. After treatment, ammonia is 0 and nitrate is 10, so TN is 10. Ammonia has been reduced by 10 but TN by only 5. Therefore, the rate for ammonia removal is higher than the rate for TN removal.
- Total suspended solids (TSS) can be made up of inorganic and organic particles. They can be
  removed mechanically, by filtration, and biologically (see BOD below). The sticky biofilm on the
  matrix and plant roots will capture the particles. As shown in the table, TSS removal in
  stormwater may be relatively high because those concentrations are typically high to begin
  with. BioHavens with aeration or circulation will provide better TSS removal because of an
  increased filtering effect.
- **Biochemical oxygen demand (BOD) is** created primarily by organic carbon present in the water (such as decaying leaves, goose droppings). BOD can be removed by all types of bacteria.



Aerobic bacteria consume BOD (and oxygen) faster than anoxic bacteria consume BOD (and nitrate); therefore, growth of aerobic bacteria is accelerated when oxygen is present. TSS removal, particularly in stormwater, can also provide BOD removal. BOD is permanently removed because dissolved carbon is converted by bacteria to carbon dioxide and vented to the atmosphere. This is similar to nitrate removal via nitrogen gas.

Total Copper and Total Zinc are removed via two mechanisms. Total metals have both
particulate and dissolved components. Particulate copper and zinc are removed as TSS via the
TSS mechanism described above. It is believed that dissolved copper and zinc are removed as
floating islands release plant root organics and detritus, which act as a biosorbent for dissolved
metals at the neutral pH induced by the islands.

#### Do BioHavens, then, contribute to climate change by releasing CO₂ into the atmosphere?

No, BioHavens will not contribute to climate change. Although BioHavens promote biological activity that may produce carbon dioxide, they merely speed up the biological processes that would eventually occur anyway.

We now understand that methane is a much more potent greenhouse gas than CO<sub>2</sub>, and that hypereutrophic waterways release enormous amounts of methane into the atmosphere. BioHavens mitigate climate change by a) the vegetation on and around the island (periphyton) absorbing carbon and b) all the water quality benefits they provide that prevent hyper-eutrophication, such as aeration, surface area and nutrient uptake (etc.).

#### What is the removal/sequestration mechanism for phosphorus?

Phosphorus can be removed with BioHaven FTWs and sequestered via six pathways:

- Filtration and settling of particulate phosphorus. This phosphorus is not dissolved in water and
  is present as total suspended solids (TSS). This TSS can be filtered by the FTW matrix and
  attached plant roots, and will either be retained in the FTW or will settle to the bottom of the
  waterway.
- 2. Incorporation into biomass within the BioHaven FTW. Biomass is created: a) when biofilms form on the surface area; b) when plant leaves fall onto the island and build up the soil layer over time; c) as the roots become entwined within the matrix and d) as insects and other life lay eggs and hatch within the matrix. This mass will grow indefinitely, creating a natural island around the original BioHaven "seed."
  - a. Studies conducted at Michigan's Houghton Lake over the past 40 years demonstrate that phosphorus will keep accumulating within wetland soils (i.e., FTW biomass). In that municipal wastewater being treated, the phosphorus concentration in the large wetland is still reduced from about 3 mg/L to less than 0.1 mg/L.
- 3. Incorporation into biomass that will sink to the bottom, then bind to the sediment. Phosphorus can be sequestered in sediments without a floating island, but BioHavens can speed up this process and make it permanent by maintaining aerobic conditions, even with passive islands



- (through plant oxygen transfer) but much more effectively if aeration is added. After phosphorus has been incorporated into biomass and sediment, it typically remains sequestered, unless an anoxic event releases it back into the water.
- 4. Incorporation into the food chain, via bacteria, algae, zooplankton, insects, fish and birds (think: there was an old woman who swallowed a fly). As phosphorus is assimilated up the food chain, some of it will be removed from the system and remain sequestered. An example is people catching fish and keeping them, but the spiders eat the flies (figuratively speaking) at every level.
- 5. Phosphorus removal via plant uptake. BIoHavens greatly improve water clarity, which will allow more sunlight exposure to promote bacterial growth and subsequent phosphorus removal. It may also lead to the possibly undesirable effect of increased underwater plant growth but this has two possible benefits: a) increased surface area for promotion of healthy bacteria/biofilm; and b) an opportunity for removing even more phosphorus through manual harvest of these plants.
- 6. Another phosphate removal pathway is to harvest adsorbent materials added to the BioHaven. The floating streambed lends itself to "accessorizing" with adding various materials, circulating water through them, and replacing those materials periodically.

Pathways 2, 3, 4 and 5 are temperature-dependent (i.e., their effects will be higher at higher water temperatures). Pathways 1 and 6 should not depend on temperature.

#### What is the difference between phosphorus and phosphate?

Phosphorus is an element (P). Phosphate is a compound (PO<sub>4</sub>) that contains phosphorus and easily dissolves in water. Either one can be analyzed in water samples. The conversion factor is that 1 mg/L of P equals about 3 mg/L of PO<sub>4</sub>.

#### Is plant harvesting or trimming recommended?

No. Plant uptake is just one mechanism for phosphorus removal and it has been shown that only about 6% of phosphorus removed is due to plant uptake – the majority is via pathways 1-3. Also, most of this 6% phosphorus uptake is contained in the roots, not in the above-surface portion available for trimming.

The root mass is the main "engine" for nutrient removal, fueled by the symbiotic relationships that take place between the microbes, plant sugars, enzymes and gases, so it vital to promote the healthiest possible root growth and protect it. It does not make any sense to remove it and start over! Planting with bushy-rooting perennials will avoid root die-off, and trimming the shoots will promote root growth.

Plant trimming is often required by the customer to stop debris falling into the water and to keep the islands looking tidy, but it has little effect on phosphorus removal.

#### How do BioHaven floating islands remove algae?



BioHavens remove algae in two ways. The first method is that existing algae (TSS in the water) will be filtered by the BioHaven over time, as it sticks to the biofilm on the roots and the matrix. The second and more important mechanism is that BioHavens can out-compete algae for nutrients.

#### Is there an issue with having the plastic material used to make the matrix in the water?

BioHaven floating islands are composed of a matrix material that was already being used as a water filter in ponds before BioHaven came along. It has had decades of safe use. The matrix filter material is made from post-consumer PET drinking bottles, so the plastic itself is designed to be safe in water. Toxicity testing has been conducted by the matrix manufacturer to ensure safety for fish. This has been borne out by FII, in particular, in the BPA Case Study.

As soon as matrix filter material enters a waterbody, the process of biofilm formation begins, and soon every available surface fiber is covered by a protective layer of periphyton. The island then becomes a "seed" that is fully enveloped by the eco-system that grows up around it.

In our experience, there may be two reasons why a BioHaven island might be considered susceptible to disintegration: damage by wildlife and UV damage. Damage from wildlife can be reduced by planting woody perennials that they do not find palatable or by employing strong fencing and other deterrents. We do provide a non-toxic UV barrier on the matrix but recommend that the matrix not be exposed to UV light per the manufacturer's instructions.

# Comparison of Lake Park to Wastewater WQ Parameters

(TMWRF = Truckee Meadows Wastewater Reclamation Facility)

| Parameter | (TMWRF<br>(mg/L or<br>ppm) | Lake Park<br>(mg/L or<br>ppm) | % of TMWRF |
|-----------|----------------------------|-------------------------------|------------|
| Ammonia   | 32.3                       | 3.23                          | 9.98       |
| NO2       | 0.0954                     | 0.01                          | 6.29       |
| NO3       | 0.329                      | 0.01                          | 3.27       |
| TKN       | 49.3                       | 17.40                         | 35.29      |
| OP        | 3.6848                     | 0.06                          | 1.64       |
| TP        | 6.1753                     | 1.14                          | 18.46      |
| BOD       | 333                        | n/a                           |            |
| TSS       | 244.3452                   | n/a                           |            |
|           |                            |                               |            |

| NUTRIENT            | REMOVAL SPR                     | ]                                |  |   |
|---------------------|---------------------------------|----------------------------------|--|---|
| Floating Island Int | ernational - Biohav             | ĺ                                |  |   |
|                     | For 1000-ft <sup>2</sup> Island |                                  | Lake Park Isl  | ands (360-ft2)                                  |
|                     |                                 |                                  | Typical Removal Pates  |   |
| Parameter           | Water                           | Typical Removal Rates<br>(lb/yr) | Typical Removal Rates<br>(lb/yr) for Lake Park -<br>Estimate | Typical Removal (lb/yr)<br>Lake Park - Estimate |
| Ammonia-N           | wastewater                      | 400 - 2,300                      | 200  | 72  |
| Nitrate-N           | wastewater                      | 600                              | 200  | 72  |
|                     | stormwater                      | 13                               |  | 0   |
| Total N             | wastewater                      | 250 - 600                        | 200  | 72  |
|                     | stormwater                      | 50 - 250                         |  | 0   |
| Total P             | lake water                      | 35                               | 70   | 25.2  |
|                     | wastewater                      | 500                              |  | 0   |
|                     | stormwater                      | 10 - 80                          |  | 0   |
| TSS                 | wastewater                      | 200                              |  | 0   |
|                     | stormwater                      | 2,000 - 35,000                   |  | 0   |
|                     | lake water                      | 5,000                            | 5000   | 1800  |
| BOD                 | wastewater                      | 200 - 20,000                     | 5000   | 1800  |
|                     | stormwater                      | 20,000                           |  | 0   |
| Total Copper        | stormwater                      | 14 – 400                         |  | 0   |
| Total Zinc          | stormwater                      | 80                               |  | 0   |

#### **Design Notes:**

Removal Rates used for Lake Park design are estimates, based on interpolations of Lake Park nutrient concentration data compared to TMWRF nutrient concentration data. Both "Lake Water" and "Wastewater" values are considered.

#### Notes (from Floating Island International):

The table can be used for wastewater, stormwater or lake water applications where a specific target must be met.

Our experience has shown it is accurate to within 50%. Every time we get substantial new data, we refine the model to make it more accurate.

Other ways of sizing are available (e.g., by budget, by increments) if the goals are more general.

For best sizing estimates, we want to know current concentrations and concentration goals for each contaminant of concern, along with the estimated flow rate and water temperature. If flow is absent or very low, we can specify the time period over which the client wants remediation to occur (e.g., phosphorus concentrations will be reduced from 0.3 mg/L to 0.05 mg/L in two years) if we know the water volume.

Removal estimates shown above are based on field-scale case studies. Removal will be somewhat lower when it is cold, which is why we factor in the water temperature. The temperature correlation we are using shows that the removal rate at 10°C will be 53% of the rate at 23°C. However, native bacteria have an amazing ability to adapt and we have found that removal at lower temperatures will typically be higher than predicted in the literature.

#### **Outreach and Education Meeting:**

#### Lake Park Water Quality and Wetlands/Pollinator Revegetation Plan

Date: 8/15/22

Contact: Daniel Moss, PE, City of Reno Utility Services Department

#### Agenda:

- 1. Lake Park Water Quality: Past and Present
  - a. Factors related to water quality
     (Lake inflow/outflow, Bird and animal wastes, Urban runoff, Climate, etc.)
  - Issues related to water quality
     (unsightliness, disease risk for wildlife, toxic algae, humans, odor, vectors, etc.)
  - c. Measuring Water Quality (WQ)
    - i. Major factors: DO, Temp, pH, e. coli, TSS
    - ii. Sampling efforts: Aug Oct 2021
    - iii. Trends: Stagnant vs. moving water, seasonal changes
  - d. Techniques for Raising Water Quality:
    - i. Recirculation/aeration, increased inflows, wetlands vegetation, waterfowl removal, dyes, barley straw, carp, etc.
- 2. Lake Park Water Quality: Memories from the past
  - a. Please share!
  - b. Worth sharing with Historical Society?
- 3. Lake Park Wetlands/Pollinator Revegetation Plan
  - a. Plan overview Floating Wetlands and Bank Vegetation
  - b. Design factors to consider:
    - i. Aesthetics, Water Quality/ecological function, wildlife safety
    - ii. Sight lines, vandalism, human safety
    - iii. Cost, maintenance etc.
  - c. Possible Funding sources: Grants, City, Truckee Meadows Parks Foundation, Donations, etc. Labor sources: varies
  - d. Project tasks, timeline, and schedule:
     Obtaining funding, seedling cultivation, constructing floating wetlands, major installation, ongoing maintenance and inspection, etc.
- 4. Other topics:
  - a. Perimeter Weed Abatement
  - b. Playground improvements?



#### Friends of Lake park meeting - follow up items

Matt Brezina <br/> <br/> drezinam@reno.gov>

Thu, Aug 18, 2022 at 12:50 PM

To: Daniel Moss <mossd@reno.gov>

Cc: Jason Collins <collinsj@reno.gov>, Theresa Jones <jonest@reno.gov>

Thanks for the information, Daniel. I have included my response to most of your questions below in red. Please let me know if you need anything further. Thanks.

Matt and Jason,

I just got done with testing for anatoxin in the water here at Lake Park, And also ran into NDOW, looking for birds showing avian botulism/flu. None found atm, and it's possible a citizen has disposed of them.

I had a good meeting with the core members of Friends of Lake Park a few days ago, regarding the proposed wetlands construction project, and the realities of water quality at the lake. They were overall understanding, and definitely support the wetlands and pollinator plantings.

Here are some brief follow up requests posed to Parks: Note that I am happy to help with the legwork on a few of these, if you don't have the time:

- 1. Before the pandemic, \$3200 had been allocated by Neoma Jardon for new park bench(s). However, nothing has since occured. Friends are asking for 1-2 simple benches, suggesting minimal concrete underneath (no slab necessary). When can this move forward? She redacted her donation just before that council meeting and put it towards certain Seniors related issues. There was never a council fund donation put forward towards benches at Lake Park.
- 2. Can we install 2 large and readable signs: "Dogs Must Remain on Leash"?

  (Because it's a small park, signage like this helps, especially when one citizen is reminding another to follow park rules, they can simply point at the sign.)

Note: Unless you suggest otherwise, I can follow up with TMPF to see if they might have signage they're willing to donate some.

Also, **Theresa/Matt**, can we install 2 permanent signs regarding potential risk of cyanotoxins, to nip this issue at the bud? I am in the process of getting new off leash dog signs created and fabricated. No need to outsource this, we are taking care of it; I have also already requested more algae signs to be made. They will be the same signs that are posted at Virginia Lake.

- 3. Other parks are getting "facelifts", is there a projected date for one for Lake Park? Not sure what "facelifts" describes, but our capital project list identifies the addition of a picnic shelter and tables in FY 2025, and playground replacement in approximately 10-15 years. Both improvements depend on funding approval and/or necessity (e.g. playground may be expedited if existing play equipment is deemed unusable or unsafe).
- 4. The rock climbing wall at the park has very old and worn holds. Unless the Park is willing to fix this, I can reach out to Mesa Rim climbing center to see if they can donate holds. Parks staff will assess the condition of the climbing wall and make repairs as necessary. For compliance purposes, the holds will need to be purchased though our approved vendor, and any donations would need City Council approval. It's easier if we take care of it.
- 5. A 10' tall sweetgum tree was cracked off by vandals a few weeks ago, at the south end of the park near the young pine trees. I will reach out to Matt Basile to see if he can replace it. I will let Matt Basile know of the tree and a replacement will be installed when they have time.

Overall, the Friends were understanding of the long standing water quality issues, and that there isn't much to really change it, given the overarching issues of limited water rights into the Lake, long term warming temperatures, and increased duck/goose presence. I was glad to hear them say that the 2008 aeration system has dramatically improved odor problems. Overall, they were definitely in support of additional wetlands plantings and pollinator plantings, as long as sight lines aren't taken away too much. Ryan is aware of this in his design plan. I will be following up with Ryan and you regarding some other design consideration and a few other questions, before I move forward with grant funding.

Thank you,

Daniel

[Quoted text hidden]



#### **Matt Brezina**

Parks Manager
Parks and Recreation
775-334-2270 (o)
brezinam@Reno.Gov
2055 Idlewild Drive, Reno, NV 89509

Reno.Gov | Connect with us: 6 2 6 in 6

# Lake Park Restoration Project - Potential Collaboration with Truckee Meadows Park Foundation Technical Staff for Major Installation

Meeting 10/11/2022

Attendance: Elena Larson (Lead of Rosewood Wash Restoration Project), Daniel Moss, Utility Services, David Lake, Utility Services

#### Budget:

- o Conserve Nevada Grant Can apply in Fall 2023
- Otherwise, according to Theresa, FY23-24 CIP Fund can provide funding
- TMPF would appreciate a small financial stipend to do the work, but not required
- Schedule and Timeline
  - o Spring 2024 (likely), or Fall 2023 (if another funding source is available) for installation
  - o Ideally, cultivate wetlands plants through fall in greenhouse, plant in spring
- Labor Force
  - COR wants collaborate with Wetlands Technician workforce, to reduce budget, and collaborate.
  - TMPF very open to collaborate and use their Technicians' skillset, given that Lake Park is local and this project falls within their overall Mission to improve parks.
  - TMPF has good consistency with funding and hiring Americarp Wetland Technicians
  - They apply for Americorp Grants in 3-year cycles
  - o TMPF has 14 people in spring-summer, and down to 4-5 in fall-winter.
  - Spring is ideal time to do Lake Park Restoration Project
  - Of the 14 in spring, 10 would be assigned to project, completing in 2-3 days
  - Of the 5 in fall, all 5 would be assigned to project, completing it in 5-6 days
  - o Note: digging in riprap lining is hard

#### Design:

- TMPF actually installs chicken wire cage over entire Islands, though theirs are small (4x4?). Keeps Coots (small water fowl) from eating vegetation
- Floating Island West recommends short fence surrounding edge of island, as it greatly discourages jumping into island, landing on it, etc.
- Anchoring system:
  - don't want to impact clay liner, when wind and water rise/fall forces pull on the anchor - Solution is to use large diameter concrete disk(s)
- Lake existing Design conditions
  - o Has 2 recirculation inlets that recirculate water, provide aeration, and reduces odors.
  - Only Stormwater inflow is direct sheet flow
  - o Inflow is irrigation ditch 6" line, operated by TMWA

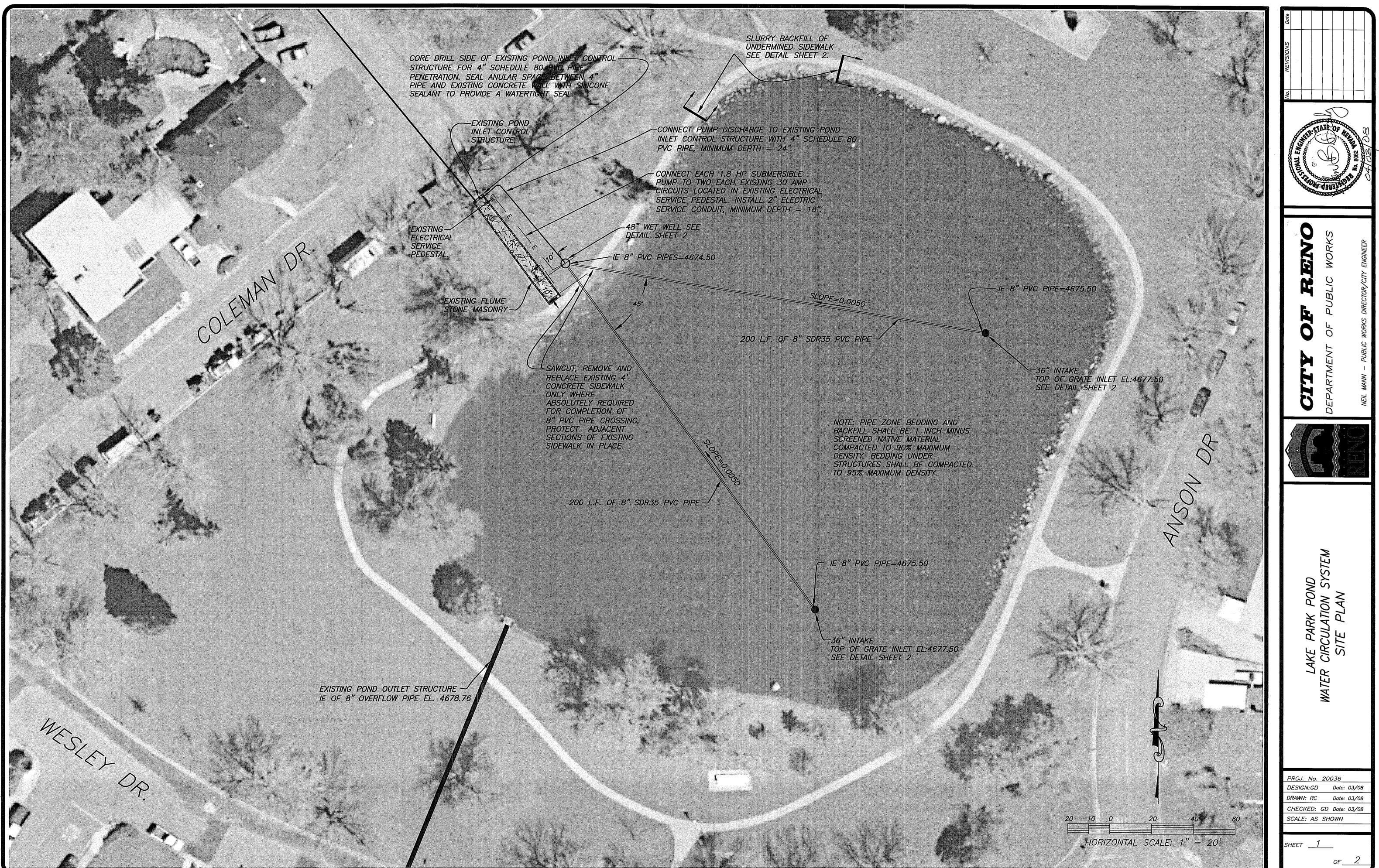
#### Maintenance

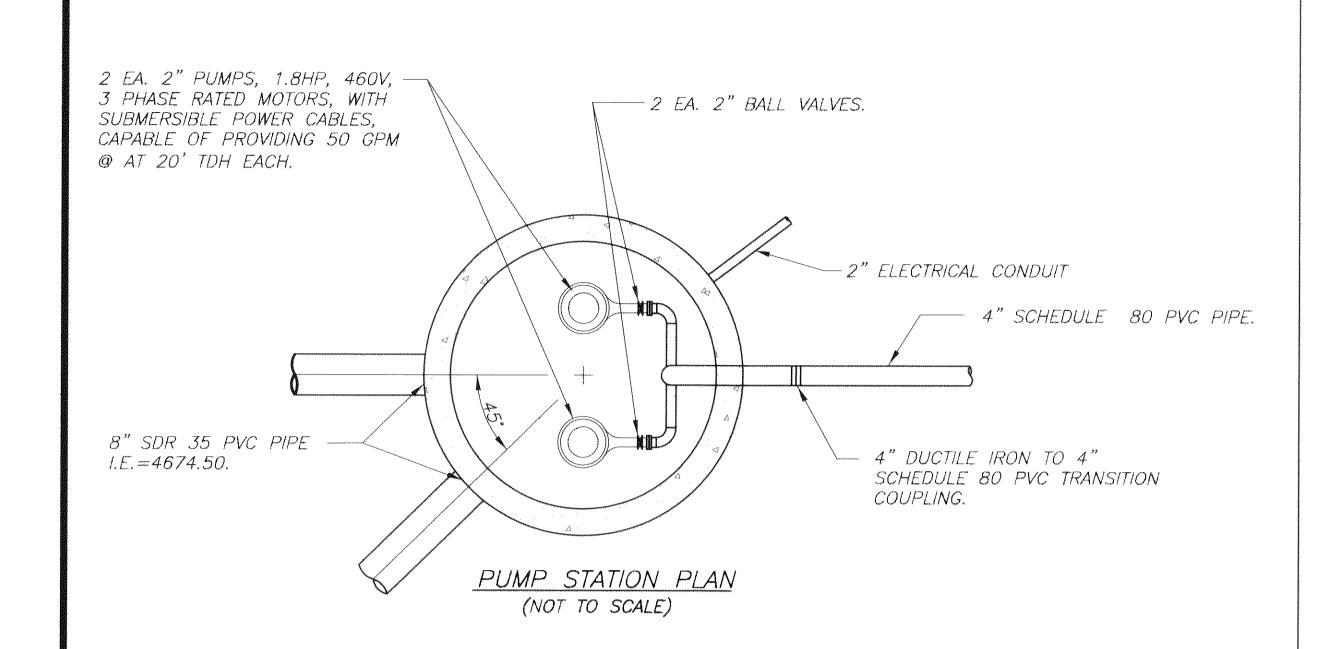
- TMPF says this would fit the mission of their program (as Lake Park is a COR Park), and is open to helping.
- Annual maintenance includes cleaning out plant debris 1x per year, about 0.5-1 hr per island.
- Cattails needs to be mowed down semi-regularly to keep debris from building up, and fire risk. Not same with rushes.

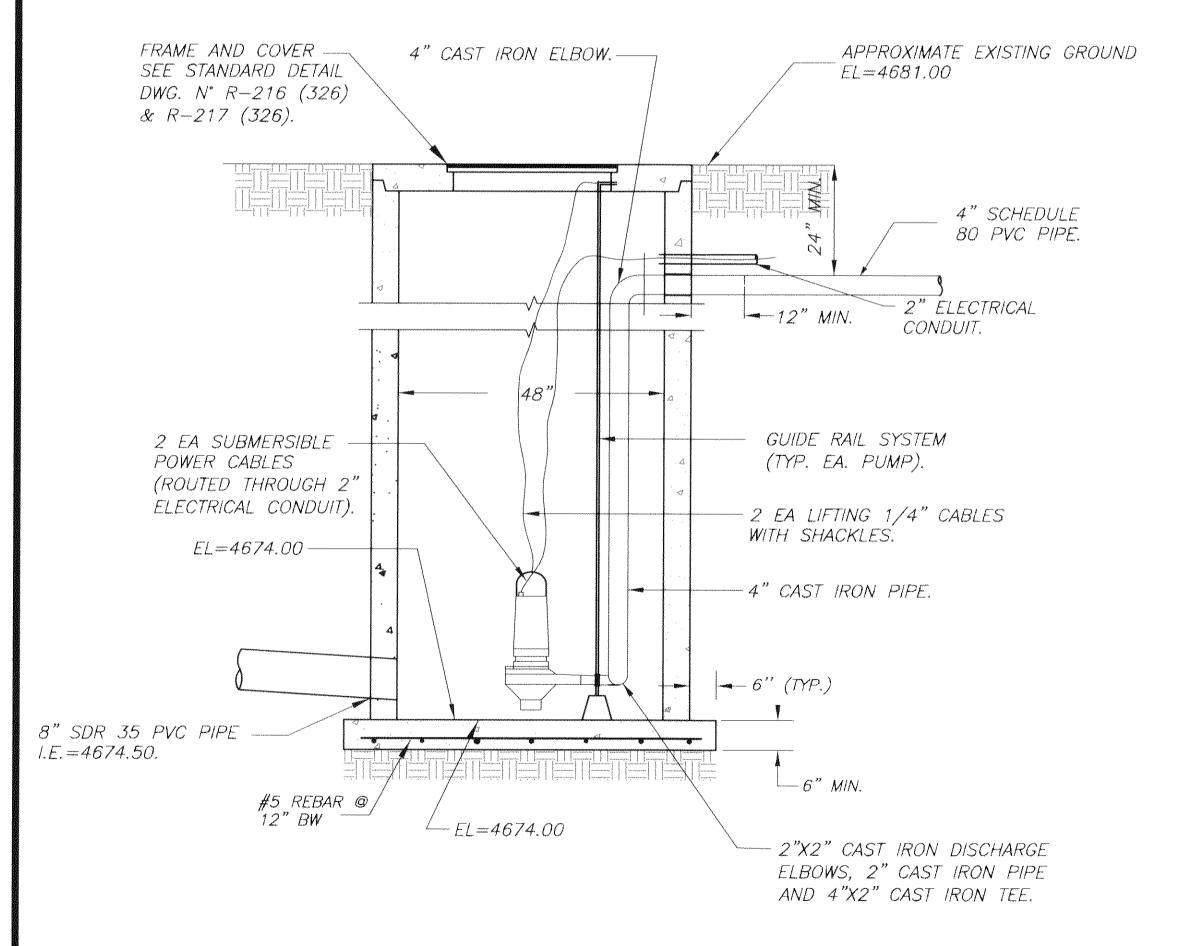
- o Cattail cuttings can be tied up used as stream and bank stabilization material.
- Equipment:
  - o TMPF does not have large trailer or big boat. COR would need to be utilized
- Aside: Snapshot Day
  - o COR looking to find it a new home, since GB-OS has released it
  - While TMPF does do in-classroom education and field experiences, they are not interested in taking over this program
  - o Meeting Pending with SNJ to take it over

| City of Reno - Truckee River  | Fund Gra       | nt Propos                | sal Budge       | t, Fall 2023             |                   |                   |                            |                                      |
|---|----------------|--------------------------|-----------------|--------------------------|-------------------|-------------------|----------------------------|--------------------------------------|
| Lake Park V   | <b>Vatersh</b> | ned Pro                  | ject            |                          |                   |                   |                            |                                      |
| Expenditure Category  | Quantity       | Unit<br>Cost<br>(\$ USD) | TRF<br>(\$ USD) | Other<br>Funding<br>Name | Match<br>(\$ USD) | Total<br>(\$ USD) | Expenditures to date (TRF) | Expenditures to date (other sources) |
| DIRECT INITIATIVE EXPENSES (PROJECT BUDGET)   | )              |                          |                 |                          |                   |                   | REIMBURSEMENT              | REPORT                               |
| Personal/Staff  |                |                          |                 |                          |                   |                   |                            |                                      |
| CoR Utility Services Project Coordinator to coordinate and the Lake Park Watershed Project (cost includes wages and taxes)                            | 120            | 50                       |                 | CoR Utility<br>Services  | 5,940             | 5,940             |                            |                                      |
| CoR Utility Services Associate Civil Engineer to oversee and assist in project coordination (cost includes wages and taxes)                           | 20             | 54                       |                 | CoR Utility<br>Services  | 1,080             | 1,080             |                            |                                      |
| CoR Parks and Rec Horticulturist to oversee plant cultivation and landscaping (cost includes wages and taxes)   | 150            | 45                       |                 | CoR Parks<br>and Rec     | 6,750             | 6,750             |                            |                                      |
| CoR Parks and Rec Irrigation System Technician to aid in wetlands installation and landscaping (cost includes wages and taxes)                        | 80             | 32                       |                 | CoR Parks<br>and Rec     | 2,560             | 2,560             |                            |                                      |
| Truckee Meadows Park Foundation services for installation (AmeriCorps Wetlands Technician labor at a value of \$20/hr. x 4 AmeriCorps x 48 hrs. each) | 192            | 20                       | 3,840           | TMPF                     |                   | 3,840             |                            |                                      |
| OTR Executive Director to coordinate River-Friendly<br>Demonstration Garden with Watershed Project (cost<br>includes wages and taxes)                 | 8              | 73                       |                 | OTR                      | 586               | 586               |                            |                                      |
| Friends of Lake Park volunteer services for bird/insect surveys (free volunteer services)   | 50             | -                        |                 | FOPL                     | -                 | -                 |                            |                                      |
| Subtotal:   |                |                          | 3,840           |                          | 16,916            | 20,756            |                            |                                      |
| Project Materials (Vegetation)  |                |                          |                 |                          |                   |                   |                            |                                      |
| Shoreline Plants Asclepias incarnata  | 10             | 8                        | 84              |                          |                   | 84                |                            |                                      |
| Asciepias incamata Asclepias speciosa   | 15             | 8                        | 120             |                          |                   | 120               |                            |                                      |
| Carex nebrascensis  | 10             | 6                        | 60              |                          |                   | 60                |                            |                                      |
| Cornus sericea  | 10             | 8                        | 80              |                          |                   | 80                |                            |                                      |
| Juncus balticus   | 10             | 6                        | 60              |                          |                   | 60                |                            |                                      |
| Ribes aureum  | 10             | 11                       | 110             |                          |                   | 110               |                            |                                      |
| Solidago californica  | 10             | 8                        | 80              |                          |                   | 80                |                            |                                      |
| Spirea douglasii  | 10             | 11                       | 110             |                          |                   | 110               |                            |                                      |
| Deschampsia cespitosa   | 15             | 8                        | 120             |                          |                   | 120               |                            |                                      |
| Mimulus guttatus  | 25             | 8                        | 200             |                          |                   | 200               |                            |                                      |

| Floating Mat Plants  |     |       |        |        | -      |  |
|--|-----|-------|--------|--------|--------|--|
| Carex nebrascensis   | 60  | 6     | 360    |        | 360    |  |
| Carex utriculata   | 30  | 6     | 180    |        | 180    |  |
| Juncus balticus  | 60  | 6     | 360    |        | 360    |  |
| Juncus effusus   | 60  | 6     | 360    |        | 360    |  |
| Schoenoplectus acutus  | 30  | 6     | 180    |        | 180    |  |
| Schoenoplectus americanus  | 30  | 6     | 180    |        | 180    |  |
| Deschampsia cespitosa  | 30  | 6     | 180    |        | 180    |  |
| Mimulus guttatus   | 60  | 6     | 360    |        | 360    |  |
| Wetland Islands - Misc.  |     |       |        |        | -      |  |
| Floating Mats, 10x12 Kidney shape  | 3   | 4,320 | 12,960 |        | 12,960 |  |
| Optional 5th layer for extra bouyancy  | 3   | 600   | 1,800  |        | 1,800  |  |
| Planting Media   | 6   | 60    | 360    |        | 360    |  |
| 4500 PSI Concrete Anchors (2.5x2.5x3.5") (3 per island)  | 9   | 100   | 900    |        | 900    |  |
| Anchoring Material - Stainless Steel Eyelet  | 9   | 7     | 63     |        | 63     |  |
| Anchoring Material - Anchoring Cables (200 ft  | _   | 4.0   |        |        |        |  |
| package) + wire rope clips   | 1   | 125   | 125    |        | 125    |  |
| Fencing Materials (15" animal fence) (47 ft  |     |       |        |        |        |  |
| package)   | 4   | 96    | 600    |        | 600    |  |
| Recommended Force Account  |     |       |        |        | 4 000  |  |
| (20% material cost)  | 1   | 4,000 | 4,000  |        | 4,000  |  |
| Subtotal:  |     |       | 23,992 |        | 23,992 |  |
| Project Materials (Outreach/Education)   |     |       |        |        |        |  |
| Large STEM-based educational signs (fabrication and installation)                                | 2   | 800   | 1,600  |        | 1,600  |  |
| Printing of educational material to be distributed to Washoe County schools and nearby residents | 500 | 1     | 300    |        | 300    |  |
| Postage to send out educational material   | 500 | 0.20  | 100    |        | 100    |  |
| Recommended Force Account (20% material cost)  |     |       | 1,000  |        | 1,000  |  |
| Subtotal:  |     |       | 3,000  | <br>   | 3,000  |  |
| TOTAL OF DIRECT EXPENSES   |     |       | 30,832 | 16,916 | 47,748 |  |

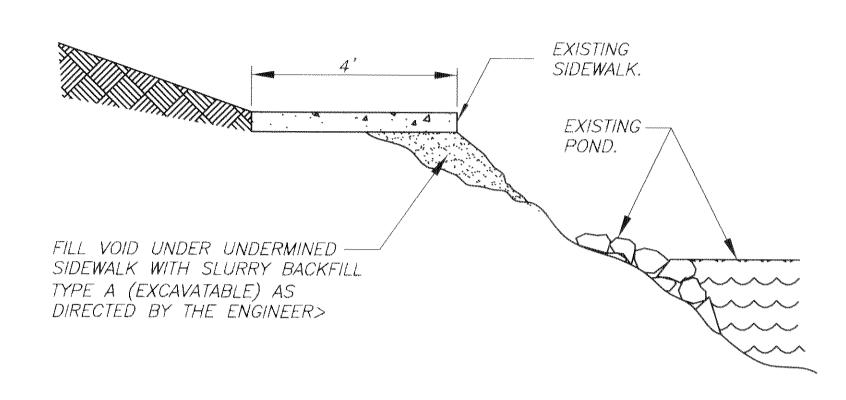




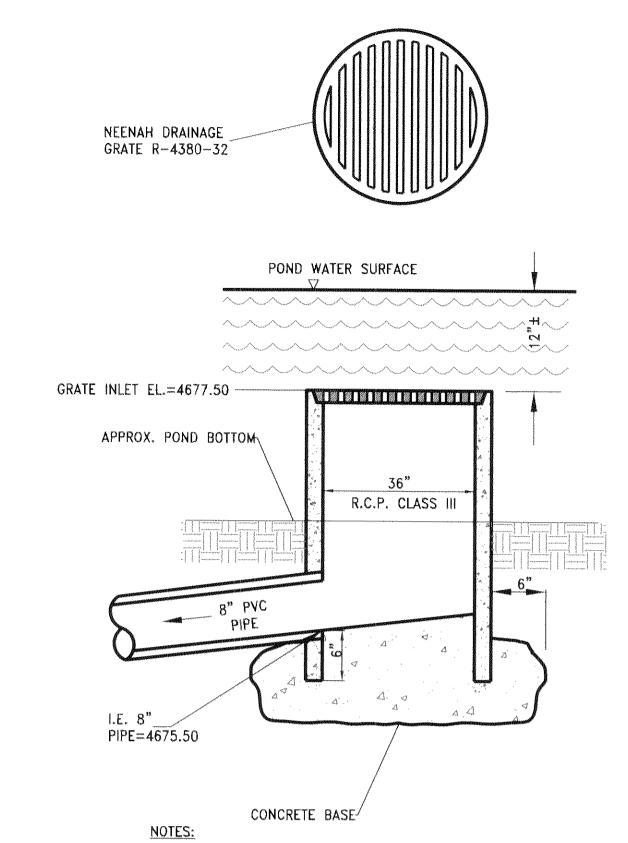


# PUMP STATION SECTION (NOT TO SCALE)

NOTE: ALL PUMP STATION MANHOLE INTERIOR PIPING SHALL BE CAST IRON TO AT LEAST 12" BEYOND PUMP DISCHARGE PIPE MANHOLE PENETRATION.

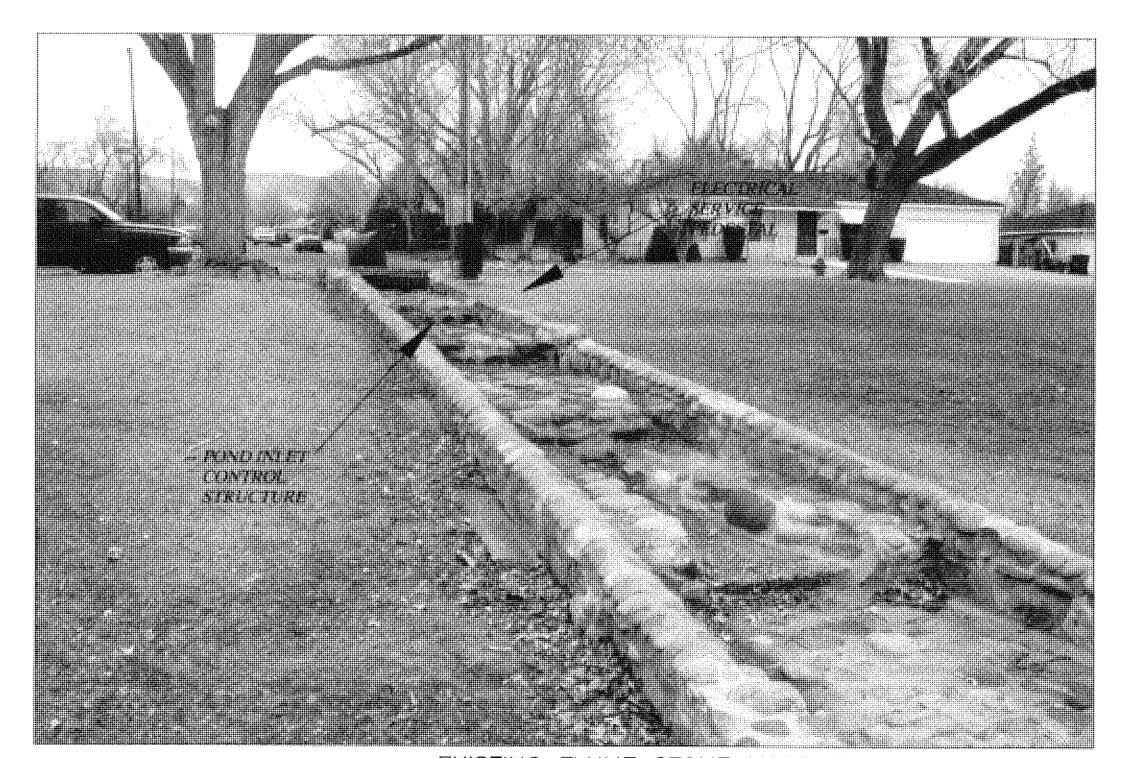


SLURRY BACKFILL OF UNDERMINED SIDEWALK (NOT TO SCALE)

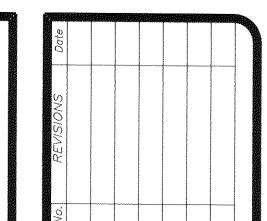


1. YARD DRAIN BASE SHALL BE PORTLAND CEMENT CONCRETE (P.C.C.) AND SHALL HAVE THE FOLLOWING CHARACTERISTICS: 3000 PSI MIN. COMPRESSIVE STRENGTH AT 28 DAYS, MIN. 6 SACKS OF CEMENT PER CUBIC YARD WITH A SLUMP AT 1 TO 4 INCHES. ALL MATERIALS SHALL CONFORM TO SSPWC SECTION 202.

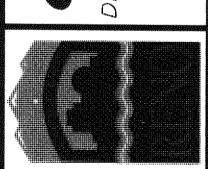
> GRATE INLET (NOT TO SCALE)



EXISTING FLUME STONE MASONRY







LAKE PARK POND WATER CIRCULATION SYSTEM DETAILS

DESIGN:GD Date: 03/08 DRAWN: RC Date: 03/08 CHECKED: GD Date: 03/08 SCALE: AS SHOWN

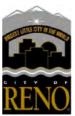
SHEET 2



# **Expense Budget Performance Report**

Date Range 07/01/23 - 06/30/24 Exclude Rollup Account

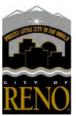
| Account           | Account Description                               | Adopted<br>Budget | Budget<br>Amendments | Amended<br>Budget | Current Month<br>Transactions | YTD<br>Encumbrances | YTD<br>Transactions | Budget - YTD<br>Transactions | % Used<br>Rec' |
|-------------------|---|-------------------|----------------------|-------------------|-------------------------------|---------------------|---------------------|------------------------------|----------------|
| Fund <b>40000</b> | - SANITARY SEWER O/M FUND                         |                   |                      |                   |                               |                     |                     |                              | -              |
| Department        | 4000 - Utility Services                           |                   |                      |                   |                               |                     |                     |                              |                |
| Sub Dep           | artment 4040 - Environmental Engineering          |                   |                      |                   |                               |                     |                     |                              |                |
|                   | EXPENSE   |                   |                      |                   |                               |                     |                     |                              |                |
| Salaries          | & Wages   |                   |                      |                   |                               |                     |                     |                              |                |
| 7102-0000         | Regular salaries                                  | 2,621,371.00      | .00                  | 2,621,371.00      | .00                           | .00                 | 89,437.81           | 2,531,933.19                 |                |
| 7104-0000         | Temporary salaries                                | 17,430.00         | .00                  | 17,430.00         | .00                           | .00                 | .00                 | 17,430.00                    |                |
| 7106-0000         | Overtime  | 1,070.00          | .00                  | 1,070.00          | .00                           | .00                 | .00                 | 1,070.00                     |                |
| 7110-0000         | Holiday premium pay                               | 1,115.00          | .00                  | 1,115.00          | .00                           | .00                 | .00                 | 1,115.00                     |                |
|                   | Salaries & Wages Totals                           | \$2,640,986.00    | \$0.00               | \$2,640,986.00    | \$0.00                        | \$0.00              | \$89,437.81         | \$2,551,548.19               | 39             |
| Employe           | ee Benefits                                       |                   |                      |                   |                               |                     |                     |                              |                |
| 7202-0000         | Retirement  | 865,580.00        | .00                  | 865,580.00        | .00                           | .00                 | 26,575.02           | 839,004.98                   |                |
| 7204-0000         | Group insurance                                   | 259,926.00        | .00                  | 259,926.00        | .00                           | .00                 | 18,912.37           | 241,013.63                   |                |
| 7205-0000         | Life insurance                                    | 8,582.00          | .00                  | 8,582.00          | .00                           | .00                 | 630.89              | 7,951.11                     |                |
| 7206-0000         | Workers comp premiums                             | 20,985.00         | .00                  | 20,985.00         | .00                           | .00                 | .00                 | 20,985.00                    |                |
| 7210-0000         | Employer medicare contributions                   | 36,031.00         | .00                  | 36,031.00         | .00                           | .00                 | 1,331.01            | 34,699.99                    |                |
| 7212-0000         | Long Term Disability                              | 6,142.00          | .00                  | 6,142.00          | .00                           | .00                 | 458.66              | 5,683.34                     |                |
| 7214-0000         | Deferred Compensation                             | 127,493.00        | .00                  | 127,493.00        | .00                           | .00                 | 4,137.57            | 123,355.43                   |                |
| 7299-0000         | Employee benefits-Other                           | 17,520.00         | .00                  | 17,520.00         | .00                           | .00                 | .00                 | 17,520.00                    |                |
|                   | Employee Benefits Totals                          | \$1,342,259.00    | \$0.00               | \$1,342,259.00    | \$0.00                        | \$0.00              | \$52,045.52         | \$1,290,213.48               | 49             |
| Services          | & Supplies  |                   |                      |                   |                               |                     |                     |                              |                |
| 7300-0000         | Supplies  | 15,960.00         | .00                  | 15,960.00         | .00                           | .00                 | .00                 | 15,960.00                    |                |
| 7301-0000         | Supplies-to be tracked                            | 10,000.00         | .00                  | 10,000.00         | .00                           | .00                 | .00                 | 10,000.00                    |                |
| 7400-1000         | Outside services-personnel                        | 2,500.00          | .00                  | 2,500.00          | .00                           | .00                 | 23.79               | 2,476.21                     |                |
| 7400-2000         | Outside services-other                            | 3,231,834.00      | .00                  | 3,231,834.00      | .00                           | 800,831.67          | 2,200.00            | 2,428,802.33                 | 2              |
| 7409-3000         | Joint Sewer Plant Expense                         | 19,653,196.00     | .00                  | 19,653,196.00     | .00                           | .00                 | .00                 | 19,653,196.00                |                |
| 7410-0000         | Communication                                     | 1,000.00          | .00                  | 1,000.00          | .00                           | .00                 | .00                 | 1,000.00                     |                |
| 7412-0000         | Public utility service                            | 890.00            | .00                  | 890.00            | .00                           | .00                 | .00                 | 890.00                       |                |
| 7420-0000         | Rentals   | 5,562.00          | .00                  | 5,562.00          | .00                           | .00                 | .00                 | 5,562.00                     |                |
| 7420-1000         | Motor vehicle fleet O & M charges                 | 16,589.00         | .00                  | 16,589.00         | .00                           | .00                 | .00                 | 16,589.00                    |                |
| 7484-0000         | Employee training/travel                          | 32,200.00         | .00                  | 32,200.00         | .00                           | .00                 | .00                 | 32,200.00                    |                |
| 7499-0000         | Miscellaneous operating expense                   | 1,037,678.00      | .00                  | 1,037,678.00      | .00                           | 317,095.00          | .00                 | 720,583.00                   | 3              |
| 7499-6000         | Sewer in Lieu of Charge                           | 3,950,000.00      | .00                  | 3,950,000.00      | .00                           | .00                 | .00                 | 3,950,000.00                 |                |
|                   | Services & Supplies Totals                        | \$27,957,409.00   | \$0.00               | \$27,957,409.00   | \$0.00                        | \$1,117,926.67      | \$2,223.79          | \$26,837,258.54              | 49             |
|                   | EXPENSE TOTALS                                    | \$31,940,654.00   | \$0.00               | \$31,940,654.00   | \$0.00                        | \$1,117,926.67      | \$143,707.12        | \$30,679,020.21              | 49             |
| Sub D             | epartment 4040 - Environmental Engineering Totals | (\$31,940,654.00) | \$0.00               | (\$31,940,654.00) | \$0.00                        | (\$1,117,926.67)    | (\$143,707.12)      | (\$30,679,020.21)            | 49             |
|                   | Department 4000 - Utility Services Totals         | (\$31,940,654.00) | \$0.00               | (\$31,940,654.00) | \$0.00                        | (\$1,117,926.67)    | (\$143,707.12)      | (\$30,679,020.21)            | 49             |
|                   | Fund 40000 - SANITARY SEWER O/M FUND Totals       | \$31,940,654.00   | \$0.00               | \$31,940,654.00   | \$0.00                        | \$1,117,926.67      | \$143,707.12        | \$30,679,020.21              |                |
|                   | Grand Totals                                      | \$31,940,654.00   | \$0.00               | \$31,940,654.00   | \$0.00                        | \$1,117,926.67      | \$143,707.12        | \$30,679,020.21              |                |



# **Budget Performance Report**

Date Range 07/01/23 - 07/01/23 Include Rollup Account and Rollup to Account

| Account     | Account Description               |                      | Adopted<br>Budget      | Budget<br>Amendments | Amended<br>Budget                       | Current Month<br>Transactions | YTD<br>Encumbrances | YTD<br>Transactions | Budget - YTD<br>Transactions            | % Used<br>Rec'o |
|-------------|-----------------------------------|----------------------|------------------------|----------------------|---|-------------------------------|---------------------|---------------------|---|-----------------|
|             | 0 - GENERAL FUND                  |                      |                        |                      |   |                               |                     |                     |   |                 |
| EXPENSE     |                                   |                      |                        |                      |   |                               |                     |                     |   |                 |
| Departn     | ment 1300 - Parks and Recreation  |                      |                        |                      |   |                               |                     |                     |   |                 |
| Sub I       | Department 1317 - Parks Maintenar | nce                  |                        |                      |   |                               |                     |                     |   |                 |
| 7102        |                                   |                      |                        |                      |   |                               |                     |                     |   |                 |
| 7102-0000   | Regular salaries                  |                      | 2,658,188.00           | .00                  | 2,658,188.00                            | .00                           | .00                 | .00                 | 2,658,188.00                            |                 |
|             |                                   | <b>7102 -</b> Totals | \$2,658,188.00         | \$0.00               | \$2,658,188.00                          | \$0.00                        | \$0.00              | \$0.00              | \$2,658,188.00                          | 0%              |
| 7104        |                                   |                      |                        |                      |   |                               |                     |                     |   |                 |
| 7104-0000   | Temporary salaries                |                      | 408,733.00             | .00                  | 408,733.00                              | .00                           | .00                 | .00                 | 408,733.00                              |                 |
|             |                                   | <b>7104 -</b> Totals | \$408,733.00           | \$0.00               | \$408,733.00                            | \$0.00                        | \$0.00              | \$0.00              | \$408,733.00                            | 0%              |
| 7106        | 0                                 |                      | 2.054.00               | 00                   | 0.054.00                                | 00                            | 00                  | 00                  | 2.054.00                                |                 |
| 7106-0000   | Overtime                          | 7106 Totalo —        | 3,054.00<br>\$3,054.00 | .00<br>\$0.00        | 3,054.00<br>\$3,054.00                  | .00<br>\$0.00                 | .00                 | .00<br>\$0.00       | 3,054.00<br>\$3,054.00                  |                 |
| 7202        |                                   | <b>7106 -</b> Totals | \$3,054.00             | \$0.00               | \$3,054.00                              | \$0.00                        | \$0.00              | \$0.00              | \$3,054.00                              | 0%              |
| 7202-0000   | Retirement                        |                      | 886,181.00             | .00                  | 886,181.00                              | .00                           | .00                 | .00                 | 886,181.00                              | (               |
| 7202-0000   | Retirement                        | <b>7202 -</b> Totals | \$886,181.00           | \$0.00               | \$886,181.00                            | \$0.00                        | \$0.00              | \$0.00              | \$886,181.00                            |                 |
| 7204        |                                   | 7202 - Totals        | \$000,101.00           | \$0.00               | \$000,101.00                            | ψ0.00                         | ψ0.00               | Ψ0.00               | \$000,101.00                            | 070             |
| 7204-0000   | Group insurance                   |                      | 441,200.00             | .00                  | 441,200.00                              | .00                           | .00                 | .00                 | 441,200.00                              | (               |
| 7201 0000   | Group mouranes                    | <b>7204 -</b> Totals | \$441,200.00           | \$0.00               | \$441,200.00                            | \$0.00                        | \$0.00              | \$0.00              | \$441,200.00                            | 0%              |
| 7205        |                                   |                      | *****                  | 72.22                | * | *****                         | 7-1                 | *****               | * |                 |
| 7205-0000   | Life insurance                    |                      | 8,521.00               | .00                  | 8,521.00                                | .00                           | .00                 | .00                 | 8,521.00                                | (               |
|             |                                   | <b>7205 -</b> Totals | \$8,521.00             | \$0.00               | \$8,521.00                              | \$0.00                        | \$0.00              | \$0.00              | \$8,521.00                              |                 |
| 7206        |                                   |                      |                        |                      |   |                               |                     |                     |   |                 |
| 7206-0000   | Workers comp premiums             |                      | 189,098.00             | .00                  | 189,098.00                              | .00                           | .00                 | .00                 | 189,098.00                              | (               |
|             |                                   | <b>7206 -</b> Totals | \$189,098.00           | \$0.00               | \$189,098.00                            | \$0.00                        | \$0.00              | \$0.00              | \$189,098.00                            | 0%              |
| 7210        |                                   |                      |                        |                      |   |                               |                     |                     |   |                 |
| 7210-0000   | Employer medicare contributions   |                      | 45,120.00              | .00                  | 45,120.00                               | .00                           | .00                 | .00                 | 45,120.00                               | (               |
|             |                                   | <b>7210 -</b> Totals | \$45,120.00            | \$0.00               | \$45,120.00                             | \$0.00                        | \$0.00              | \$0.00              | \$45,120.00                             | 0%              |
| 7212        |                                   |                      |                        |                      |   |                               |                     |                     |   |                 |
| 7212-0000   | Long Term Disability              | _                    | 8,713.00               | .00                  | 8,713.00                                | .00                           | .00                 | .00                 | 8,713.00                                |                 |
|             |                                   | <b>7212 -</b> Totals | \$8,713.00             | \$0.00               | \$8,713.00                              | \$0.00                        | \$0.00              | \$0.00              | \$8,713.00                              | 0%              |
| 7214        |                                   |                      |                        |                      |   |                               |                     |                     |   |                 |
| 7214-0000   | Deferred Compensation             |                      | 131,489.00             | .00                  | 131,489.00                              | .00                           | .00                 | .00                 | 131,489.00                              |                 |
|             |                                   | <b>7214 -</b> Totals | \$131,489.00           | \$0.00               | \$131,489.00                            | \$0.00                        | \$0.00              | \$0.00              | \$131,489.00                            | 0%              |
| <b>7299</b> | Constant barrefits Other          |                      | 000.00                 | 22                   | 000.00                                  | 20                            | 00                  | 22                  | 000.00                                  |                 |
| 7299-0000   | Employee benefits-Other           | 7200 Totala          | 900.00                 | 00.                  | 900.00                                  | .00                           | .00.                | .00.                | 900.00                                  |                 |
| 7300        |                                   | <b>7299 -</b> Totals | \$900.00               | \$0.00               | \$900.00                                | \$0.00                        | \$0.00              | \$0.00              | \$900.00                                | 0%              |
| 7300-0000   | Supplies                          |                      | 393,080.00             | .00                  | 393,080.00                              | .00                           | .00                 | .00                 | 393,080.00                              | (               |
| 1300-0000   | Supplies                          | <b>7300 -</b> Totals | \$393,080.00           | \$0.00               | \$393,080.00                            | \$0.00                        | \$0.00              | \$0.00              | \$393,080.00                            | 0%              |
|             |                                   | /300 - 10tals        | \$3 <b>7</b> 3,U8U.UU  | \$0.00               | DU.U8U,676                              | \$0.00                        | \$0.00              | \$0.00              | \$3 <b>7</b> 3,U8U.UU                   | υ%              |



# Budget Performance Report Date Range 07/01/23 - 07/01/23

Include Rollup Account and Rollup to Account

|                    |  | Adopted          | Budget     | Amended          | Current Month | YTD            | YTD          | Budget - YTD     | % Used/ |
|--------------------|--|------------------|------------|------------------|---------------|----------------|--------------|------------------|---------|
| Account            | Account Description                            | Budget           | Amendments | Budget           | Transactions  | Encumbrances   | Transactions | Transactions     | Rec'd   |
| Fund <b>0010</b> 0 | 0 - GENERAL FUND                               | '                |            |                  |               |                | -            |                  |         |
| EXPENSE            |  |                  |            |                  |               |                |              |                  |         |
| Departn            | ment 1300 - Parks and Recreation               |                  |            |                  |               |                |              |                  |         |
| Sub                | Department 1317 - Parks Maintenance            |                  |            |                  |               |                |              |                  |         |
| 7400               |  |                  |            |                  |               |                |              |                  |         |
| 7400-1000          | Outside services-personnel                     | 30,000.00        | .00        | 30,000.00        | .00           | .00            | .00          | 30,000.00        | 0       |
| 7400-2000          | Outside services-other                         | 388,330.00       | .00        | 388,330.00       | .00           | 100,787.77     | .00          | 287,542.23       | 26      |
|                    | <b>7400 -</b> Totals                           | \$418,330.00     | \$0.00     | \$418,330.00     | \$0.00        | \$100,787.77   | \$0.00       | \$317,542.23     | 24%     |
| 7410               |  |                  |            |                  |               |                |              |                  |         |
| 7410-0000          | Communication                                  | 5,000.00         | .00        | 5,000.00         | .00           | .00            | .00          | 5,000.00         | 0       |
|                    | <b>7410 -</b> Totals                           | \$5,000.00       | \$0.00     | \$5,000.00       | \$0.00        | \$0.00         | \$0.00       | \$5,000.00       | 0%      |
| 7420               |  |                  |            |                  |               |                |              |                  |         |
| 7420-0000          | Rentals  | 19,040.00        | .00        | 19,040.00        | .00           | .00            | .00          | 19,040.00        | 0       |
| 7420-1000          | Motor vehicle fleet O & M charges              | 417,995.00       | .00        | 417,995.00       | .00           | .00            | .00          | 417,995.00       | 0       |
|                    | <b>7420 -</b> Totals                           | \$437,035.00     | \$0.00     | \$437,035.00     | \$0.00        | \$0.00         | \$0.00       | \$437,035.00     | 0%      |
| 7484               |  |                  |            |                  |               |                |              |                  |         |
| 7484-0000          | Employee training/travel                       | 7,280.00         | .00        | 7,280.00         | .00           | .00            | .00          | 7,280.00         | 0       |
|                    | <b>7484 -</b> Totals                           | \$7,280.00       | \$0.00     | \$7,280.00       | \$0.00        | \$0.00         | \$0.00       | \$7,280.00       | 0%      |
| 7499               |  |                  |            |                  |               |                |              |                  |         |
| 7499-0000          | Miscellaneous operating expense                | 6,280.00         | .00        | 6,280.00         | .00           | .00            | .00          | 6,280.00         | 0       |
|                    | <b>7499 -</b> Totals                           | \$6,280.00       | \$0.00     | \$6,280.00       | \$0.00        | \$0.00         | \$0.00       | \$6,280.00       | 0%      |
| 7640               |  |                  |            |                  |               |                |              |                  |         |
| 7640-0000          | Machinery, Equipt, Furniture and Fixtures      | 40,000.00        | .00        | 40,000.00        | .00           | 21,931.38      | .00          | 18,068.62        | 55      |
|                    | <b>7640 -</b> Totals                           | \$40,000.00      | \$0.00     | \$40,000.00      | \$0.00        | \$21,931.38    | \$0.00       | \$18,068.62      | 55%     |
|                    | Sub Department 1317 - Parks Maintenance Totals | \$6,088,202.00   | \$0.00     | \$6,088,202.00   | \$0.00        | \$122,719.15   | \$0.00       | \$5,965,482.85   | 2%      |
|                    | Department 1300 - Parks and Recreation Totals  | \$6,088,202.00   | \$0.00     | \$6,088,202.00   | \$0.00        | \$122,719.15   | \$0.00       | \$5,965,482.85   | 2%      |
|                    | EXPENSE TOTALS                                 | \$6,088,202.00   | \$0.00     | \$6,088,202.00   | \$0.00        | \$122,719.15   | \$0.00       | \$5,965,482.85   | 2%      |
|                    | Fund <b>00100 - GENERAL FUND</b> Totals        |                  |            |                  |               |                |              |                  |         |
|                    |  | .00              | 00         | .00              | 00            | 00             | 00           | .00              |         |
|                    | REVENUE TOTALS                                 |                  | .00        |                  | .00           | .00            | .00          |                  | +++     |
|                    | EXPENSE TOTALS                                 | 6,088,202.00     | .00        | 6,088,202.00     | .00           | 122,719.15     | .00          | 5,965,482.85     | 2%      |
|                    | Fund <b>00100 - GENERAL FUND</b> Totals        | (\$6,088,202.00) | \$0.00     | (\$6,088,202.00) | \$0.00        | (\$122,719.15) | \$0.00       | (\$5,965,482.85) |         |
|                    | Grand Totals                                   |                  |            |                  |               |                |              |                  |         |
|                    | REVENUE TOTALS                                 | .00              | .00        | .00              | .00           | .00            | .00          | .00              | +++     |
|                    | EXPENSE TOTALS                                 | 6,088,202.00     | .00        | 6,088,202.00     | .00           | 122,719.15     | .00          | 5,965,482.85     | 2%      |
|                    | Grand Totals                                   | (\$6,088,202.00) | \$0.00     | (\$6,088,202.00) | \$0.00        | (\$122,719.15) | \$0.00       | (\$5,965,482.85) |         |
|                    |  | •                |            | •                |               |                |              |                  |         |

| City of Reno - Truckee River  | Fund Gra       | nt Propos                | sal Budge       | t, Fall 2023             |                   |                   |                            |                                      |
|---|----------------|--------------------------|-----------------|--------------------------|-------------------|-------------------|----------------------------|--------------------------------------|
| Lake Park V   | <b>Vatersh</b> | ned Pro                  | ject            |                          |                   |                   |                            |                                      |
| Expenditure Category  | Quantity       | Unit<br>Cost<br>(\$ USD) | TRF<br>(\$ USD) | Other<br>Funding<br>Name | Match<br>(\$ USD) | Total<br>(\$ USD) | Expenditures to date (TRF) | Expenditures to date (other sources) |
| DIRECT INITIATIVE EXPENSES (PROJECT BUDGET)   | )              |                          |                 |                          |                   |                   | REIMBURSEMENT              | REPORT                               |
| Personal/Staff  |                |                          |                 |                          |                   |                   |                            |                                      |
| CoR Utility Services Project Coordinator to coordinate and the Lake Park Watershed Project (cost includes wages and taxes)                            | 120            | 50                       |                 | CoR Utility<br>Services  | 5,940             | 5,940             |                            |                                      |
| CoR Utility Services Associate Civil Engineer to oversee and assist in project coordination (cost includes wages and taxes)                           | 20             | 54                       |                 | CoR Utility<br>Services  | 1,080             | 1,080             |                            |                                      |
| CoR Parks and Rec Horticulturist to oversee plant cultivation and landscaping (cost includes wages and taxes)   | 150            | 45                       |                 | CoR Parks<br>and Rec     | 6,750             | 6,750             |                            |                                      |
| CoR Parks and Rec Irrigation System Technician to aid in wetlands installation and landscaping (cost includes wages and taxes)                        | 80             | 32                       |                 | CoR Parks<br>and Rec     | 2,560             | 2,560             |                            |                                      |
| Truckee Meadows Park Foundation services for installation (AmeriCorps Wetlands Technician labor at a value of \$20/hr. x 4 AmeriCorps x 48 hrs. each) | 192            | 20                       | 3,840           | TMPF                     |                   | 3,840             |                            |                                      |
| OTR Executive Director to coordinate River-Friendly<br>Demonstration Garden with Watershed Project (cost<br>includes wages and taxes)                 | 8              | 73                       |                 | OTR                      | 586               | 586               |                            |                                      |
| Friends of Lake Park volunteer services for bird/insect surveys (free volunteer services)   | 50             | -                        |                 | FOPL                     | -                 | -                 |                            |                                      |
| Subtotal:   |                |                          | 3,840           |                          | 16,916            | 20,756            |                            |                                      |
| Project Materials (Vegetation)  |                |                          |                 |                          |                   |                   |                            |                                      |
| Shoreline Plants Asclepias incarnata  | 10             | 8                        | 84              |                          |                   | 84                |                            |                                      |
| Asciepias incamata Asclepias speciosa   | 15             | 8                        | 120             |                          |                   | 120               |                            |                                      |
| Carex nebrascensis  | 10             | 6                        | 60              |                          |                   | 60                |                            |                                      |
| Cornus sericea  | 10             | 8                        | 80              |                          |                   | 80                |                            |                                      |
| Juncus balticus   | 10             | 6                        | 60              |                          |                   | 60                |                            |                                      |
| Ribes aureum  | 10             | 11                       | 110             |                          |                   | 110               |                            |                                      |
| Solidago californica  | 10             | 8                        | 80              |                          |                   | 80                |                            |                                      |
| Spirea douglasii  | 10             | 11                       | 110             |                          |                   | 110               |                            |                                      |
| Deschampsia cespitosa   | 15             | 8                        | 120             |                          |                   | 120               |                            |                                      |
| Mimulus guttatus  | 25             | 8                        | 200             |                          |                   | 200               |                            |                                      |

| Floating Mat Plants  |     |       |        |        | -      |  |
|--|-----|-------|--------|--------|--------|--|
| Carex nebrascensis   | 60  | 6     | 360    |        | 360    |  |
| Carex utriculata   | 30  | 6     | 180    |        | 180    |  |
| Juncus balticus  | 60  | 6     | 360    |        | 360    |  |
| Juncus effusus   | 60  | 6     | 360    |        | 360    |  |
| Schoenoplectus acutus  | 30  | 6     | 180    |        | 180    |  |
| Schoenoplectus americanus  | 30  | 6     | 180    |        | 180    |  |
| Deschampsia cespitosa  | 30  | 6     | 180    |        | 180    |  |
| Mimulus guttatus   | 60  | 6     | 360    |        | 360    |  |
| Wetland Islands - Misc.  |     |       |        |        | -      |  |
| Floating Mats, 10x12 Kidney shape  | 3   | 4,320 | 12,960 |        | 12,960 |  |
| Optional 5th layer for extra bouyancy  | 3   | 600   | 1,800  |        | 1,800  |  |
| Planting Media   | 6   | 60    | 360    |        | 360    |  |
| 4500 PSI Concrete Anchors (2.5x2.5x3.5") (3 per island)  | 9   | 100   | 900    |        | 900    |  |
| Anchoring Material - Stainless Steel Eyelet  | 9   | 7     | 63     |        | 63     |  |
| Anchoring Material - Anchoring Cables (200 ft  | _   | 4.0   |        |        |        |  |
| package) + wire rope clips   | 1   | 125   | 125    |        | 125    |  |
| Fencing Materials (15" animal fence) (47 ft  |     |       |        |        |        |  |
| package)   | 4   | 96    | 600    |        | 600    |  |
| Recommended Force Account  |     |       |        |        | 4 000  |  |
| (20% material cost)  | 1   | 4,000 | 4,000  |        | 4,000  |  |
| Subtotal:  |     |       | 23,992 |        | 23,992 |  |
| Project Materials (Outreach/Education)   |     |       |        |        |        |  |
| Large STEM-based educational signs (fabrication and installation)                                | 2   | 800   | 1,600  |        | 1,600  |  |
| Printing of educational material to be distributed to Washoe County schools and nearby residents | 500 | 1     | 300    |        | 300    |  |
| Postage to send out educational material   | 500 | 0.20  | 100    |        | 100    |  |
| Recommended Force Account (20% material cost)  |     |       | 1,000  |        | 1,000  |  |
| Subtotal:  |     |       | 3,000  | <br>   | 3,000  |  |
| TOTAL OF DIRECT EXPENSES   |     |       | 30,832 | 16,916 | 47,748 |  |

# Lake Park Floating Wetlands and Pollinator Revegetation Project

LAKE PARK, RENO, NV

Prepared by:

Daniel Moss, PE Utility Services Department, City of Reno

Date:

July 2023





# Photos



Lake Park, looking southeast from the return flow channel. Typical color in summer/fall months.



Lake Park, looking south from the return flow channel. Typical mallard/geese presence shown.



Lake Park, looking west, return flow channel shown on right. Shows invasive species surrounding pond.



Lake Park, looking north at only section of reeds/cattails. Pole in water indicates return flow intake pipe.



| NUTRIENT            | REMOVAL SPR                     |                                  |  |  |
|---------------------|---------------------------------|----------------------------------|--|--|
| Floating Island Int | ternational - Biohav            |                                  |  |  |
|                     | For 1000-ft <sup>2</sup> Island |                                  | Lake Park Isl  | ands (360-ft2)                               |
|                     |                                 |                                  |  |  |
| Parameter           | Water                           | Typical Removal Rates<br>(lb/yr) | Typical Removal Rates<br>(lb/yr) for Lake Park -<br>Estimate | Typical Removal (lb/yr) Lake Park - Estimate |
| Ammonia-N           | wastewater                      | 400 - 2,300                      | 200  | 72   |
| Nitrate-N           | wastewater                      | 600                              | 200  | 72   |
|                     | stormwater                      | 13                               |  | 0  |
| Total N             | wastewater                      | 250 - 600                        | 200  | 72   |
|                     | stormwater                      | 50 - 250                         |  | 0  |
| Total P             | lake water                      | 35                               | 70   | 25.2   |
|                     | wastewater                      | 500                              |  | 0  |
| _                   | stormwater                      | 10 - 80                          |  | 0  |
| TSS                 | wastewater                      | 200                              |  | 0  |
|                     | stormwater                      | 2,000 - 35,000                   |  | 0  |
| _                   | lake water                      | 5,000                            | 5000   | 1800   |
| BOD                 | wastewater                      | 200 - 20,000                     | 5000   | 1800   |
|                     | stormwater                      | 20,000                           |  | 0  |
| Total Copper        | stormwater                      | 14 – 400                         |  | 0  |
| Total Zinc          | stormwater                      | 80                               |  | 0  |

#### **Design Notes:**

Removal Rates used for Lake Park design are estimates, based on interpolations of Lake Park nutrient concentration data compared to TMWRF nutrient concentration data. Both "Lake Water" and "Wastewater" values are considered.

#### Notes (from Floating Island International):

The table can be used for wastewater, stormwater or lake water applications where a specific target must be met.

Our experience has shown it is accurate to within 50%. Every time we get substantial new data, we refine the model to make it more accurate.

Other ways of sizing are available (e.g., by budget, by increments) if the goals are more general.

For best sizing estimates, we want to know current concentrations and concentration goals for each contaminant of concern, along with the estimated flow rate and water temperature. If flow is absent or very low, we can specify the time period over which the client wants remediation to occur (e.g., phosphorus concentrations will be reduced from 0.3 mg/L to 0.05 mg/L in two years) if we know the water volume.

Removal estimates shown above are based on field-scale case studies. Removal will be somewhat lower when it is cold, which is why we factor in the water temperature. The temperature correlation we are using shows that the removal rate at 10°C will be 53% of the rate at 23°C. However, native bacteria have an amazing ability to adapt and we have found that removal at lower temperatures will typically be higher than predicted in the literature.

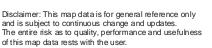




City of Reno, NV
Department of Public Works

Lake Park - Preliminary Site Plan

**Source: Public Works Enterprise GIS Portal** 





Darcy Phillips

Keep Truckee Meadows Beautiful

# KTMB's 2024 Great Community Clean-Up, Truckee River Clean-Up, Truckee River Clean-Up, Adopt-A-River Program, and Community Education Program

Truckee River Fund- Fall 2023

# Keep Truckee Meadows Beautiful

Christina Cakiroglu PO Box 7412 Reno, NV 89510 0: 775-851-5185

# Darcy Phillips

PO Box 7412 PO Box 7412 Reno, NV 89510 grants@ktmb.org
0: 775-851-5185

# **Application Form**

#### **Grant Priorities**

TMWA recommends that the Advisors give preference to well-prepared and thought out grant requests for projects and programs that mitigate substantial threats to water quality and the watershed, particularly those threats upstream or nearby treatment and hydroelectric plant intakes:

- I. Aquatic Invasive Species (AIS): Projects/Programs that support the prevention or control of aquatic invasive species in the main stream Truckee River, Lake Tahoe, other tributaries and water bodies in the Truckee River system.
- II. **Watershed Improvements:** Projects that reduce erosion or sediment, suspended solids, or TDS discharges to the River. Projects or programs that are located within 303d (impaired waters) sections of the River should be considered, both in California and Nevada. Innovative techniques should be encouraged.
- III. **Local Stormwater Improvements**: Projects that are well designed which mitigate storm water run-off due to urbanization of the local watershed. Priority should be given to those improvement projects in close proximity to TMWA's water supply intakes and canals and which will improve the reliability and protect the quality of the community's municipal water supply.
- IV. **Re-Forestation and Re-Vegetation Projects**: Projects to restore forest and upland areas damaged by fire and historical logging operations, and to improve watershed resiliency in drought situations. Projects/programs in this category should be given a high priority due to urbanization of the watershed and increased susceptibility of the urban and suburban watershed to wildfire.
- V. **Support to Rehabilitation of Local Tributary Creeks and Drainage Courses**: Practical projects to support water quality improvement in Gray Creek, Bronco Creek, Mogul Creek, Chalk Creek, Steamboat Creek and the North Truckee Drain.
- VI. **Stewardship and Environmental Awareness**: Support to Clean-Up programs and the development and implementation of educational programs relative to water, water quality and watershed protection.
- VII. **Meet Multiple Objectives:** Projects/Programs should identify opportunities to meet multiple water quality and watershed objectives as outlined above with preference given to those achieving multiple benefits.
- VIII. **Leverage Stakeholder Assets and Participation:** Projects/Program selection should include an assessment of various stakeholder interests in all aspects of river water quality, watershed protection, source water protection and species enhancement thereby leveraging available funds and other assets.

Note: For proposals related to weed control/eradication, contact Lauren Renda at the Community Foundation of Northern Nevada for additional criteria at Irenda@nevadafund.org

# Organization Information

Organization Name\*

Printed On: 31 July 2023

Keep Truckee Meadows Beautiful

# **Organization Type\***

501(c)(3) Nonprofit

#### **EIN**

If the organization is a 501c3, please include the EIN#. 88-0254957

# **Director of Organization\***

Darcy Phillips

#### **Project Contact Name\***

Darcy Phillips

## **Project Contact Postion/Title\***

**Executive Director** 

## **Project Contact Email\***

darcy@ktmb.org

## **Project Contact Phone Number\***

775.851.5185

## **Organization Mission\***

Keep Truckee Meadows Beautiful is dedicated to creating a more beautiful and sustainable region through waste reduction, education, and active community involvement.

# **Project Information**

## Project Title\*

Name of Project.

KTMB's 2024 Great Community Clean-Up, Truckee River Clean-Up, Truckee River Clean-Up, Adopt-A-River Program, and Community Education Program

#### Amount Requested\*

\$91,360.32

#### Project Start Date\*

01/01/2024

#### **Project End Date\***

12/31/2024

#### This funding will be used to:\*

Complete this sentence with a max of 2 sentences.

Funds requested in this proposal will support the following efforts in KTMB's 2024 calendar year: removing litter and invasive weeds along the Truckee River corridor and tributaries during KTMB's Great Community Clean-Up and Truckee River Clean-Up; monitoring the impact of KTMB clean-up efforts; engaging year-round clean-up support through KTMB's Adopt-A-River program; and providing community education and outreach to decrease environmental threats to the Truckee River.

## This project is on:\*

Check all that apply

Public land

## Are government permits or decision documents needed for the project?\*

Yes

# If so, are those permits and decision documents already secured?

If permits and decision documents are needed but not yet secured, in #4 of the Narrative Requirements provide a list of permits and documents needed and a schedule for securing them.

No

# Previous Funding from Truckee River Fund

Has your organization received other grants from the Truckee River Fund?\*
Yes

#### If yes, please include the following information for all previously funded projects:

- Date awarded
- Project # and Title
- Amount of award

Please attach additional pages as needed to list ALL previously funded projects.

Part of attached file.

# Description of Project Under Consideration

# Indicate the description that best fits the project you are proposing\*

Mark no more than three categories.

- A. Projects that improve bank or channel stabilization and decrease erosion.
- B. Structural controls or Low Impact Development (LID) projects on tributaries and drainages to the Truckee River where data supports evidence of pollution and/or sediments entering the Truckee River.
- C. Projects that remove pollution from the Truckee River.
- D. Projects that remove or control invasive aquatic species or terrestrial invasive plant species that are adverse to water supply.
- E. Other projects that meet the evaluation criteria.

C.)

E.)

# Narrative Requirements

# 1.) Specific project goals and measurable outcomes and how you will measure and report them.\*

All projects are required to have measurable outcomes.

Keep Truckee Meadows Beautiful (KTMB) is a 501(c)3 nonprofit that is dedicated to creating a more sustainable and beautiful region for 34 years. Water is life, and KTMB aims to improve the quality of life for all species in the Truckee Meadows and accomplishes this through waste reduction and beautification, community and youth education, and active community involvement. KTMB respectfully requests continued funding in 2024 to accomplish four specific project goals: remove invasive weeds and litter from the Truckee

River Watershed during KTMB's Great Community Clean-Up and Truckee River Clean-Up; monitor the impacts of KTMB clean-up efforts; engage year-round clean-up support through KTMB's Adopt-A-River program; and provide community education and outreach to decrease environmental threats to the Truckee River. As a result, KTMB will build and maintain strategic partnerships that protect and preserve the Truckee River, expand litter and invasive weed removal projects throughout the watershed, and educate and empower residents as stewards of our environment. The measurable outcomes of this project are detailed below.

Great Community Clean-Up (GCC) - Spring 2024

- Work with partners like One Truckee River (OTR) to identify and target a minimum of six invasive weed "hotspots" along Truckee River tributaries for weed removal and native plant restoration;
- Support accurate mapping of invasive weed zones as tracked by the Washoe Storey Conservation District (WSCD);
- Engage a minimum of 700 volunteers to participate in litter clean-up and weed removal at the event;
- Of those 700 volunteers, recruit and coordinate a minimum of 125 volunteers to pull invasive weeds at hotspots;
- Involve a minimum of 100 youth volunteers through new and existing youth program partnerships;
- Enhance event marketing and outreach efforts with Adopt-A-River groups to increase their participation in the 2024 Great Community Clean-Up;
- Remove 15-20 tons of trash, invasive weeds, and green waste from the Truckee River Watershed;
- Educate volunteers on waste reduction and weed mitigation at Great Community Clean-Up sites and subsequent volunteer picnic. The "zero waste" event will aim to create as little waste as possible, aligning efforts with current state guidelines on public health and safety at the time of the event;
- Survey volunteers participating in weed-related projects and analyze results to determine the success and impact of the event.

#### Truckee River Clean-Up (TRC) - Fall 2024

- Engage a minimum of 600 volunteers to participate in a river clean-up, storm drain stenciling, and invasive weed removal;
- Remove 15-20 tons of litter, invasive weeds, and green waste in the Truckee River corridor at clean-up locations from Verdi to Lockwood;
- Involve a minimum of 100 youth volunteers through new and existing youth program partnerships;
- Host 20 "on the river" volunteers including kayakers, fly-fishers, and WET team Emergency Response personnel to remove debris from the river;
- Stencil a minimum of 100 storm drains in partnership with the City of Reno to raise community awareness that all drains lead to the river;
- Spread mulch generated by KTMB's Christmas Tree Recycling program for soil erosion projects and to inhibit weed growth;
- Work with park and natural area staff to identify and wrap trees as needed along the river corridor;
- Remove graffiti as needed;
- Educate volunteers on waste reduction and weed mitigation at Truckee River Clean-Up sites and the subsequent volunteer picnic. The "zero waste" event will aim to create as little waste as possible, aligning efforts with current state guidelines on public health and safety at the time of the event;
- Survey event participants and compile analyzed results to determine the success and impact of the event.

#### Adopt-A-River 2024

- In response to the changing conditions of the Truckee River as a result of our growing community, KTMB will work with municipal partners to update KTMB's annual Litter Index Survey and dedicate a section completely to the Truckee River corridor. Survey results will help KTMB staff identify areas that need adoption;
- The Adopt-A-River program will also include a litter survey before each clean-up. Areas are rated based on a scale of 1-4, 1 meaning "virtually no litter" and 4 indicating "major illegal dump site". These surveys will show the impact of the Adopt-A-River program;
- Recruit and retain adopters and volunteers to be stewards of our watershed;
- Conduct a minimum of 15 river-specific clean-ups through the Adopt-A-Spot Program;
- Engage 150 volunteers in river-specific clean-up efforts;

• Remove 5 tons of litter and invasive weeds from the Truckee River corridor.

#### Community Education 2024

- Conduct a minimum of 20 Community and Adult education presentations and service learning events about our watershed, invasive weeds, and litter topics to reach a minimum of 500 community members from local businesses, organizations, community groups, etc.;
- Promote ecological literacy and environmental stewardship messaging using digital outreach.

#### 2.) Describe the project location.\*

The Great Community Clean-Up (GCC), Truckee River Clean-Up (TRC), and Adopt-A-River clean-ups are conducted throughout the Truckee River Watershed at locations along the river corridor and tributaries. Community education workshops are presented at locations throughout the Truckee Meadows. KTMB will work with local municipalities and watershed experts, including One Truckee River, to determine storm drain stenciling locations for the 2024 TRC.

#### 3.) Project Description\*

Include site map and aerial photos if applicable/possible as an attachment.

KTMB supports a sustainable and beautiful community by educating residents and visitors about the importance of protecting the health of our watershed and improving water quality by mitigating nonpoint source pollution and invasive and noxious weeds. Local park staff report to KTMB that weed removal is often the most challenging aspect of their job. With current staff shortages, the incorporation of weed removal projects prior to weed seeding in the spring is vital and complements the timing of KTMB's Great Community Clean-Up. KTMB's Truckee River Clean-Up and Adopt-A-River clean-ups educate and engage the community about the presence of weeds and litter in our watershed and their underlying causes and effects. According to Keep America Beautiful, "About 85% of littering is the result of people's attitudes...changing individual behaviors is the key to preventing litter — and environmental cues can make a difference." By engaging volunteers and community partners in this effort, and by having consistent outreach and messaging to support behavior change, KTMB educates and empowers residents and visitors to protect the Truckee River as the lifeline of our community.

KTMB's Annual Great Community Clean-Up and Truckee River Clean-Up will:

- Work with partners like OTR and WSCD to monitor river hotspots for invasive weeds;
- Engage volunteers to remove nonpoint source pollution and invasive and noxious weeds at several hotspots along the Truckee River and its tributaries, as identified by KTMB's Litter Index Survey, WSCD weed experts, and municipal partners;
- Provide educational outreach and public service announcements in the community about environmental threats to the Truckee River and responsible river recreation and usage, and enhance marketing to increase volunteer participation.
- Survey event participants and compile analyzed results to determine the success and impact of the event.

#### KTMB's Adopt-A-River program will:

- Recruit new volunteers and manage existing volunteers to conduct clean-ups along the Truckee River;
- Continue to conduct an annual Litter Index Survey to evaluate current river corridor cleanliness;

#### KTMB's Community Education program will:

• Continue community outreach through traditional and social media outlets with messaging about the health of the river and individual stewardship opportunities to improve water quality;

• Coordinate service learning events, community/educational presentations, and host community workshops to educate and empower the public to protect the Truckee River Watershed by reducing nonpoint source pollution and invasive and noxious weeds.

#### 4.) Grant priorities\*

Explain how the proposed project advances the TRF's specific grant priorities.

If funding is awarded, KTMB will support the following TRF Grant Priorities: V, VI, VII, VIII. V: Support to Rehabilitation of Local Tributary Creeks and Drainage Courses - KTMB will support water quality improvement of local tributaries and drainages through the GCC, TRC, and Adopt-A-River clean-up programs. These events will engage hundreds of volunteers to remove tons of litter, invasive weeds, and green waste from multiple locations along the Truckee River Corridor and greater watershed.

VI: Stewardship and Environmental Awareness - This project will communicate and raise environmental awareness about water, water quality, and watershed protection by utilizing digital media and educational/community presentations and service learning events to educate residents and visitors about the importance of maintaining a healthy river; how noxious weeds negatively affect native plant communities; and how litter and pollution are harmful to humans, wildlife, plants, and the local environment, economy, and esthetics.

VII: Meet Multiple Objectives - This project meets multiple TRF objectives because it will remove nonpoint source pollution and invasive and noxious weeds from our water through clean-ups and beautification projects, increase the community's ecological literacy about water quality and conservation through messaging and education, and promote volunteerism to increase watershed stewardship.

VIII: Leverage Stakeholder Assets and Participation - KTMB will collaborate with numerous municipalities, businesses, community groups, and partners to complete the clean-up and education projects proposed. Project sites and activities along the river will be identified by KTMB and local experts and completed with planning and day-of support from partners to ensure effective programming.

KTMB's 2024 Great Community Clean-Up, Truckee River Clean-Up, and Adopt-A-River program will also support the following One Truckee River Management Plan objectives (see attached document for description): 2.1.b, 2.3.j, 2.5.b, 3.3.h, 3.4.b, 3.4.c, 3.4.e, 3.4.f.

KTMB's Community Education efforts will also support the following One Truckee River Management Plan objectives (see attached document for description): 1.3.b, 2.1.j, 3.2.d, 3.2.f, 3.3.b, 3.3.e, 3.3.h.

## 5.) Permitting\*

Provide a permitting schedule for your project along with your plan for getting the required permits and decision documents. Be sure to include the cost of permitting/decision documents as a line item in your budget.

Since 2005, the only permits required for KTMB's Truckee River Clean-Up and Great Community Clean-Up are health department permits for the post-event volunteer picnic. With support from KTMB partner Washoe County Health District (WCHD), these permits will be obtained before each event. No permits are required for educational events or clean-ups, though all gatherings will be held according to WCHD health and safety recommendations.

### 6.) Future Land Use\*

List any known or foreseeable zoning, land use, or development plans that may affect your proposed project.

There are no known or foreseeable zoning, land use, or development plans that may affect this project.

# 7.) If future phases of the project will be needed, identify anticipated sources of funding.\*

The Truckee River Fund's annual support of KTMB's Great Community Clean-Up and Truckee River Clean-Up assists in maintaining the health of the Truckee River Watershed. It provides opportunities for KTMB to engage partner agencies, municipalities, community groups, foundations, businesses, and local residents in environmental education and stewardship, and to leverage in-kind support and funding from other sources. TRF funding will enhance KTMB's ability to achieve these objectives. KTMB will also continue to pursue new and diverse sources of income to support these programs while leveraging historic funding sources. Historic funding sources include the Nevada Division of Forestry, REI, Sun Valley General Improvement District, UPS Foundation, and Washoe County Health District, to name a few.

# 8.) Identify the principals involved in leading or coordinating the project or activity.\*

KTMB is the principal coordinating agency for managing this project's planning, implementation, and evaluation, as well as volunteer recruitment and coordination. We work closely with any municipal officials and agencies necessary to coordinate the projects and activities.

## 9.) Number of staff positions involved in project.\*

Identify how many staff will be full-time and how many will be part-time.

"Fulltime" means 100% of their staff position will be dedicated to this project; "part-time" means only a portion of their staff position will be dedicated to this project.

nine part-time staff

# 10.) Number of volunteers involved in project and an estimated number of volunteer hours.\*

\*GCC: 700-800 volunteers; 2,100-2,400 est. hours \*TRC: 600-700 volunteers; 1,800-2,100 est. volunteer hours \*AAR: 200-300 volunteers; 300-450 est. volunteer hours TOTAL: 1,500-1,800 VOLUNTEERS; 4,200-4,950 EST. VOLUNTEER HOURS

## 11.) Timeline of Project\*

List key dates and include project milestones. Note: Be realistic in your estimate of dates and milestones. List any factors that may cause a delay in implementing and/or completing the project.

\*\*Note: Funding will not be provided for work performed prior to grant approval.

Below is a general timeline KTMB staff follows for each program activity detailed in this proposal. This funding will cover the calendar year 2024.

#### GCC 2024 Timeline:

Winter: Meet with project partners to identify GCC locations and plan GCC event logistics.

Spring: Survey the length of Truckee River on a four-point scale and create data points. Recruit volunteers. Implement GCC in May.

Spring/Summer: Compile survey data from GCC waste removal and weed pull projects and re-survey. Begin planning for fall TRC.

#### TRC 2024 Timeline:

Spring/Summer: Compile survey data from the spring GCC waste removal and weed pull projects and resurvey sites for cleanliness. Plan TRC event.

Fall/Winter: Hold Fall TRC and re-survey the length of the river for cleanliness.

### Adopt-A-River Timeline:

Winter: Compile and review information on existing sites and existing volunteer groups.

Spring/Summer: Outreach and volunteer recruitment and management to conduct clean-ups along the river corridor.

### **Community Outreach Timeline:**

Spring/Summer: Create an outreach plan to engage more residents on river-related topics through presentations, service learning events, and media outreach. Schedule and conduct presentations and follow the media outreach plan.

Fall/Winter: Schedule and conduct presentations. Continue outreach.

### 12.) What factors will indicate a successful project?\*

The success of KTMB's 2024 Great Community Clean-Up will be measured in the following ways:

• 700 community volunteers engaged in litter and invasive weed removal along the Truckee River and its tributaries; minimum of 15 tons of litter and green waste removed from Truckee River Watershed; 100 youth volunteers engaged in watershed stewardship through Truckee River volunteer projects; event participants educated about the Truckee River threats and actions they can take.

The success of KTMB's 2024 Truckee River Clean-Up will be measured in the following ways:

• 600 community volunteers engaged in litter and invasive weed removal along the Truckee River and its tributaries; minimum of 15 tons of litter and green waste removed from Truckee River Watershed; 100 youth volunteers engaged in watershed stewardship through Truckee River volunteer projects; 100 storm drains stenciled; event participants educated about the Truckee River threats and actions they can take.

The success of Adopt-A-River will be measured by:

• Evidence-based litter survey conducted along the length of the river corridor to evaluate clean-up efforts; 15 clean-ups implemented along the Truckee River corridor throughout the year; 150 community volunteers engaged in litter, invasive weed, and green waste removal along the Truckee River corridor; 5 tons of litter, invasive weeds, and green waste removed from the Truckee River corridor.

The success of Community Education and Outreach efforts will be measured by:

• 20 community education events through formal and informal presentations and service-learning events on protecting the health of our watershed through waste reduction and litter and weed prevention; 500 community members educated.

### 13.) Collaboration\*

List partnerships or collaborations with other entities in relation to your proposal, if any.

KTMB's major clean-up and education efforts collaborate with many local agencies and organizations including: A-Team Trash Hauling; Bureau of Land Management; City of Reno Parks; City of Sparks Parks; Down to Earth Composting; Friends of NV Wilderness; Les Schwabe Tires; Milne Towing; Nevada Department of Agriculture; Nevada Department of Wildlife; Nevada Division of Environmental Protection; Nevada Division of Forestry; Nevada Land Trust; Northern Nevada HOPES; NV Energy; One Truckee River; Patagonia; Pepsi; REI; Reno Fire Department Water Entry Team; Save Mart; Sun Valley General Improvement District; SWCA; The Nature Conservancy; Truckee Meadows Fire Protection District Water Entry Team; Truckee Meadows Water Authority; Truckee Meadows Watershed Committee; Truckee River Fly Fishers; US Forest Service; Washoe County Health District; Washoe County Parks; Washoe County Sheriff's Office; Washoe-Storey Cooperative Weed Management Authority; and Waste Management.

### **Grant Match**

All applicants must provide a match of at least 25 percent for dollars requested. The match may be with funding and/or in-kind services. For larger grant requests, priority will be given to projects that significantly leverage the grant with funding from other sources.

Total grant match to be provided.\*

\$249,194.00

#### Cash

\$111,920.00

# For the cash portion, is the funding already being held by the applicant for this project?

Yes

### In-kind

\*\*Note: Provide an itemized breakdown of volunteer match in your budget with rationale. \$137,274.00

### Description of matching funds/in-kind donations.\*

The matching funds for this proposal have been committed by Washoe County as of July, 2023 and will be used to pay organizing staff, purchase supplies, and support volunteers. There is additional cash match from TC Energy that is in-hand. We have a contract with Washoe County Health District that pays us monthly. The in-kind donations will come from reduced rates by vendors for bulk use (port-o-potties, for example). Garbage bags are donated by Keep America Beautiful. Save Mart donates food and time for the volunteer appreciation picnics after the events.

### **Attachments**

### Nonprofits must submit:

- Last audited financial statements if your organization has been audited
- List of Board of Directors
- Copy of agency's IRS 501(c)(3) Tax Determination Letter
- Copy of the agency's most recent IRS Form 990

Funding\_Board List\_990\_501c3.pdf

### Governmental entities must submit:

• Departmental budget in lieu of audited financial statements

### Project Budget\*

Provide detail on line-item expenditures and show which costs are to be paid for by the Truckee River Fund grant, which expenses will be paid by other sources of funding, and which will be paid for with in-kind services. Other sources of funding should be provided. A sample budget template is provided below.

\*\*Note: Indirect/overhead expenses cannot exceed 25 percent; TRF may fund indirect/overhead up to 25% based on availability of funds. Applicants should be prepared to provide reduced budgets during the review of applications by the TRF Board when funds are limited.

Grants from the Truckee River Fund are paid on a reimbursable basis for actual expenditures only. Craft your budget in such a way that requests for reimbursement correspond to the original budget.

2024 TRF Budget.pdf

#### Sample Budget Template

| ORIGINAL PROJECT BUDGET       |                         |          |       | REIMBURSEMENT REPORT     |                                      |  |
|-------------------------------|-------------------------|----------|-------|--------------------------|--------------------------------------|--|
| Budget Item Description*TRF\$ | Other Funding<br>Name** | Match \$ | Total | Expenditures to date TRF | Expenditures to date (other sources) |  |

<sup>\*\*</sup>Please submit as one PDF document

1

| \$xx,xxx                              | Agency X  | -  | \$xx,xxx  | \$xx,xxx  |  |
|---------------------------------------|---|--|---|---|--|
| \$xx,xxx                              | Agency X  | \$x,xxx  | \$x,xxx   |   | \$x,xxx  |
| \$x,xxx                               | Agency X  | \$x,xxx  | \$x,xxx   | \$x,xxx   |  |
|                                       | Own people  | \$xx,xxx   | \$xx,xxx  | \$x,xxx   |  |
| \$xx,xxx                              | Agency Y  | \$xx,xxx   | \$xx,xxx  |   |  |
| \$xx,xxx                              | Agency Y  | \$xx,xxx   | \$xx,xxx  |   |  |
| \$xx,xxx                              | Agency Y  | \$xx,xxx   | \$xx,xxx  |   |  |
| \$xx,xxx                              | Own agency  | \$xx,xxx   | \$xx,xxx  |   |  |
|                                       |   |  |   |   |  |
| \$xxx,xxx                             |   | \$x,xxx  | \$xxx,xxx   | \$xx.xxx  | \$x,xxx  |
|                                       |   |  |   |   |  |
|                                       | **Explain   |  |   |   |  |
|                                       |   |  |   |   |  |
|                                       | <del>-</del>  |  |   |   |  |
|                                       | iii iiaiia.   |  |   |   |  |
| nented in nh                          | nacec nleace  |  |   |   |  |
| · · · · · · · · · · · · · · · · · · · | iases, piease   |  |   |   |  |
|                                       |   |  |   | 1   |  |
|                                       | \$xx,xxx<br>\$x,xxx<br>\$xx,xxx<br>\$xx,xxx<br>\$xx,xxx<br>\$xx,xxx<br>\$xx,xxx | \$xx,xxx Agency X \$x,xxx Agency X Own people \$xx,xxx Agency Y \$xx,xxx Agency Y \$xx,xxx Agency Y \$xx,xxx Own agency \$xxx,xxx  **Explain status of other funding if not in hand. | \$xx,xxx Agency X \$x,xxx \$x,xxx Agency X \$x,xxx Own people \$xx,xxx \$xx,xxx Agency Y \$xx,xxx \$xx,xxx Agency Y \$xx,xxx \$xx,xxx Agency Y \$xx,xxx \$xx,xxx Own agency \$xx,xxx \$xx,xxx \$xx,xxx  **Explain status of other funding if not in hand. | \$xx,xxx Agency X \$x,xxx \$x,xxx \$x,xxx Agency X \$x,xxx \$x,xxx Own people \$xx,xxx \$xx,xxx \$xx,xxx Agency Y \$xx,xxx \$xx,xxx \$xx,xxx Own agency \$xx,xxx \$xx,xxx \$xx,xxx \$xx,xxx \$xx,xxx \$xx,xxx \$xx,xxx \$xx,xxx | \$xx,xxx Agency X \$x,xxx \$x,xx \$x,xxx \$x,xxx \$x,xxx \$x,xxx \$x,xxx \$x,xxx \$x,xxx \$x,xxx \$x,xx \$x,xxx \$x,xx \$x,x |

## Grantee Requirements & Project Evaluation Criteria

### **GRANTEE REQUIREMENTS**

To be eligible for funding, grantees must adhere to the following requirements:

- Funds are to be used and/or disbursed exclusively for the charitable uses and purposes.
- The Fund shall be used exclusively for projects that protect and enhance water quality or water resources of the Truckee River, or its watershed.
- The Charitable Beneficiaries may include 501(c)(3) organizations and governmental entities. Any grants to governmental entities must be made exclusively for public benefit purposes.
- All grantees will be required to sign a grant agreement stipulating their agreement with all of the terms, conditions, and reporting requirements.
- Organizations or entities sponsoring proposals are prohibited from ex parte communications regarding such proposals with members of the Truckee River Fund Advisory Committee while such proposals are pending before the Committee, and such communications may be grounds for rejecting a proposal.
- To maintain eligibility to receive grant funds, each Charitable Beneficiary must comply at all times with the following requirements:
  - 1. Charitable Beneficiaries must be exempt from federal income taxation under Section 501(c)(3) of the Code;

Charitable Beneficiaries shall use all Fund distributions toward projects that are appropriate and legal public expenditures;

- Charitable Beneficiaries must provide financial details and/or reports of their organizations upon request;
- Charitable Beneficiaries must not use any Fund distributions for political contributions or political advocacy;
- Charitable Beneficiaries must either implement the projects, activities, and/or programs for which they received Fund distributions within six months of the date in which such distributions are received or by date(s) as agreed upon in the grant acceptance agreement, or must return all such distributions to the Community Foundation forthwith;
- Charitable Beneficiaries must provide the Community Foundation a report detailing the completion of their projects, activities, and/or programs; and
- Charitable Beneficiaries must sign an agreement regarding their compliance with the qualifications hereof.

#### PROJECT EVALUATION

Each proposal will be evaluated on criteria that include but are not limited to:

- Measurable outcomes in accordance with stated grant priorities.
- Readiness of sponsoring organization to undertake and complete project.
- Consistency with established Truckee River operations.
- Impact on other River stakeholders.
- Absence of negative or unintended consequences.
- Solutions to known problems as identified through past research.
- Prior performance on grants from the Truckee River Fund.

The Nature Conservancy & Truckee River Watershed Council have conducted assessments of Truckee River and Donner Lake watersheds and have presented their findings to the Truckee River Fund advisory committee. The results may influence the advisors' decision-making during proposal review. Copies of the assessments are available at www.truckeeriverfund.org.

# File Attachment Summary

## Applicant File Uploads

- Funding\_Board List\_990\_501c3.pdf
- 2024 TRF Budget.pdf

# KTMB Funding received from the Truckee River Fund

### Date Awarded

| Date Awarded     |   |
|------------------|---|
| Date Awarded     | September 2022  |
| Project Title    | TRF #265 – 2023 Great Community Cleanup, Truckee River Cleanup, Adopt a River Program, & Adult                              |
|                  | and Community Education Program   |
| Amount of Award  | 81,640  |
| Date Awarded     | September 2021  |
| Project title:   | KTMB's 2022 Great Community Cleanup, Truckee River Cleanup, Adopt-A-River Program, & Adult and Community Education Program  |
| Amount of Award: | \$82,880  |
| Date Awarded     | August 2020   |
| Project Title:   | TRF #239 2021 Spring Great Community Cleanup, 2021 Fall Truckee River Cleanup, Adopt-A-River & Adult Outreach and Education |
| Amount of Award: | \$74,245  |
| Date Awarded     | August 2019   |
| Project title:   | TRF #224 KTMB Cleanup and Weed Removal 2020   |
| Amount of Award: | \$79,245  |
| Date Awarded     | February 2019   |
| Project title:   | TRF #217 Truckee River Cleanup  |
| Amount of Award: | \$53,000  |
| Date Awarded     | August 2018   |
| Project title:   | TRF #204 Great Cleanup  |
| Amount of Award: | \$31,640  |
| Date Awarded     | August 2017   |
| Project title:   | TRF #193 Great Cleanup/River Cleanup  |
| Amount of Award: | \$69,760  |
| Date Awarded     | August, 2016  |
| Project title:   | TRF #176 Great Cleanup/River Cleanup  |
| Amount of Award: | \$60,625  |
| Date awarded:    | October 22, 2016  |
| Project title:   | TRF #165 Truckee River Cleanup/Invasive Weed Pull   |
| Amount of Award: | \$48,325  |
| Date awarded:    | February, 2015  |
| Project title:   | TRF #156 Phase I Truckee River Corridor Management Plan   |
| Amount of Award: | \$90,000  |
| Date awarded:    | September, 2014   |
| Project Title:   | TRF #154 Invasive Weed Pull & River Cleanup   |
| Amount of Award: | \$46,000  |
| Date awarded:    | October 2013  |
| Project Title:   | TRF 126: Truckee River Youth Education/Invasive Weed Pull/Cleanup 2014  |
| Amount of Award  | \$57,050  |
| Date awarded:    | \$37,030<br>September 2012  |
| Project title:   | Truckee River Cleanup 2013  |
| Amount of Award: | \$46,450  |
| Date awarded:    | 940,430<br>October 2011   |
| Project title:   | TRF #89 Truckee River Cleanup 2012  |
| Amount of Award: | *   |
|                  | \$44,950  |
| Date awarded:    | November 2010   |
| Project title:   | #82 Truckee River Cleanup May 2011 Invasive Weed Pull and September 2011 Truckee River Cleanup Day                          |
| Amount of Award: | \$42,900  |
| Date awarded:    | December 2009   |

# KTMB Funding received from the Truckee River Fund

| Project title:   | Invasive Weed Pull May 2010, River Cleanup Sep 2010 |
|------------------|---|
| Amount of Award: | \$42,050  |
| Date awarded:    | February 2009                                       |
| Project title:   | Truckee River Cleanup Day, September 2009           |
| Amount of Award: | \$26,975  |
| Date awarded:    | January 2008  |
| Project title:   | Truckee River Cleanup Day, September 2008           |
| Amount of Award: | \$25,604.85   |
| Date awarded:    | November 2006                                       |
| Project title:   | Truckee River Cleanup Day, September 2007           |
| Amount of Award: | \$24,730  |
| Date awarded:    | July 2006   |
| Project title:   | Truckee River Cleanup Day, September 2006           |
| Amount of Award: | \$13,175  |
| Date awarded:    | December 2005                                       |
| Project title:   | Truckee River Cleanup Day, September 2006           |
| Amount of Award: | \$9,402.50  |



# Board of Trustees FY 2023/2024

| Board Officers                 | Affiliation       |
|--------------------------------|-------------------|
| Craig Chisum<br>Chair          | UPS               |
| Altshuler, Aaron<br>Past Chair | Patagonia         |
| Salaber, Stephen<br>Treasurer  | Former Controller |
| Clay, Angela<br>Secretary      | Wells Fargo       |
| Crowley, Tim                   | Lithium Americas  |
| Allen, YeVonne<br>Chair Elect  | TMCC              |
| Garfinkel, Lauren              | TTEC              |
| Jon Olsen                      | Intuit            |
| Jones, John                    | Consulting        |
| Thomas, Derek                  | Corp. Placement   |
| Dr. Ayodele<br>Akinola         | Community College |

## **TAX RETURN FILING INSTRUCTIONS**

FORM 990

### FOR THE YEAR ENDING

June 30, 2022

| Prepared for                                       |  |
|--|--|
|  | Keep Truckee Meadows Beautiful<br>P.O. Box 7412<br>Reno, NV 89510  |
| Prepared by  |  |
|  | Barnard, Vogler & CO., CPA's<br>100 W Liberty Street, Suite 1100<br>Reno, NV 89501-1959  |
| Amount due or refund                               | Not applicable   |
| Make check payable to                              | Not applicable   |
| Mail tax return<br>and check (if<br>applicable) to | Not applicable   |
| Return must be mailed on or before                 | Not applicable   |
| Special<br>Instructions                            | This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2023. |

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning  $\ JUL\ 1$  , 2021, and ending  $\ JUN\ 30$ 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information. Name of filer

KEEP TRUCKEE MEADOWS BEAUTIFUL

88-0254957

EIN or SSN

Name and title of officer or person subject to tax MARK CAMERON

|   |  | EXECUTIVE DIRECTOR   |  |
|---|--|--|--|
| Part I  | Type of Return and Re  | turn Information   |  |
| Form 533<br>or <b>10a</b> be<br>whicheve  | 30 filers may enter dollars and cents.<br>elow, and the amount on that line for  | e using this Form 8879-TE and enter the applicable amount, if any, fror For all other forms, enter whole dollars only. If you check the box on lithe return being filed with this form was blank, then leave line <b>1b, 2b,</b> 3-). But, if you entered -0- on the return, then enter -0- on the applicable  | ne <mark>1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,</mark><br>3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b,   |
| 1a F  | Form 990 check here X  | <b>b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)  | <sub>1b</sub> 774,789.   |
|   | Form 990-EZ check here   | b Total revenue, if any (Form 990-EZ, line 9)  | 2b   |
| 3a F  | Form 1120-POL check here   | b Total tax (Form 1120-POL, line 22)   |  |
| 4a F  | Form 990-PF check here   | <b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)  |  |
| 5a F  | Form 8868 check here   | b Balance due (Form 8868, line 3c)   | 5b   |
| 6a F  | Form 990-T check here  | b Total tax (Form 990-T, Part III, line 4)   | 6b   |
| 7a F  | Form 4720 check here   | b Total tax (Form 4720, Part III, line 1)  | 7b   |
| 8a F  | Form 5227 check here   | b FMV of assets at end of tax year (Form 5227, Item D)   | 8b   |
| 9a F  | Form 5330 check here   | b Tax due (Form 5330, Part II, line 19)  | 9b   |
| 10a F   | Form 8038-CP check here  | b Amount of credit payment requested (Form 8038-CP, Part III, lin  |  |
| Part II   |  | ture Authorization of Officer or Person Subject to Tax   |  |
| Under pe  | enalties of perjury, I declare that $oxed{X}$  | I am an officer of the above entity or I am a person subject to ta   | x with respect to (name  |
| of entity)  |  | , (EIN) and  | that I have examined a copy of the   |
| complete<br>intermed<br>acknowled<br>of any re-<br>entry to the<br>financial<br>later than<br>payment | e. I further declare that the amount in<br>iate service provider, transmitter, or consider that it is applicable, I authorize the U.<br>the financial institution account indiction to debit the entry to this and 2 business days prior to the payme of taxes to receive confidential infor | nedules and statements, and, to the best of my knowledge and belief,<br>Part I above is the amount shown on the copy of the electronic return<br>electronic return originator (ERO) to send the return to the IRS and to rection of the transmission, (b) the reason for any delay in processing the S. Treasury and its designated Financial Agent to initiate an electronic<br>ated in the tax preparation software for payment of the federal taxes o<br>ccount. To revoke a payment, I must contact the U.S. Treasury Financi (settlement) date. I also authorize the financial institutions involved in<br>mation necessary to answer inquiries and resolve issues related to the<br>gnature for the electronic return and, if applicable, the consent to elect | n. I consent to allow my receive from the IRS (a) an one return or refund, and (c) the date funds withdrawal (direct debit) wed on this return, and the sial Agent at 1-888-353-4537 no in the processing of the electronic payment. I have selected a |
| PIN: che  | ck one box only  |  |  |
| X   | I authorize BARNARD, VOC   | ERO firm name  | enter my PIN 97594  Enter five numbers, but do not enter all zeros   |
|   | , ,  | 21 electronically filed return. If I have indicated within this return that a charities as part of the IRS Fed/State program, I also authorize the afor screen.  | . ,  |
|   | return. If I have indicated within this  | ax with respect to the entity, I will enter my PIN as my signature on the return that a copy of the return is being filed with a state agency(ies) my PIN on the return's disclosure consent screen.   | ,  |
|   | f officer or person subject to tax   |  | Date <b>&gt;</b>   |
| Part II   | Certification and Author   | entication   |  |

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

88042598612

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

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

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

Form **8879-TE** (2021)

### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print KEEP TRUCKEE MEADOWS BEAUTIFUL 88-0254957 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your P.O. BOX 7412 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 89510 RENO, NV Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 MARK CAMERON 2601 DIJIMAG GT - PENO

|   | THE DOORS are III the   | cale of 2001 1 HOTHID DI                      | RELITO, HV 05505                      |   |
|---|-------------------------|---|---------------------------------------|---|
| 7 | Telephone No.▶ <u>7</u> | 775-851-5185                                  | Fax No. ▶                             |   |
| • | If the organization do  | oes not have an office or place of business   | s in the United States, check this bo | ox  |
|   |                         | Return, enter the organization's four digit ( |                                       | If this is for the whole group, check this nd TINs of all members the extension is for. |
| 1 | ·                       | matic 6-month extension of time until         | MAY 15, 2023 anization's return for:  | _ , to file the exempt organization return for  |

| 2  | If the tax year entered in line 1 is for less than 12 months, check reason:  Change in accounting period | Initial return  | Fina | l retur | า  |
|----|--|-----------------|------|---------|----|
| За | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tenta                           | ative tax, less |      |         |    |
|    | any nonrefundable credits. See instructions.   |                 |      | 3a      | \$ |

estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Form 8868 (Rev. 1-2022)

0.

, and ending JUN 30, 2022

calendar year

► X tax year beginning JUL 1, 2021

### EXTENDED TO MAY 15, 2023

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Inspection

| Α  | For the                      | 2021 calendar year, or tax year beginning $JUL~1$ , $2021$ and ending   | JUN 30, 2022                    |                               |  |
|--|------------------------------|---|---------------------------------|-------------------------------|--|
| В  | Check if applicable          | C Name of organization  | D Employer identific            | cation number                 |  |
|  | Addres                       | KEEP TRUCKEE MEADOWS BEAUTIFUL  |                                 |                               |  |
|  | Name change                  | Doing business as   | 88-02549                        | 57                            |  |
|  | Initial return Final return/ | Number and street (or P.0. box if mail is not delivered to street address) Room/s P.O. BOX 7412                                     | uite E Telephone numbe (775) 85 |                               |  |
|  | termin-<br>ated              | City or town, state or province, country, and ZIP or foreign postal code  | G Gross receipts \$             | 809,800.                      |  |
|  | Amendoreturn                 | ed RENO, NV 89510   | H(a) Is this a group re         |                               |  |
|  | Applica<br>tion              | F Name and address of principal officer:MARK CAMERON  | for subordinates                | ? Yes X No                    |  |
|  | pending                      | SAME AS C ABOVE   | H(b) Are all subordinates in    | ncluded? Yes No               |  |
|  |                              |   | <del> </del>                    | list. See instructions        |  |
|  |                              | e: ► WWW.KTMB.ORG   | H(c) Group exemptio             |                               |  |
|  |                              | ·   | rear of formation: 1989 N       | 1 State of legal domicile: NV |  |
| P  |                              | Summary   | AND MATNMATN                    | TNC A                         |  |
| Se   | 1 6                          | Briefly describe the organization's mission or most significant activities: CREATING CLEANER, MORE BEAUTIFUL REGION THROUGH EDUCA   | TAND MAINIAIN                   | VE                            |  |
| nan  | -                            | Check this box if the organization discontinued its operations or disposed of r   |                                 |                               |  |
| Activities & Governance                                  |                              | Number of voting members of the governing body (Part VI, line 1a)   | I 1                             | 11                            |  |
| ဇိ   |                              | Number of independent voting members of the governing body (Part VI, line 1b)   |                                 | 11                            |  |
| တ္   |                              | Fotal number of individuals employed in calendar year 2021 (Part V, line 2a)  |                                 | 11                            |  |
| įŧį  |                              | Total number of volunteers (estimate if necessary)  |                                 | 2179                          |  |
| Ę  | 7a 1                         | Fotal unrelated business revenue from Part VIII, column (C), line 12  |                                 | 0.                            |  |
| ٩  |                              | Net unrelated business taxable income from Form 990-T, Part I, line 11  |                                 | 0.                            |  |
|  |                              |   | Prior Year                      | Current Year                  |  |
| ē  | 8 (                          | Contributions and grants (Part VIII, line 1h)   | 894,320.                        | 704,138.                      |  |
| en   |                              | Program service revenue (Part VIII, line 2g)  | 0.                              | 0.                            |  |
| Revenue  |                              | nvestment income (Part VIII, column (A), lines 3, 4, and 7d)  | 71.                             | 349.                          |  |
| _  |                              | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 35,236.                         | 70,302.                       |  |
|  |                              | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 929,627.                        | 774,789.                      |  |
|  |                              | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 0.                              | 0.                            |  |
|  | 1                            | Benefits paid to or for members (Part IX, column (A), line 4)   | 438,270.                        | 490,507.                      |  |
| Expenses   | 15 5                         | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 430,270.                        | 490,307.                      |  |
| en   | loar                         | Professional fundraising fees (Part IX, column (A), line 11e)  Fotal fundraising expenses (Part IX, column (D), line 25)  ■ 33,134. | 0.                              | 0.                            |  |
| $\overline{\mathbf{x}}$                                  | 17 (                         | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 380,380.                        | 251,780.                      |  |
|  |                              | Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | 818,650.                        | 742,287.                      |  |
|  |                              | Revenue less expenses. Subtract line 18 from line 12  | 110,977.                        |                               |  |
| Or<br>Sec  |                              |   | Beginning of Current Year       | End of Year                   |  |
| Net Assets or Find Balances                              | 20 1                         | Fotal assets (Part X, line 16)  | 518,456.                        | 558,498.                      |  |
| t As   | 21 7                         | Total liabilities (Part X, line 26)   | 107,379.                        | 114,919.                      |  |
| _  |                              | Net assets or fund balances. Subtract line 21 from line 20  | 411,077.                        | 443,579.                      |  |
|  | art II                       | Signature Block   |                                 |                               |  |
|  | -                            | ties of perjury, I declare that I have examined this return, including accompanying schedules and sta                               |                                 | y knowledge and belief, it is |  |
| true   | e, correct                   | , and complete. Declaration of preparer (other than officer) is based on all information of which prep                              | arer has any knowledge.         |                               |  |
| ٥.   |                              | Signature of officer  | I<br>Date                       |                               |  |
| Sig  |                              | MARK CAMERON, EXECUTIVE DIRECTOR  | Duto                            |                               |  |
| He   | re                           | Type or print name and title  |                                 |                               |  |
|  |                              | Print/Type preparer's name Preparer's signature   | Date Check                      | PTIN                          |  |
| Pai  |                              | WILLIAM SAYLOR  | if self-employ                  |                               |  |
|  |                              | Firm's name BARNARD, VOGLER & CO., CPA'S  | Firm's EIN                      | 88-0118801                    |  |
| Use Only Firm's address 100 W LIBERTY STREET, SUITE 1100 |                              |   |                                 |                               |  |
|  | •                            | RENO, NV 89501-1959   | Phone no. (7                    | 75) 786-6141                  |  |
| Ma   | y the IR                     | S discuss this return with the preparer shown above? See instructions   | 1 23                            | X Yes No                      |  |

| Par | t 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:   |
|     | KEEP TRUCKEE MEADOWS BEAUTIFUL IS A LOCAL NONPROFIT DEDICATED TO   |
|     | CREATING AND MAINTAINING A CLEANER, MORE BEAUTIFUL REGION THROUGH  |
|     | EDUCATION AND ACTIVE COMMUNITY INVOLVEMENT.  |
|     |  |
| 2   | Did the organization undertake any significant program services during the year which were not listed on the                                 |
|     | prior Form 990 or 990-EZ?  |
|     | If "Yes." describe these new services on Schedule O.   |
| 3   | Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No                       |
| 3   | 5 5 7 7 5  |
| _   | If "Yes," describe these changes on Schedule O.  |
| 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 \$188,969 •including grants of \$) (Revenue \$)  |
|     | THROUGH THE ANNUAL ADOPT-A-SPOT, NEIGHBORHOOD, OPEN SPACE, AND RIVER   |
|     | CLEANUP PROGRAMS, 5,076 VOLUNTEERS REMOVED 72.31 TONS OF TRASH AND   |
|     | 48.80 TONS OF GREEN WASTE AND INVASIVE WEEDS FROM AREA PARKS,  |
|     | ROADSIDES, NEIGHBORHOODS, OPEN SPACE AREAS, AND FROM WITHIN AND ALONG  |
|     | THE RIVER THROUGH NUMEROUS COMMUNITY CLEANUPS AND SEVERAL LARGE EVENTS,  |
|     | INCLUDING THE TRUCKEE RIVER CLEANUP DAY. VOLUNTEERS WERE ALSO ABLE TO  |
|     | PLANT OVER 4,100 FLOWERS AND NATIVE PLANTS. DUE TO THE COVID-19  |
|     | PANDEMIC THE ANNUAL TRUCKEE RIVER CLEANUP WAS HELD WITH RESTRICTIONS TO  |
|     | THE NUMBER OF VOLUNTEERS PER SITE ACCOUNTING FOR A SMALL DROP IN   |
|     | VOLUNTEERS AND IMPACT. VOLUNTEERS PROVIDED 14,658 HOURS OF SERVICES,   |
|     | WHICH EQUATES TO MORE THAN \$373,000 BASED UPON THE ESTIMATED VALUE OF   |
|     | VOLUNTEER SERVICES DETERMINED ANNUALLY BY INDEPENDENTSECTOR.ORG. IF  |
| 4b  | (Code: ) (Expenses \$ 443,994 • including grants of \$ ) (Revenue \$   |
|     | COMMUNITY EDUCATION AND VOLUNTEER INVOLVEMENT INCLUDED CHRISTMAS TREE  |
|     | RECYCLING, ANNUAL LITTER INDEX SURVEY, WASTE, WEED, AND WATERSHED  |
|     | WARRIORS YOUTH EDUCATION, RECYCLING GUIDE AND ADULT SUSTAINABILITY   |
|     | PRESENTATIONS. 10,727 CHRISTMAS TREES WERE COLLECTED AND RECYCLED INTO   |
|     | MULCH WHICH WAS MADE AVAILABLE FREE TO LOCAL RESIDENTS AND TO AREA   |
|     | PARKS. 442 COMMUNITY MEMBERS EDUCATED THROUGH KTMB'S ADULT   |
|     | SUSTAINABILITY PRESENTATIONS. A LARGE PORTION OF PRESENTATIONS WERE  |
|     | CANCELLED DUE TO COVID-19. KTMB'S RECYCLING GUIDE OFFERS WASHOE COUNTY   |
|     | RESIDENTS WAYS TO REDUCE, REUSE, AND RECYCLE UNWANTED ITEMS INCLUDING,   |
|     | HOUSEHOLD HAZARDOUS WASTE, IN THE TRUCKEE MEADOWS. KTMB'S YOUTH  |
|     | EDUCATION PROGRAM REACHED 1,145 STUDENTS. LESSONS WERE STILL LIMITED   |
|     | DUE TO THE COVID-19 PANDEMIC. WORKING WITH THE GOVERNOR'S OFFICE OF  |
| 4c  | (Code:) (Expenses \$   |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     | Other program services (Describe on Schedule O.)   |
| Tu  | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e  | Total program service expenses   632,963.  |
|     | Form 990 (2021)  |

### 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)?  |     |     |            |
|     | If "Yes," complete Schedule A  | 1   | X   | <u> </u>   |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2   | Х   |            |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |     |     | 3,7        |
|     | public office? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II  | 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   | _   |     | x          |
| •   | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 5   |     |            |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  |     |     | x          |
| 7   | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6   |     |            |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                     | 7   |     | x          |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |     |     |            |
| 0   | Schedule D, Part III   | 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  |     |     |            |
| 5   | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  |     |     |            |
|     | If "Yes," complete Schedule D, Part IV   | 9   |     | х          |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   | Ť   |     |            |
|     | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10  | Х   |            |
| 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.   |     |     |            |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |     |     |            |
|     | Part VI  | 11a |     | Х          |
| 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? If "Yes," complete Schedule D, Part VII  | 11b |     | Х          |
| С   | 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? If "Yes," complete Schedule D, Part VIII   | 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? If "Yes," complete Schedule D, Part IX  | 11d |     | X          |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e |     | Х          |
| 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)? If "Yes," complete Schedule D, Part X   | 11f |     | X          |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |     |     | 3,7        |
|     | Schedule D, Parts XI and XII   | 12a |     | X          |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?  |     |     | <b> </b> ₩ |
| 40  | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b |     | X          |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |     | X          |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |     |            |
| 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? If "Yes," complete Schedule F, Parts I and IV   | 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  | 170 |     |            |
| .0  | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15  |     | х          |
| 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? If "Yes," complete Schedule F, Parts III and IV  | 16  |     | х          |
| 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? If "Yes," complete Schedule G, Part I. See instructions   | 17  |     | х          |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |     |     |            |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  | X   |            |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |     |     |            |
|     | complete Schedule G, Part III  | 19  |     | X          |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 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? If "Yes," complete Schedule I, Parts I and II  | 21  |     | X          |

### 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? If "Yes," complete Schedule I, Parts I and III   | 22  |     | 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? If "Yes," complete  |     |     |  |
| •            | Schedule J  | 23  |     | X  |
| 24 a         | 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? If "Yes," answer lines 24b through 24d and complete  |     |     | İ  |
|              | Schedule K. If "No," go to line 25a   | 24a |     | x  |
| h            | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     | <del></del>                                      |
|              | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease  |     |     |  |
|              | any tax-exempt bonds?   | 24c |     |  |
| c            | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     |  |
| <b>2</b> 5 a | 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? If "Yes," complete Schedule L, Part I   | 25a |     | 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? If "Yes," complete   |     |     | 1,7  |
|              | Schedule L, Part I  | 25b |     | Х  |
| 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? If "Yes," complete Schedule L, Part II  | 26  |     | x  |
| 27           | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,   | 20  |     | <del></del>                                      |
| 21           | 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? If "Yes," complete Schedule L, Part III  | 27  |     | Х  |
| 28           | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,  |     |     |  |
|              | instructions for applicable filing thresholds, conditions, and exceptions):   |     |     |  |
| а            | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  |     |     |  |
|              | "Yes," complete Schedule L, Part IV   | 28a |     | Х  |
|              | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28b |     | Х  |
| С            | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If   |     |     |  |
|              | "Yes," complete Schedule L, Part IV   | 28c | Х   | X  |
| 29           | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29  | Λ   | <del>                                     </del> |
| 30           | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30  |     | х  |
| 31           | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  |     | X  |
| 32           | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  |     |     |  |
|              | Schedule N, Part II   | 32  |     | Х  |
| 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? If "Yes," complete Schedule R, Part I   | 33  |     | Х  |
| 34           | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and   |     |     |  |
|              | Part V, line 1  | 34  |     | X  |
|              | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |     | Х  |
| b            | of If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  | 254 |     | 1  |
| 36           | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   | 35b |     |  |
| 30           | If "Yes," complete Schedule R, Part V, line 2   | 36  |     | x  |
| 37           | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  | -00 |     | <del></del>                                      |
| •            | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37  |     | Х  |
| 38           | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  |     |     |  |
|              | Note: All Form 990 filers are required to complete Schedule O   | 38  | Х   |  |
| Pa           | rt 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  |     |     | Ш  |
|              | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  |     | Yes | No   |
|              | Zanto internation reported in solve of Folia recording to the capping and the |     |     |  |
|              | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Let Let   |     |     |  |
| ·            | (gambling) winnings to prize winners?   | 1c  | Х   |  |

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### 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 11   |     |     |         |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b  | X   |         |
|        | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.   |     |     |         |
|        | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a  |     | X       |
|        | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O   | 3b  |     |         |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a   |     |     | ١       |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a  |     | 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).   | _   |     | v       |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a  |     | X       |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b  |     |         |
|        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c  |     |         |
| oa     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit   | 6a  |     | х       |
| h      | any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | 0a  |     |         |
| D      | ,   | 6b  |     |         |
| 7      | were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).   | OD  |     |         |
| и<br>а | 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?   | 7a  |     | х       |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b  |     |         |
| c      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required   |     |     |         |
| Ĭ      | to file Form 8282?  | 7c  |     | Х       |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year   |     |     |         |
| е      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e  |     | Х       |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f  |     | Х       |
| g      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g  |     |         |
| h      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h  |     |         |
| 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?  | 8   |     |         |
| 9      | Sponsoring organizations maintaining donor advised funds.   |     |     |         |
| а      | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a  |     |         |
| b      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b  |     |         |
| 10     | Section 501(c)(7) organizations. Enter:   |     |     |         |
| а      | Initiation fees and capital contributions included on Part VIII, line 12  |     |     |         |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |     |     |         |
| 11     | Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders 11a   |     |     |         |
| a      |   |     |     |         |
| D      | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)   |     |     |         |
| 19a    | amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a |     |         |
|        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | 124 |     |         |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.  |     |     |         |
|        | Is the organization licensed to issue qualified health plans in more than one state?  | 13a |     |         |
|        | Note: See the instructions for additional information the organization must report on Schedule O.   |     |     |         |
| 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  |     |     |         |
|        | Enter the amount of reserves on hand  |     |     |         |
|        | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a |     | Х       |
| 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   |     |     | <u></u> |
|        | excess parachute payment(s) during the year?  | 15  |     | X       |
|        | If "Yes," see the instructions and file Form 4720, Schedule N.  |     |     | 7.      |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   | 16  |     | X       |
|        | If "Yes," complete Form 4720, Schedule O.   |     |     |         |
| 17     | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any  | ,-  |     |         |
|        | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?   | 17  |     |         |
|        | If "Yes." complete Form 6069.   |     |     |         |

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

|     | Check if Schedule O contains a response or note to any line in this Part VI   |         |          | X    |
|-----|---|---------|----------|------|
| Sec | tion 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.                               |         |          |      |
| b   | Enter the number of voting members included on line 1a, above, who are independent 1b 1   |         |          |      |
| 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?  | 2       |          | Х    |
| 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?   | 3       |          | Х    |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 4       |          | X    |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | 5       |          | Х    |
| 6   | Did the organization have members or stockholders?  | 6       |          | Х    |
| 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?   | 7a      |          | 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?  | 7b      |          | X    |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |         |          |      |
| а   | The governing body?   | 8a      | X        |      |
| b   | Each committee with authority to act on behalf of the governing body?   | 8b      | 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   | 9       |          | X    |
| Sec | tion 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?  | 10a     |          | 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?         | 11a     | Х        |      |
| b   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                       |         |          |      |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a     | Х        |      |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b     | Х        |      |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                  |         |          |      |
|     | on Schedule O how this was done   | 12c     | Х        |      |
| 13  | Did the organization have a written whistleblower policy?   | 13      | X        |      |
| 14  | Did the organization have a written document retention and destruction policy?  | 14      | Х        |      |
| 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?                                   |         |          |      |
| а   | The organization's CEO, Executive Director, or top management official  | 15a     | X        |      |
| b   | Other officers or key employees of the organization   | 15b     | Х        |      |
|     | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  |         |          |      |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a               |         |          | 77   |
|     | taxable entity during the year?   | 16a     |          | 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     |          |      |
| Sec | tion C. Disclosure  |         |          |      |
| 17  | List the states with which a copy of this Form 990 is required to be filed ► NONE   |         |          |      |
| 18  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)     | s only  | ) availa | able |
|     | for public inspection. Indicate how you made these available. Check all that apply.   |         |          |      |
|     | Own website X Another's website X Upon request 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, an      | d finai | ncial    |      |
|     | 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                      |         |          |      |
|     | MARK CAMERON - 775-851-5185   |         |          |      |
|     | 2601 PLUMAS ST, RENO, NV 89509  |         |          |      |

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See the instructions for the order in which to list the persons above.

| (A)                                 | (B)  |                                |                       | ((                    | C)            |                              |           | (D)   | (E)   | (F)  |
|-------------------------------------|--|--------------------------------|-----------------------|-----------------------|---------------|------------------------------|-----------|---|---|--|
| Name and title                      | Average<br>hours per<br>week   | box                            | not o                 | Pos<br>heck<br>ess pe | itior<br>more | than<br>is bot<br>or/trus    | h an      | Reportable<br>compensation<br>from                  | Reportable compensation from related          | Estimated<br>amount of<br>other  |
|                                     | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer               | Key employee  | Highest compensated employee | Former    | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organizations<br>(W-2/1099-MISC/<br>1099-NEC) | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) MARK CAMERON                    | 40.00  | 1                              |                       | ,                     |               |                              |           | 00 000  | 0   | •  |
| EXECUTIVE DIRECTOR                  | 2 00   |                                |                       | X                     |               |                              |           | 82,008.   | 0.  | 0.   |
| (2) JOHNNY HARGROVE                 | 2.00   | x                              |                       | х                     |               |                              |           | 0.  | 0.  | 0  |
| PRESIDENT                           | 2.00   | Α.                             |                       | Δ                     |               |                              |           | 0.  | 0.  | 0.   |
| (3) TIM CROWLEY                     | 2.00   | x                              |                       | х                     |               |                              |           | 0.  | 0.  | 0.   |
| PRESIDENT ELECT (4) STEPHEN SALABER | 2.00   | Δ                              |                       | ^                     |               |                              |           | 0.  | 0.  | 0.   |
| TREASURER                           | 2.00   | X                              |                       | Х                     |               | 1                            |           | 0.  | 0.  | 0.   |
| (5) LYNNE BARKER                    | 2.00   | ^                              |                       | Α                     |               | $\vdash$                     |           | 0.  | 0.  | <u></u>  |
| SECRETARY                           | 2.00   | Х                              |                       | X                     |               |                              |           | 0.  | 0.  | 0.   |
| (6) AARON ALTSHULER                 | 1.00   | 22                             |                       | 22                    |               |                              |           | 0.  | 0.  |  |
| TRUSTEE                             | 1100   | x                              |                       |                       |               |                              |           | 0.  | 0.  | 0.   |
| (7) CRAIG CHISUM                    | 1.00   | <del> </del>                   |                       |                       |               |                              |           |   |   |  |
| TRUSTEE                             |  | X                              |                       |                       |               |                              |           | 0.  | 0.  | 0.   |
| (8) LAUREN GARFINKEL                | 1.00   |                                |                       |                       |               |                              |           |   |   |  |
| TRUSTEE                             |  | X                              |                       |                       |               |                              |           | 0.  | 0.  | 0.   |
| (9) PETER GOWER                     | 1.00   |                                |                       |                       |               |                              |           |   |   |  |
| TRUSTEE                             |  | Х                              |                       |                       |               |                              |           | 0.  | 0.  | 0.   |
| (10) JON OLSEN                      | 1.00   |                                |                       |                       |               |                              |           |   |   |  |
| TRUSTEE                             |  | Х                              |                       |                       |               |                              |           | 0.  | 0.  | 0.   |
| (11) KATE THOMAS                    | 1.00   |                                |                       |                       |               |                              |           |   |   |  |
| TRUSTEE                             |  | Х                              |                       |                       |               |                              |           | 0.  | 0.  | 0.   |
| (12) ROBERT ULRICH                  | 1.00   |                                |                       |                       |               |                              |           |   |   |  |
| TRUSTEE                             |  | Х                              |                       |                       |               |                              |           | 0.  | 0.  | 0.   |
|                                     |  |                                |                       |                       |               |                              |           |   |   |  |
|                                     |  |                                |                       |                       |               |                              |           |   |   |  |
|                                     |  | 1                              |                       |                       |               |                              |           |   |   |  |
|                                     |  |                                |                       |                       |               |                              |           |   |   |  |
|                                     |  |                                |                       |                       |               |                              |           |   |   |  |
|                                     |  | <u> </u>                       |                       | _                     |               | _                            | _         |   |   |  |
|                                     |  | -                              |                       |                       |               |                              |           |   |   |  |
|                                     |  | -                              |                       | -                     |               | -                            | _         |   |   |  |
|                                     |  | 1                              |                       |                       |               |                              |           |   |   |  |
|                                     |  |                                |                       |                       |               |                              | $oxed{L}$ |   |   |  |

| Pa       | T VII Section A. Officers, Directors, Trus   | tees, Key Em   | ploy                           | ees/                  | , an                 | d Hi         | ighe                            | st C          | Compensated Employe                                 | es (continued)                             |           |                           |  |               |
|----------|--|--|--------------------------------|-----------------------|----------------------|--------------|---------------------------------|---------------|---|--|-----------|---------------------------|--|---------------|
|          | (A)<br>Name and title  | (B) Average hours per week   | box                            | not c                 | Pos<br>heck<br>ss pe | more<br>rson | than<br>is bot                  | h an          | ( <b>D)</b> Reportable compensation from            | (E) Reportable compensatio from related    | on        | am                        | (F)<br>timate<br>nount o<br>other                      |               |
|          |  | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer              | Key employee | Highest compensated<br>employee | Former        | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organization<br>(W-2/1099-MIS<br>1099-NEC) | ns<br>SC/ | com<br>fro<br>orga<br>and | pensat<br>om the<br>anization<br>d relate<br>anization | e<br>on<br>ed |
|          |  |  |                                |                       |                      | ~            | 1 0                             |               |   |  |           |                           |  |               |
|          |  |  |                                |                       |                      |              |                                 |               |   |  |           |                           |  |               |
|          |  |  |                                |                       |                      |              |                                 |               |   |  |           |                           |  |               |
|          |  |  |                                |                       |                      |              |                                 |               |   |  |           |                           |  |               |
|          |  |  |                                |                       |                      |              |                                 |               |   |  |           |                           |  |               |
|          |  |  |                                |                       |                      |              |                                 |               |   |  |           |                           |  |               |
|          |  |  |                                |                       | 4                    |              |                                 |               |   |  |           |                           |  |               |
|          |  |  |                                |                       |                      |              |                                 |               | )   |  |           |                           |  |               |
|          | Subtotal   |  |                                |                       |                      |              |                                 | <u> </u>      | 82,008.   |  | 0.        |                           |  | 0.            |
|          | Total from continuation sheets to Part VI Total (add lines 1b and 1c)  |  |                                |                       |                      |              |                                 |               | 82,008.   |  | 0.        |                           |  | 0.            |
| 2        | Total number of individuals (including but n compensation from the organization  |  |                                |                       |                      |              |                                 | no re         | l   | 0,000 of reportab                          | _         |                           |  | 0             |
|          | compensation from the organization   |  |                                |                       | 7                    |              |                                 |               |   |  |           | $\Box$                    | Yes  | No            |
| 3        | Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for some                       | uch individual   |                                |                       |                      |              |                                 |               |   |  |           | 3                         |  | Х             |
| 4        | For any individual listed on line 1a, is the su<br>and related organizations greater than \$150                            | 0,000? <i>If</i> "Yes,   | " co                           | mple                  | ete S                | Sche         | edul                            | e J f         | for such individual                                 |  |           | 4                         |  | X             |
| 5<br>Sec | Did any person listed on line 1a receive or a rendered to the organization? If "Yes," competion B. Independent Contractors | •  |                                |                       |                      | •            |                                 | elat          | ed organization or indiv                            |  |           | 5                         |  | X             |
| 1        | Complete this table for your five highest co   | =  |                                |                       |                      |              |                                 |               |   |  | npens     | ation f                   | rom  |               |
|          | the organization. Report compensation for (A)  Name and business   |  |                                |                       |                      | vith         | or w                            | <u>rithir</u> | (B)   |  |           | (C                        |  |               |
|          | Name and pusiness  | address  | INC                            | INC                   | <u>.</u>             |              |                                 |               | Description of s                                    | sel vices                                  |           | Comper                    | ISALIOI  |               |
|          |  |  |                                |                       |                      |              |                                 |               |   |  |           |                           |  |               |
|          |  |  |                                |                       |                      |              |                                 |               |   |  |           |                           |  |               |
|          |  |  |                                |                       |                      |              |                                 |               |   |  |           |                           |  |               |
|          |  |  |                                |                       |                      |              |                                 |               |   |  |           |                           |  |               |
| 2        | Total number of independent contractors (ii \$100,000 of compensation from the organization from the organization)         |  | ot li                          | mite                  | d to                 |              | se li:                          | stec          | d above) who received n                             | nore than                                  |           |                           | 000 /0   |               |

KEEP TRUCKEE MEADOWS BEAUTIFUL

| Ра   | rt v | Ш |  |                                       |                      |                       |                  |                                 |
|--|------|---|--|---------------------------------------|----------------------|-----------------------|------------------|---------------------------------|
|  |      |   | Check if Schedule O contains a response                                | e or note to any lin                  |                      |                       |                  |                                 |
|  |      |   |  |                                       | (A)<br>Total revenue | (B) Related or exempt | (C)<br>Unrelated | ( <b>D)</b><br>Revenue excluded |
|  |      |   |  |                                       | Total revenue        |                       | business revenue | from tax under                  |
|  |      |   |  |                                       |                      |                       |                  | sections 512 - 514              |
| nts<br>nts   | 1    | а | Federated campaigns 1a   | 23,915.                               |                      |                       |                  |                                 |
| 3ra<br>Iou   |      | b | Membership dues1b  |                                       |                      |                       |                  |                                 |
| is, (<br>Am  |      | С | Fundraising events1c   | 20,596.                               |                      |                       |                  |                                 |
| Contributions, Gifts, Grants and Other Similar Amounts |      | d | Related organizations 1d   |                                       |                      |                       |                  |                                 |
| imi  |      | е | Government grants (contributions) 1e                                   | 429,566.                              |                      |                       |                  |                                 |
| tior<br>S S  |      | f | All other contributions, gifts, grants, and                            |                                       |                      |                       |                  |                                 |
| ibu  |      |   | similar amounts not included above   1f                                | 230,061.                              |                      |                       |                  |                                 |
| n<br>d<br>d  |      | g | Noncash contributions included in lines 1a-1f                          | 73,152.                               |                      |                       |                  |                                 |
| Co   |      | h | Total. Add lines 1a-1f   | <b></b>                               | 704,138.             |                       |                  |                                 |
|  |      |   |  | Business Code                         |                      |                       |                  |                                 |
| ø.   | 2    | а |  |                                       |                      |                       |                  |                                 |
| Program Service<br>Revenue                             |      | b |  |                                       |                      |                       |                  |                                 |
| Sel  |      | С |  |                                       |                      |                       |                  |                                 |
| am   |      | d |  |                                       |                      |                       |                  |                                 |
| Be   |      | e |  |                                       |                      |                       |                  |                                 |
| Pro  |      |   | All other program service revenue                                      |                                       |                      |                       |                  |                                 |
|  |      |   | Total. Add lines 2a-2f   |                                       |                      |                       |                  |                                 |
| _  | 3    | 9 | Investment income (including dividends, inte                           |                                       |                      |                       |                  |                                 |
|  | 3    |   | other similar amounts)   |                                       | 349.                 |                       |                  | 349.                            |
|  | 4    |   | Income from investment of tax-exempt bond                              |                                       | 3131                 |                       |                  | 0 2 3 7                         |
|  | 5    |   | •  |                                       |                      |                       |                  |                                 |
|  | J    |   | Royalties(i) Real  | (ii) Personal                         |                      |                       |                  |                                 |
|  | 6    | _ |  | (ii) i ciddilai                       |                      |                       |                  |                                 |
|  | 6    |   | Gross rents 6a   |                                       |                      |                       |                  |                                 |
|  |      |   | Less: rental expenses 6b   |                                       |                      |                       |                  |                                 |
|  |      |   | Rental income or (loss) 6c   |                                       |                      |                       |                  |                                 |
|  |      |   | Net rental income or (loss)  Gross amount from sales of (i) Securities | (ii) Other                            |                      |                       |                  |                                 |
|  | ′    | а | (7   | (ii) Other                            |                      |                       |                  |                                 |
|  |      |   | assets other than inventory 7a   |                                       |                      |                       |                  |                                 |
| o  |      | b | Less: cost or other basis  |                                       |                      |                       |                  |                                 |
| Revenue  |      |   | and sales expenses   |                                       |                      |                       |                  |                                 |
| eve  |      |   | Gain or (loss) 7c  |                                       |                      |                       |                  |                                 |
| er R   |      |   | Net gain or (loss)   | <b>D</b>                              |                      |                       |                  |                                 |
| Othe   | 8    | а | Gross income from fundraising events (not                              |                                       |                      |                       |                  |                                 |
| 0  |      |   | including \$ of  |                                       |                      |                       |                  |                                 |
|  |      |   | contributions reported on line 1c). See                                | 105 212                               |                      |                       |                  |                                 |
|  |      |   |  | 105,313.                              |                      |                       |                  |                                 |
|  |      |   | Less: direct expenses 81   | · · · · · · · · · · · · · · · · · · · | 70 202               |                       |                  | 70 202                          |
|  |      |   | Net income or (loss) from fundraising events                           | <b></b>                               | 70,302.              |                       |                  | 70,302.                         |
|  | 9    | а | Gross income from gaming activities. See                               |                                       |                      |                       |                  |                                 |
|  |      |   | Part IV, line 19   | _                                     |                      |                       |                  |                                 |
|  |      |   | Less: direct expenses 9  | -                                     |                      |                       |                  |                                 |
|  |      |   | Net income or (loss) from gaming activities                            | <u> </u>                              |                      |                       |                  |                                 |
|  | 10   | а | Gross sales of inventory, less returns                                 |                                       |                      |                       |                  |                                 |
|  |      |   | and allowances 10  |                                       |                      |                       |                  |                                 |
|  |      |   | Less: cost of goods sold10   |                                       |                      |                       |                  |                                 |
|  |      | С | Net income or (loss) from sales of inventory                           |                                       |                      |                       |                  |                                 |
| <u>s</u>   |      |   |  | Business Code                         |                      |                       |                  |                                 |
| eon  | 11   | а |  |                                       |                      |                       |                  |                                 |
| Miscellaneous<br>Revenue                               |      | b |  |                                       |                      |                       |                  |                                 |
| Sel<br>Se  |      | С |  |                                       |                      |                       |                  |                                 |
| Mis  |      | d | All other revenue  |                                       |                      |                       |                  |                                 |
|  |      |   | Total. Add lines 11a-11d   |                                       |                      |                       |                  |                                 |
|  | 12   |   | Total revenue. See instructions  | <b></b>                               | 774,789.             | 0.                    | 0.               | 70,651.                         |

### 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).

| Da      | Check if Schedule O contains a respon   | (A)            | this Part IX                | (C)                             | (D)                  |
|---------|---|----------------|-----------------------------|---------------------------------|----------------------|
|         | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                              | Total expenses | Program service<br>expenses | Management and general expenses | Fundraising expenses |
| 1       | Grants and other assistance to domestic organizations   |                |                             |                                 |                      |
|         | and domestic governments. See Part IV, line 21  |                |                             |                                 |                      |
| 2       | Grants and other assistance to domestic   |                |                             |                                 |                      |
| _       | individuals. See Part IV, line 22   |                |                             |                                 |                      |
| 3       | Grants and other assistance to foreign  |                |                             |                                 |                      |
|         | organizations, foreign governments, and foreign   |                |                             |                                 |                      |
| 4       | individuals. See Part IV, lines 15 and 16   |                |                             |                                 |                      |
| 4       | Benefits paid to or for members   |                |                             |                                 |                      |
| 5       | Compensation of current officers, directors,  | 82,007.        | 65,606.                     | 12,301.                         | 4,100                |
| 6       | trustees, and key employees  Compensation not included above to disqualified                            | 02,007.        | 03,000.                     | 12,301.                         | 4,100                |
| 6       | persons (as defined under section 4958(f)(1)) and   |                |                             |                                 |                      |
|         | paragna described in costion (0F0(a)(0)(D)  |                |                             |                                 |                      |
| 7       |   | 338,373.       | 270,698.                    | 50,756.                         | 16,919               |
| 7<br>8  | Other salaries and wages Pension plan accruals and contributions (include                               | 330,3131       | 270,050                     | 30,730                          | 10,010               |
| 0       | section 401(k) and 403(b) employer contributions)   |                |                             |                                 |                      |
| 9       | Other employee benefits   | 33,273.        | 26,618.                     | 4,991.                          | 1,664                |
| 9<br>10 | Payroll taxes   | 36,854.        | 29,483.                     | 5,528.                          | 1,843                |
| 11      | Fees for services (nonemployees):   | 30,0320        | 254,203.                    | 5,520.                          |                      |
| ··      |   |                |                             |                                 |                      |
| b       |   |                |                             |                                 |                      |
| c       |   | 1,500.         | 1,500.                      |                                 |                      |
|         | Lobbying  |                | =/***                       |                                 |                      |
| e       | D ( )   (   )   )   O D   N     17  |                |                             |                                 |                      |
| f       | Investment management fees  |                |                             |                                 |                      |
| g       | // //   |                |                             |                                 |                      |
| ŭ       | column (A), amount, list line 11g expenses on Sch O.)   |                |                             |                                 |                      |
| 12      | Advertising and promotion   | 12,584.        | 11,784.                     |                                 | 800                  |
| 13      | Office expenses   | 16,915.        | 12,019.                     | 251.                            | 4,645                |
| 14      | Information technology  | 8,944.         | 8,944.                      |                                 |                      |
| 15      | Royalties   |                |                             |                                 |                      |
| 16      | Occupancy   | 58,153.        | 58,153.                     |                                 |                      |
| 17      | Travel  | 6,111.         | 5,689.                      | 266.                            | 156                  |
| 18      | Payments of travel or entertainment expenses  |                |                             |                                 |                      |
|         | for any federal, state, or local public officials   |                |                             |                                 |                      |
| 19      | Conferences, conventions, and meetings  |                |                             |                                 |                      |
| 20      | Interest  |                |                             |                                 |                      |
| 21      | Payments to affiliates  |                |                             |                                 | <u></u>              |
| 22      | Depreciation, depletion, and amortization   |                |                             |                                 |                      |
| 23      | Insurance   | 8,540.         | 8,540.                      |                                 |                      |
| 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 0.)  |                |                             |                                 |                      |
| а       | PROGRAM SERVICES AND SU   | 103,707.       | 102,957.                    |                                 | 750                  |
| b       | FUNDRAISING EXPENSES  | 21,425.        | 19,911.                     | 1,496.                          | 18                   |
| С       | EQUIPMENT   | 5,400.         | 5,398.                      |                                 | 2                    |
| d       | PRINTING  | 5,365.         | 3,457.                      |                                 | 1,908                |
| е       | · — — — — — — — — — — — — — — — — — — —   | 3,136.         | 2,206.                      | 601.                            | 329                  |
| 25      | Total functional expenses. Add lines 1 through 24e  | 742,287.       | 632,963.                    | 76,190.                         | 33,134               |
| 26      | <b>Joint costs.</b> 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)  |                |                             |                                 |                      |

| Pai                         | πX  | Balance Sheet  |                          |     |                           |
|-----------------------------|-----|--|--------------------------|-----|---------------------------|
|                             |     | Check if Schedule O contains a response or note to any line in this F                            |                          |     |                           |
|                             |     |  | (A)<br>Beginning of year |     | <b>(B)</b><br>End of year |
|                             | 1   | Cash - non-interest-bearing  | 263,293.                 | 1   | 264,130.                  |
|                             | 2   | Savings and temporary cash investments   |                          | 2   | 192,481                   |
|                             | 3   | Pledges and grants receivable, net   |                          | 3   |                           |
|                             | 4   | Accounts receivable, net   |                          | 4   | 74,350                    |
|                             | 5   | Loans and other receivables from any current or former officer, direct                           |                          |     |                           |
|                             |     | trustee, key employee, creator or founder, substantial contributor, or                           | r 35%                    |     |                           |
|                             |     | controlled entity or family member of any of these persons                                       |                          | 5   |                           |
|                             | 6   | Loans and other receivables from other disqualified persons (as defi                             | ned                      |     |                           |
|                             |     | under section 4958(f)(1)), and persons described in section 4958(c)(                             | 3)(B)                    | 6   |                           |
| ţ                           | 7   | Notes and loans receivable, net  |                          | 7   |                           |
| Assets                      | 8   | Inventories for sale or use  |                          | 8   |                           |
| ⋖                           | 9   | Prepaid expenses and deferred charges  | 12,616.                  | 9   | 14,947                    |
|                             | 10a | Land, buildings, and equipment: cost or other  |                          |     |                           |
|                             |     | basis. Complete Part VI of Schedule D 10a  |                          |     |                           |
|                             | b   | Less: accumulated depreciation 10b   |                          | 10c |                           |
|                             | 11  | Investments - publicly traded securities   |                          | 11  |                           |
|                             | 12  | Investments - other securities. See Part IV, line 11   |                          | 12  |                           |
|                             | 13  | Investments - program-related. See Part IV, line 11  |                          | 13  |                           |
|                             | 14  | Intangible assets  |                          | 14  |                           |
|                             | 15  | Other assets. See Part IV, line 11   | 12,590.                  | 15  | 12,590                    |
|                             | 16  | Total assets. Add lines 1 through 15 (must equal line 33)  |                          | 16  | 558,498                   |
|                             | 17  | Accounts payable and accrued expenses  |                          | 17  | 14,769                    |
|                             | 18  | Grants payable   |                          | 18  | 100 150                   |
|                             | 19  | Deferred revenue   |                          | 19  | 100,150                   |
|                             | 20  | Tax-exempt bond liabilities  |                          | 20  |                           |
|                             | 21  | Escrow or custodial account liability. Complete Part IV of Schedule I                            | D                        | 21  |                           |
| Liabilities                 | 22  | Loans and other payables to any current or former officer, director,                             |                          |     |                           |
| ≝                           |     | trustee, key employee, creator or founder, substantial contributor, or                           |                          |     |                           |
| ä                           |     | 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 thin                        |                          |     |                           |
|                             |     | parties, and other liabilities not included on lines 17-24). Complete P                          | art X                    | 25  |                           |
|                             | 06  | of Schedule D  | 107,379.                 | 26  | 114,919                   |
|                             | 26  | Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here ▶ | 107,373.                 | 20  | 111,010                   |
| es                          |     | and complete lines 27, 28, 32, and 33.   |                          |     |                           |
| auc                         | 27  | Net assets without donor restrictions  |                          | 27  |                           |
| Bali                        | 28  | Net assets with donor restrictions   |                          | 28  |                           |
| <u> </u>                    | 20  | Organizations that do not follow FASB ASC 958, check here  |                          | 20  |                           |
| Ī                           |     | and complete lines 29 through 33.  |                          |     |                           |
| Š                           | 29  | Capital stock or trust principal, or current funds   | 0.                       | 29  | 0                         |
| šets                        | 30  | Paid-in or capital surplus, or land, building, or equipment fund                                 |                          | 30  | 0                         |
| As                          | 31  | Retained earnings, endowment, accumulated income, or other funds                                 | 444 000                  | 31  | 443,579                   |
| Net Assets or Fund Balances | 32  | Total net assets or fund balances  |                          | 32  | 443,579                   |
| _                           | 33  | Total liabilities and net assets/fund balances   |                          | 33  | 558,498                   |

| Pa       | rt 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 2        |     | $\frac{4}{2}, 7$ |              |
| 2        | Total expenses (must equal Part IX, column (A), line 25)   |            |     | 2,5              |              |
| 3        | Revenue less expenses. Subtract line 2 from line 1   | 3          |     | $\frac{2}{1}, 0$ |              |
| 4        | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  | 4          | 41. | 1,0              | <i>/ / •</i> |
| 5        | Net unrealized gains (losses) on investments   | 5          |     |                  |              |
| 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         | 44. | 3,5              | <u> </u>     |
| Ра       | rt XII Financial Statements and Reporting  |            |     |                  |              |
|          | Check if Schedule O contains a response or note to any line in this Part XII   |            |     |                  | <u> </u>     |
| 1        | Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul                        | e O.       |     | Yes              | No           |
| 2a       |  |            | 2a  |                  | Х            |
|          | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed  |            |     |                  |              |
| <b>L</b> | separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant? |            | 2b  |                  | X            |
| D        | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat  |            | 20  |                  |              |
|          | consolidated basis, or both:   | e basis,   |     |                  |              |
|          | Separate basis Consolidated basis Both consolidated and separate basis   |            |     |                  |              |
| С        | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the   |            |     |                  |              |
|          | review, or compilation of its financial statements and selection of an independent accountant?   |            | 2c  |                  |              |
|          | If the organization changed either its oversight process or selection process during the tax year, explain on Sci  |            |     |                  |              |
| 3a       | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si   | ngle Audit |     |                  | 37           |
|          | Act and OMB Circular A-133?  |            | 3a  |                  | <u> </u>     |
| b        | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ  |            |     |                  |              |
|          | or audits, explain why on Schedule O and describe any steps taken to undergo such audits   |            | 3b  |                  |              |

### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization KEEP TRUCKEE MEADOWS BEAUTIFUL 88-0254957 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) 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 X 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. ☐ 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

### 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.)

| Sec  | ction A. Public Support                      |                       |                     |                          |                      |                     |                 |
|------|--|-----------------------|---------------------|--------------------------|----------------------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in)      | (a) 2017              | <b>(b)</b> 2018     | (c) 2019                 | (d) 2020             | (e) 2021            | (f) Total       |
| 1    | Gifts, grants, contributions, and            |                       |                     |                          |                      |                     |                 |
|      | membership fees received. (Do not            |                       |                     |                          |                      |                     |                 |
|      | include any "unusual grants.")               |                       |                     |                          |                      |                     |                 |
| 2    | Tax revenues levied for the organ-           |                       |                     |                          |                      |                     |                 |
| _    | ization's benefit and either paid to         |                       |                     |                          |                      |                     |                 |
|      | or expended on its behalf                    |                       |                     |                          |                      |                     |                 |
| 2    | The value of services or facilities          |                       |                     |                          |                      |                     |                 |
| 3    | furnished by a governmental unit to          |                       |                     |                          |                      |                     |                 |
|      | the organization without charge              |                       |                     |                          |                      |                     |                 |
|      | •  |                       |                     |                          |                      |                     |                 |
|      | Total. Add lines 1 through 3                 |                       |                     |                          |                      |                     |                 |
| 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)                                   |                       |                     |                          |                      |                     |                 |
| _    | Public support. Subtract line 5 from line 4. |                       |                     |                          |                      |                     |                 |
|      | ction B. Total Support                       |                       |                     |                          |                      |                     |                 |
| Cale | ndar year (or fiscal year beginning in) 🕨    | (a) 2017              | <b>(b)</b> 2018     | (c) 2019                 | (d) 2020             | (e) 2021            | (f) Total       |
| 7    | Amounts from line 4                          |                       |                     |                          |                      |                     |                 |
| 8    | Gross income from interest,                  |                       |                     |                          |                      |                     |                 |
|      | dividends, payments received on              |                       |                     |                          |                      |                     |                 |
|      | securities loans, rents, royalties,          |                       |                     |                          |                      |                     |                 |
|      | and income from similar sources              |                       |                     |                          |                      |                     |                 |
| 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        |                       |                     |                          |                      |                     |                 |
| 12   | Gross receipts from related activities,      | etc. (see instruction | ons)                |                          |                      | 12                  |                 |
| 13   | First 5 years. If the Form 990 is for th     | ne organization's fir | rst, second, third, | fourth, or fifth tax     | year as a section    | 501(c)(3)           |                 |
|      | organization, check this box and stop        |                       |                     |                          |                      |                     | <u></u> ▶□      |
| Sec  | ction C. Computation of Publ                 | ic Support Pe         | rcentage            |                          |                      |                     |                 |
| 14   | Public support percentage for 2021 (         | ine 6, column (f), d  | divided by line 11, | column (f))              |                      | 14                  | %               |
|      | Public support percentage from 2020          |                       |                     |                          |                      | 15                  | %               |
| 16a  | 33 1/3% support test - 2021. If the o        | organization did no   | ot check the box o  | n line 13, and line      | 14 is 33 1/3% or r   | more, check this bo | x and           |
|      | stop here. The organization qualifies        | as a publicly supp    | orted organization  | ١                        |                      |                     | ▶□              |
| b    | 33 1/3% support test - 2020. If the          | organization did no   | ot check a box on   | ine 13 or 16a, and       | d line 15 is 33 1/3% | 6 or more, check th | nis box         |
|      | and stop here. The organization qual         | ifies as a publicly s | supported organiz   | ation                    |                      |                     | ▶□              |
| 17a  | 10% -facts-and-circumstances tes             | t - 2021. If the org  | anization did not o | check a box on line      | e 13, 16a, or 16b,   | and line 14 is 10%  | or more,        |
|      | and if the organization meets the fact       | s-and-circumstanc     | es test, check this | s box and <b>stop he</b> | ere. Explain in Part | VI how the organiz  | ation           |
|      | meets the facts-and-circumstances to         | est. The organization | on qualifies as a p | ublicly supported        | organization         |                     |                 |
| b    | 10% -facts-and-circumstances tes             | t - 2020. If the org  | anization did not d | check a box on lin       | e 13, 16a, 16b, or   | 17a, and line 15 is | 10% or          |
|      | more, and if the organization meets the      |                       |                     |                          |                      |                     |                 |
|      | organization meets the facts-and-circ        |                       |                     |                          | -                    |                     | <b>&gt;</b>     |
| 18   | Private foundation. If the organization      |                       | -                   | •                        |                      |                     | s               |
|      |  |                       |                     |                          |                      |                     | (Form 990) 2021 |

Schedule A (Form 990) 2021

### 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.)

| Sec  | qualify under the tests listed b  | elow, please comp         | olete Part II.)          |                      |                      |                       |  |  |
|------|---|---------------------------|--------------------------|----------------------|----------------------|-----------------------|--|--|
|      | endar year (or fiscal year beginning in)  | (a) 2017                  | (b) 2019                 | (a) 2010             | (d) 2020             | (a) 2021              | (f) Total                              |  |
|      |   | (a) 2017                  | <b>(b)</b> 2018          | (c) 2019             | (a) 2020             | (e) 2021              | (I) Total                              |  |
| '    | Gifts, grants, contributions, and membership fees received. (Do not   |                           |                          |                      |                      |                       |  |  |
|      | include any "unusual grants.")  | 759,185.                  | 880,490.                 | 936,275.             | 904,878.             | 770,897.              | 4,251,725.                             |  |
| 0    |   | 733,103.                  | 000,400.                 | 330,273.             | 504,070.             | 770,057.              | 4,231,723.                             |  |
| 2    | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, 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 bus-<br>iness under section 513   |                           |                          |                      |                      |                       |  |  |
| 4    | Tax revenues levied for the organ-  |                           |                          |                      |                      |                       |  |  |
|      | ization's benefit and either paid to  |                           |                          |                      |                      |                       |  |  |
|      | or expended on its behalf   | 32,133.                   | 27,385.                  | 30,139.              | 25,307.              | 38,554.               | 153,518.                               |  |
| 5    | The value of services or facilities   |                           |                          |                      |                      |                       |  |  |
|      | furnished by a governmental unit to   |                           |                          |                      |                      |                       |  |  |
|      | the organization without charge   |                           |                          |                      |                      |                       |  |  |
| 6    | Total. Add lines 1 through 5  | 791,318.                  | 907,875.                 | 966,414.             | 930,185.             | 809,451.              | 4,405,243.                             |  |
| 78   | Amounts included on lines 1, 2, and   |                           |                          |                      |                      |                       |  |  |
|      | 3 received from disqualified persons  |                           |                          |                      |                      |                       | 0.                                     |  |
| k    | 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  |                           |                          |                      |                      |                       | 0.                                     |  |
| c    | Add lines 7a and 7b   |                           |                          |                      |                      |                       | 0.                                     |  |
| 8    | Public support. (Subtract line 7c from line 6.)   |                           |                          |                      |                      |                       | 4,405,243.                             |  |
| Se   | ction B. Total Support  |                           |                          |                      |                      |                       |  |  |
| Cale | endar year (or fiscal year beginning in)  | (a) 2017<br>791, 318.     | <b>(b)</b> 2018          | (c) 2019             | (d) 2020<br>930,185. | (e) 2021<br>809, 451. | (f) Total                              |  |
| 9    | Amounts from line 6   | 791,318.                  | 907,875.                 | 966,414.             | 930,185.             | 809,451.              | 4,405,243.                             |  |
| 10a  | Gross income from interest,   |                           |                          |                      |                      |                       |  |  |
|      | dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources   | 639.                      | 2,714.                   | 3,251.               | 71.                  | 349.                  | 7,024.                                 |  |
| ŀ    | Unrelated business taxable income   |                           | _,                       | 7 - 2 - 1            |                      |                       | .,                                     |  |
| •    | (less section 511 taxes) from businesses  |                           |                          |                      |                      |                       |  |  |
|      | acquired after June 30, 1975  | 630                       | 0 714                    | 2 251                | 71                   | 240                   | 7 004                                  |  |
|      | Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b,  | 639.                      | 2,714.                   | 3,251.               | 71.                  | 349.                  | 7,024.                                 |  |
|      | whether or not the business is regularly carried on   |                           |                          |                      |                      |                       |  |  |
| 12   | Other income. Do not include gain or loss from the sale of capital  |                           |                          |                      |                      |                       |  |  |
| 13   | assets (Explain in Part VI.)  | 791,957.                  | 910,589.                 | 969,665.             | 930,256.             | 809,800.              | 4,412,267.                             |  |
|      | First 5 years. If the Form 990 is for th  |                           | -                        | -                    | -                    | -                     |  |  |
|      | check this box and stop here  | <b>9</b>                  |                          |                      |                      |                       | <b>&gt;</b>                            |  |
| Sec  | ction C. Computation of Publ  | ic Support Pe             |                          |                      |                      |                       |  |  |
|      | Public support percentage for 2021 (I   |                           |                          | column (f))          |                      | 15                    | 99.84 %                                |  |
|      | Public support percentage from 2020   |                           |                          |                      |                      | 16                    | 99.83 %                                |  |
|      | ction D. Computation of Inves   |                           |                          |                      |                      |                       |  |  |
|      | Investment income percentage for 20   |                           |                          | ne 13. column (f))   |                      | 17                    | .16 %                                  |  |
|      | Investment income percentage from 2   |                           |                          |                      |                      | 18                    | .17 %                                  |  |
|      |   |                           |                          |                      |                      |                       |  |  |
|      | 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization |                           |                          |                      |                      |                       |  |  |
| k    | 33 1/3% support tests - 2020. If the  |                           |                          |                      |                      |                       | ······································ |  |
|      | line 18 is not more than 33 1/3%, che   | ck this box and <b>st</b> | <b>op here.</b> The orga | nization qualifies a | is a publicly suppo  | rted organization     | ▶∐                                     |  |
| 20   | Private foundation. If the organizatio  | n did not check a         | box on line 14, 19       | a, or 19b, check th  | nis box and see ins  | structions            | ▶□                                     |  |

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|     | Yes | No |
|-----|-----|----|
|     |     |    |
| 1   |     |    |
|     |     |    |
| 2   |     |    |
| 3a  |     |    |
|     |     |    |
| 3b  |     |    |
| _   |     |    |
| 3с  |     |    |
| 4a  |     |    |
|     |     |    |
| 4b  |     |    |
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| 4c  |     |    |
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| 5a  |     |    |
| 5b  |     |    |
| 5c  |     |    |
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| 8   |     |    |
| 9a  |     |    |
|     |     |    |
| 9b  |     |    |
| 9с  |     |    |
|     |     |    |
| 10a |     |    |
| 10b |     |    |

| Par  | t IV Su      | pporting Organizations (continued)  |          |     |    |
|------|--------------|---|----------|-----|----|
|      | •            | , contract,   |          | Yes | No |
| 11   | Has the or   | ganization accepted a gift or contribution from any of the following persons?   |          |     |    |
| а    | A person v   | who directly or indirectly controls, either alone or together with persons described on lines 11b and   |          |     |    |
|      |              | the governing body of a supported organization?   | 11a      |     |    |
| b    |              | ember of a person described on line 11a above?  | 11b      |     |    |
| С    | A 35% coi    | ntrolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide  |          |     |    |
|      | detail in Pa | ·   | 11c      |     |    |
| Sec  |              | ype I Supporting Organizations  |          |     |    |
|      |              |   |          | Yes | No |
| 1    | Did the go   | verning body, members of the governing body, officers acting in their official capacity, or membership of one or  |          |     |    |
|      | more supp    | orted organizations have the power to regularly appoint or elect at least a majority of the organization's officers,  |          |     |    |
|      |              | or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)  |          |     |    |
|      |              | operated, supervised, or controlled the organization's activities. If the organization had more than one supported in, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the |          |     |    |
|      | •            | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | 1        |     |    |
| 2    |              | ganization operate for the benefit of any supported organization other than the supported   |          |     |    |
|      |              | on(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in  |          |     |    |
|      | ū            | w providing such benefit carried out the purposes of the supported organization(s) that operated,   |          |     |    |
|      |              | l, or controlled the supporting organization.   | 2        |     |    |
| Sect |              | ype II Supporting Organizations   |          |     |    |
|      |              |   |          | Yes | No |
| 1    | Were a ma    | jority 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 manage    | ment of the supporting organization was vested in the same persons that controlled or managed   |          |     |    |
|      | the suppo    | rted organization(s).   | 1        |     |    |
| Sec  | tion D. A    | II Type III Supporting Organizations  |          |     |    |
|      |              |   |          | Yes | No |
| 1    | Did the org  | ganization provide to each of its supported organizations, by the last day of the fifth month of the  |          |     |    |
|      | organizatio  | on'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   |          |     |    |
|      | organizatio  | on's governing documents in effect on the date of notification, to the extent not previously provided?  | 1        |     |    |
| 2    | Were any     | of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   |          |     |    |
|      | organizatio  | on(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how  |          |     |    |
|      | the organiz  | ration maintained a close and continuous working relationship with the supported organization(s).   | 2        |     |    |
| 3    | By reason    | of the relationship described on line 2, above, did the organization's supported organizations have a   |          |     |    |
|      | significant  | voice in the organization's investment policies and in directing the use of the organization's  |          |     |    |
|      | income or    | assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's  |          |     |    |
|      |              | organizations played in this regard.  | 3        |     |    |
| Sec  | tion E. T    | ype 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 yea(see instructions)  |          |     |    |
| а    | The          | organization satisfied the Activities Test. Complete line 2 below.  |          |     |    |
| b    | The          | organization is the parent of each of its supported organizations. Complete line 3 below.   |          |     |    |
| С    | L The        | organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see in  | structio |     |    |
| 2    | Activities 7 | est. Answer lines 2a and 2b below.  |          | Yes | No |
| а    | Did substa   | intially all of the organization's activities during the tax year directly further the exempt purposes of   |          |     |    |
|      | the suppo    | ted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify  |          |     |    |
|      | those sup    | ported organizations and explain how these activities directly furthered their exempt purposes,   |          |     |    |
|      | how the or   | ganization was responsive to those supported organizations, and how the organization determined   |          |     |    |
|      | that these   | activities constituted substantially all of its activities.   | 2a       |     |    |
| b    | Did the ac   | tivities described on line 2a, above, constitute activities that, but for the organization's involvement,   |          |     |    |
|      |              | re of the organization's supported organization(s) would have been engaged in? If "Yes," explain in   |          |     |    |
|      |              | reasons for the organization's position that its supported organization(s) would have engaged in  |          |     |    |
|      | these activ  | ities but for the organization's involvement.   | 2b       |     |    |
| 3    | Parent of S  | Supported Organizations. Answer lines 3a and 3b below.  |          |     |    |
| а    | _            | ganization have the power to regularly appoint or elect a majority of the officers, directors, or   |          |     |    |
|      |              | each of the supported organizations? If "Yes" or "No" provide details in Part VI.   | 3a       |     |    |
| b    | Did the org  | ganization 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.

3b

3chedule A (Form 990) 2021

| Sche                             | dule A (Form 990) 2021 KEEP TRUCKEE MEADOWS BEA  | UTI     | FUL            | 88-0254957 Page 6              |
|----------------------------------|--|---------|----------------|--------------------------------|
| Pai                              | t V Type III Non-Functionally Integrated 509(a)(3) Supporting  | Org     | anizations     | <del>-</del>                   |
| 1                                | Check here if the organization satisfied the Integral Part Test as a qualifying                            |         | , , ,          | ,                              |
|                                  | All other Type III non-functionally integrated supporting organizations must display a Adjusted Net Income | Jonnpie |                | (B) Current Year               |
| Section A - Adjusted Net Income  |  |         | (A) Prior 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<br>(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      |                |                                |
| С                                | Fair market value of other non-exempt-use assets   | 1c      |                |                                |
|                                  | Total (add lines 1a, 1b, and 1c)   | 1d      |                |                                |
| е                                | Discount claimed for blockage or other factors   |         |                |                                |
|                                  | (explain in detail in <b>Part VI</b> ):  |         |                |                                |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets   | 2       |                |                                |
| 3                                | Subtract line 2 from line 1d.  | 3       |                |                                |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,                                |         |                |                                |
|                                  | see instructions).   | 4       |                |                                |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5       |                |                                |
| 6                                | Multiply line 5 by 0.035.  | 6       |                |                                |
| 7                                | Recoveries of prior-year distributions   | 7       |                |                                |
| 8                                | Minimum Asset Amount (add line 7 to line 6)  | 8       |                |                                |
| Section C - Distributable Amount |  |         |                | Current Year                   |
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)                                      | 1       |                |                                |
| 2                                | Enter 0.85 of line 1.  | 2       |                |                                |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)                                     | 3       |                |                                |

\_\_ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

| Section E - Distribution Allocations (see instructions) |   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2021 | (iii)<br>Distributable<br>Amount for 2021 |
|---|---|-----------------------------|--|---|
| 1   | Distributable amount for 2021 from Section C, line 6          |                             |  |   |
| 2   | Underdistributions, if any, for years prior to 2021 (reason-  |                             |  |   |
|   | able cause required - explain in Part VI). See instructions.  |                             |  |   |
| _3  | Excess distributions carryover, if any, to 2021               |                             |  |   |
| а   | From 2016   |                             |  |   |
| b   | From 2017   |                             |  |   |
| С   | From 2018   |                             |  |   |
| d   | From 2019   |                             |  |   |
| е   | From 2020   |                             |  |   |
| f   | Total of lines 3a through 3e                                  |                             |  |   |
| g   | Applied to underdistributions of prior years                  |                             |  |   |
| h   | Applied to 2021 distributable amount                          |                             |  |   |
| i   | Carryover from 2016 not applied (see instructions)            |                             |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.        |                             |  |   |
| 4   | Distributions for 2021 from Section D,                        |                             |  |   |
|   | line 7: \$  |                             |  |   |
| а   | Applied to underdistributions of prior years                  |                             |  |   |
| b   | Applied to 2021 distributable amount                          |                             |  |   |
| С   | Remainder. Subtract lines 4a and 4b from line 4.              |                             |  |   |
| 5   | Remaining underdistributions for years prior to 2021, if      |                             |  |   |
|   | any. Subtract lines 3g and 4a from line 2. For result greater |                             |  |   |
|   | than zero, explain in Part VI. See instructions.              |                             |  |   |
| 6   | Remaining underdistributions for 2021. Subtract lines 3h      |                             |  |   |
|   | and 4b from line 1. For result greater than zero, explain in  |                             |  |   |
|   | Part VI. See instructions.                                    |                             |  |   |
| 7   | Excess distributions carryover to 2022. Add lines 3j          |                             |  |   |
|   | and 4c.   |                             |  |   |
| 8   | Breakdown of line 7:  |                             |  |   |
| а   | Excess from 2017  |                             |  |   |
| b   | Excess from 2018  |                             |  |   |
| С   | Excess from 2019  |                             |  |   |
| d   | Excess from 2020  |                             |  |   |
| е   | Excess from 2021  |                             |  |   |

Schedule A (Form 990) 2021

| Corredate 71 | (1 0 111 0 0 0 ) 2021   |
|--------------|---|
| Part VI      | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

➤ Attach to Form 990 or Form 990-PF.

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

2021

OMB No. 1545-0047

Name of the organization

Employer identification number

Schedule B (Form 990) (2021)

KEEP TRUCKEE MEADOWS BEAUTIFUL

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

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| Organization type (check one): |   |   |  |  |  |  |
|--------------------------------|---|---|--|--|--|--|
| Filers of:                     |   | Section:  |  |  |  |  |
| Form 990 or 990-EZ             |   | $\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization  |  |  |  |  |
|                                |   | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation  |  |  |  |  |
|                                |   | 527 political organization  |  |  |  |  |
| Form 99                        | 0-PF  | 501(c)(3) exempt private foundation   |  |  |  |  |
|                                |   | 4947(a)(1) nonexempt charitable trust treated as a private foundation   |  |  |  |  |
|                                |   | 501(c)(3) taxable private foundation  |  |  |  |  |
|                                | ,   | covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.  |  |  |  |  |
| General                        | Rule  |   |  |  |  |  |
| X                              |   | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.  |  |  |  |  |
| Special                        | Rules   |   |  |  |  |  |
|                                | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.  |   |  |  |  |  |
|                                | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.   |   |  |  |  |  |
|                                | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{1}{2} \rightarrow 1 |   |  |  |  |  |
| answer "                       | No" on Part IV, line  | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990). |  |  |  |  |

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

### KEEP TRUCKEE MEADOWS BEAUTIFUL

88-0254957

| Part I      | Contributors (see instructions). Use duplicate copies of Part I if additional                                    | I space is needed.         |  |
|-------------|--|----------------------------|--|
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution   |
| 1           | TRUCKEE RIVER FUND AT THE COMMUNITY FOUNDATION OF WESTERN NE  50 WASHINGTON STREET, STE 300  RENO, NV 89503-5660 | \$50,412.                  | Person X Payroll   |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 2           | NV ENERGY  |                            | Person X   |
|             | PO BOX 10100  RENO, NV 89520-0024  | \$30,000.                  | Payroll Noncash (Complete Part II for noncash contributions.)          |
| (a)         | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d) Type of contribution   |
| 3           | WASHOE COUNTY HEALTH PO BOX 11130 RENO, NV 89520-0027  | \$80,000.                  | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution   |
| 4           | TESLA  1 ELECTRIC AVENUE  SPARKS, NV 89437-4429  | \$80,256.                  | Person X Payroll   |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 5           | CITY OF SPARKS  PO BOX 857  SPARKS, NV 89432-0857  | \$ 15,814.                 | Person X Payroll   |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 6           | WASTE MANAGMENT  |                            | Person X   |
|             | 100 VASSAR ST  | \$13,000.                  | Payroll Noncash (Complete Part II for                                  |
| 123452 11-1 | RENO, NV 89502-2815  |                            | noncash contributions.)  |

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

### KEEP TRUCKEE MEADOWS BEAUTIFUL

88-0254957

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. |     |                            |   |  |
|------------|--|-----|----------------------------|---|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  |     | (c)<br>Total contributions | (d)<br>Type of contribution   |  |
| 7          | WELLS FARGO FOUNDATION  3800 HOWARD HUGES PARKWAY, 3RD FLOOR  LAS VEGAS, NV 89169              | \$  | 11,000.                    | Person X Payroll  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  |     | (c)<br>Total contributions | (d)<br>Type of contribution   |  |
| 8          | REI 225 HARVARD WAY RENO, NV 89502-2815  | \$_ | 6,400.                     | Person X Payroll  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | -   | (c)<br>Total contributions | (d)<br>Type of contribution   |  |
| 9          | SUN VALLEY GENERAL IMPROVEMENT DISTRICT  5000 SUN VALLEY BLVD  SUN VALLEY, NV 89433            | \$  | 5,000.                     | Person X Payroll  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  |     | (c)<br>Total contributions | (d)<br>Type of contribution   |  |
| 10         | TROUT UNLIMITED - SAGEBRUSH CHAPTER  3983 S. MCCARRAN BLVD. # 274  RENO, NV 89502              | \$  | 6,000.                     | Person X Payroll  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | _   | (c)<br>Total contributions | (d)<br>Type of contribution   |  |
| 11         | UPS FOUNDATION, INC  55 GLENLAKE PARKWAY NE  ATLANTA, GA 30328                                 | \$  | 16,100.                    | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  |     | (c)<br>Total contributions | (d)<br>Type of contribution   |  |
| 12         | RENOWN HEALTH  50 W LIBERTY STREET  RENO, NV 89501-1940  | \$  | 5,000.                     | Person X Payroll  |  |

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

#### KEEP TRUCKEE MEADOWS BEAUTIFUL

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | al space is needed.        |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 13         | BILL SWIGERT FUND 610 ESTHER STREET, SUITE 201 VANCOUVER, WA 98660            | \$10,000.                  | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 14         | NOW FOODS  244 KNOLLWOOD DRIVE  BLOOMINGDALE, IL 60117                        | \$ 27,760.                 | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 15         | CITY OF RENO PO BOX 1900 RENO, NV 89505                                       | \$16,000.                  | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 16         | MERCHOLOGY  1273 SPICE ISLANDS DR  SPARKS, NV 89431-6512                      | \$                         | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 17         | MOLSON COORS  250 S WACKER DR  CHICAGO, IL 60606                              | \$                         | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 18         | PANASONIC  294 E MOANA LN STE 18  RENO, NV 89502-4634                         | \$                         | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

#### KEEP TRUCKEE MEADOWS BEAUTIFUL

| TAMI LEVINE  | Part I | Contributors (see instructions). Use duplicate copies of Part I if additional              | ıl space is needed. |   |
|--|--------|--|---------------------|---|
| 2255 EAGLE BEND CT   |        |  |                     | (d) Type of contribution                |
| No.  | 19     | 2255 EAGLE BEND CT   | \$5,200.            | Payroll                                 |
| 2478 FAIRVIEW DR #A  CARSON CITY, NV 89701  (a) No. Name, address, and ZIP + 4  PROTECTION IRICHARD BRYAN BUILDING, 901 S STEWART ST # 4001  (a) No. Name, address, and ZIP + 4  (b) No. Name, address, and ZIP + 4  CARSON CITY, NV 89701  (c) (d) Type of contributions  Person Year of the payroll of the payro |        |  |                     | (d) Type of contribution                |
| Name, address, and ZIP + 4   Total contributions   Type of contributions   | 20     | 2478 FAIRVIEW DR #A  | \$ 60,000.          | Payroll                                 |
| PROTECTION   |        | Name, address, and ZIP + 4   |                     | (d)<br>Type of contribution             |
| No. Name, address, and ZIP + 4    Total contributions   Type of contributions  | 21     | PROTECTION 1RICHARD BRYAN BUILDING, 901 S STEWART ST # 4001                                | \$                  | Payroll                                 |
| Complete Part II for noncash contributions   Sand ZiP + 4   Sand   |        |  |                     | (d)<br>Type of contribution             |
| No. Name, address, and ZIP + 4  COMMUNITY FOUNDATION OF NORTHERN  NEVADA  50 WASHINGTON ST #300  RENO, NV 89503  (a) No. Name, address, and ZIP + 4  RANCHO SAN RAFAEL PARK  1595 N SIERRA ST  STOTAL contributions  Type of contributions  RANCHO SAN RAFAEL PARK  Person X  Payroll D  Noncash D  Payroll D  Noncash D  Complete Part II for noncash contributions  Type of contributions  (Complete Part II for noncash contributions)  RANCHO SAN RAFAEL PARK  (Complete Part II for noncash contributions)   | 22     | 6000 BARTLEY RANCH RD  | \$13,874.           | Payroll                                 |
| No. Name, address, and ZIP + 4 Total contributions Type of contributions    24 RANCHO SAN RAFAEL PARK   Person X   Payroll   Noncash   (Complete Part II for   | No.    | Name, address, and ZIP + 4  COMMUNITY FOUNDATION OF NORTHERN NEVADA  50 WASHINGTON ST #300 | Total contributions | Type of contribution  Person X  Payroll |
| 1595 N SIERRA ST \$ 8,367.   Payroll Noncash (Complete Part II for   |        |  |                     | (d) Type of contribution                |
| RENO , NV 89503 noncash contributio  | 24     |  | \$8,367.            | Payroll                                 |

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

#### KEEP TRUCKEE MEADOWS BEAUTIFUL

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.           |   |
|------------|---|----------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 25         | SHADOW MOUNTAIN SPORTS COMPLEX  |                            | Person X Payroll  |
|            | 3300 SPARKS BLVD  | \$7,895.                   | Noncash (Complete Part II for   |
|            | SPARKS, NV 89431  |                            | noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 26         | BEFFORT HOUSEHOLD   |                            | Person X  |
|            | 176 GREENRIDGE DR   | \$5,000.                   | Payroll Noncash (Complete Part II for                                 |
|            | RENO, NV 89509  |                            | noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution  |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution  |
|            |   | \$                         | Person Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution  |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)  |

Name of organization

Employer identification number

#### KEEP TRUCKEE MEADOWS BEAUTIFUL

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II if a | additional space is needed.               |                           |
|------------------------------|---|---|---------------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received      |
|                              |   | \$  |                           |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received      |
|                              |   | \$  |                           |
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given                                 | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received      |
|                              |   | \$  |                           |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received      |
|                              |   | \$  | -                         |
| (a)<br>No.<br>rom<br>Part I  | (b)  Description of noncash property given                                | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received      |
|                              |   | \$  |                           |
| (a)<br>No.<br>rom<br>Part I  | (b)  Description of noncash property given                                | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received      |
|                              |   |   |                           |
|                              |   | \$  | Schedule B (Form 990) (20 |

Schedule B (Form 990) (2021) Name of organization **Employer identification number** 88-0254957 KEEP TRUCKEE MEADOWS BEAUTIFUL Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

KEEP TRUCKEE MEADOWS BEAUTIFUL

**Employer identification number** 88-0254957

| Pai |  |  | or Accounts. Complete if the          |
|-----|--|--|---------------------------------------|
|     | organization answered "Yes" on Form 990, Part IV, lir              | (a) Donor advised funds                        | (b) Funds and other accounts          |
| 1   | Total number at end of year  | (a) zone autosa ianas                          | (2) 1 21122 2112 2112                 |
| 2   | Aggregate value of contributions to (during year)                  |  |                                       |
| 3   | Aggregate value of grants from (during year)                       |  |                                       |
| 4   | Aggregate value at end of year                                     |  |                                       |
| 5   | Did the organization inform all donors and donor advisors in       |  | I funde                               |
| 3   | are the organization's property, subject to the organization's     | _  |                                       |
| 6   | Did the organization inform all grantees, donors, and donor a      |  |                                       |
| O   | for charitable purposes and not for the benefit of the donor       |  |                                       |
|     |  |  |                                       |
| Pai |  | ganization answered "Yes" on Form 990. Par     |                                       |
| 1   | Purpose(s) of conservation easements held by the organizat         |  |                                       |
| •   | Preservation of land for public use (for example, recreations)     |  | nistorically important land area      |
|     | Protection of natural habitat                                      |  | certified historic structure          |
|     | Preservation of open space   | Treservation of a c                            | sertified riistorio structure         |
| 2   | Complete lines 2a through 2d if the organization held a quali      | ified conservation contribution in the form of | a conservation easement on the last   |
| _   | day of the tax year.   | inica conscivation contribution in the form of | Held at the End of the Tax Year       |
| а   | Total number of conservation easements                             |  | 2a                                    |
|     | Total acreage restricted by conservation easements                 |  |                                       |
|     | Number of conservation easements on a certified historic st        |  |                                       |
|     | Number of conservation easements included in (c) acquired          |  |                                       |
|     | listed in the National Register                                    |  |                                       |
| 3   | Number of conservation easements modified, transferred, re         |  |                                       |
| Ū   | year >   | stadou, extinguioriou, or terminated by the e  | rgariization dariing the tax          |
| 4   | Number of states where property subject to conservation ea         | asement is located >                           |                                       |
| 5   | Does the organization have a written policy regarding the pe       |  |                                       |
| _   | violations, and enforcement of the conservation easements          |  | Yes No                                |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting        |  |                                       |
|     | <b>&gt;</b>  | ,  |                                       |
| 7   | Amount of expenses incurred in monitoring, inspecting, hand        | dling of violations, and enforcing conservatio | n easements during the vear           |
|     | <b>▶</b> \$  | , ,  | 3 ,                                   |
| 8   | Does each conservation easement reported on line 2(d) abo          | ve satisfy the requirements of section 170(h)  | (4)(B)(i)                             |
|     | and section 170(h)(4)(B)(ii)?                                      |  |                                       |
| 9   | In Part XIII, describe how the organization reports conservat      |  |                                       |
|     | balance sheet, and include, if applicable, the text of the foot    |  |                                       |
|     | organization's accounting for conservation easements.              | •  |                                       |
| Pai | t III Organizations Maintaining Collections o                      | of Art, Historical Treasures, or Oth           | er Similar Assets.                    |
|     | Complete if the organization answered "Yes" on Forn                | n 990, Part IV, line 8.                        |                                       |
| 1a  | If the organization elected, as permitted under FASB ASC 9         | 58, not to report in its revenue statement and | d balance sheet works                 |
|     | of art, historical treasures, or other similar assets held for pu  |  |                                       |
|     | service, provide in Part XIII the text of the footnote to its fina | incial statements that describes these items.  | ·                                     |
| b   | If the organization elected, as permitted under FASB ASC 9         |  |                                       |
|     | art, historical treasures, or other similar assets held for public |  |                                       |
|     | 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 tre  |  |                                       |
|     | the following amounts required to be reported under FASB A         | - · · · · · · · · · · · · · · · · · · ·        | • •                                   |
| а   | Revenue included on Form 990, Part VIII, line 1                    |  | <b>&gt;</b> \$                        |
|     | Assets included in Form 990, Part X                                |  |                                       |
|     | For Paperwork Reduction Act Notice, see the Instruction            |  | Schedule D (Form 990) 2021            |

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| Pa          | t III Organizations Maintaining C                 | ollections of Ar              | t, Historical Tr      | easures, or Oth       | er Simil                  | ar Asse     | <b>ts</b> (contin | ued)       |
|-------------|---|-------------------------------|-----------------------|-----------------------|---------------------------|-------------|-------------------|------------|
| 3           | Using the organization's acquisition, accession   | on, and other records         | s, check any of the   | following that make   | significant               | use of its  |                   |            |
|             | collection items (check all that apply):          |                               |                       |                       |                           |             |                   |            |
| а           | Public exhibition                                 | d                             | Loan or exc           | hange program         |                           |             |                   |            |
| b           | Scholarly research                                | е                             | Other                 |                       |                           |             |                   |            |
| С           | Preservation for future generations               |                               |                       |                       |                           |             |                   |            |
| 4           | Provide a description of the organization's co    | llections and explain         | how they further the  | ne organization's exe | empt purp                 | ose in Par  | t XIII.           |            |
| 5           | During the year, did the organization solicit or  |                               | •                     | •                     |                           | _           | _                 |            |
| _           | to be sold to raise funds rather than to be ma    |                               |                       |                       |                           |             | Yes               | No         |
| Pa          | reported an amount on Form 990, Par               | -                             | te if the organizatio | n answered "Yes" o    | n Form 990                | 0, Part IV, | line 9, or        |            |
|             | Is the organization an agent, trustee, custodia   |                               | ary for contribution  | s or other assets no  | t included                |             |                   |            |
|             | on Form 990, Part X?                              |                               | •                     |                       |                           |             | Yes               | ☐ No       |
| b           | If "Yes," explain the arrangement in Part XIII    |                               |                       |                       |                           |             |                   |            |
|             | , .   | ·                             | J                     |                       |                           |             | Amount            |            |
| С           | Beginning balance                                 |                               |                       |                       | 1c                        |             |                   |            |
|             | Additions during the year                         |                               |                       |                       |                           |             |                   |            |
|             | Distributions during the year                     |                               |                       |                       |                           |             |                   |            |
| f           | Ending balance                                    |                               |                       |                       |                           |             |                   |            |
| 2a          | Did the organization include an amount on Fo      |                               |                       |                       |                           |             | Yes               | ☐ No       |
| b           | If "Yes," explain the arrangement in Part XIII.   | Check here if the ex          | planation has been    | provided on Part XII  | II                        |             |                   |            |
| Pa          | t V Endowment Funds. Complete if                  |                               | swered "Yes" on Fo    |                       |                           |             |                   |            |
|             |   | (a) Current year              | (b) Prior year        | (c) Two years back    | (d) Three y               | ears back   | (e) Four          | years back |
| 1a          | Beginning of year balance                         | 12,590.                       | 12,590.               | 1,590.                |                           | 12,175.     |                   | 11,573.    |
| b           | Contributions                                     |                               |                       | 11,000.               |                           | 1,461.      |                   |            |
| С           | Net investment earnings, gains, and losses        |                               |                       |                       |                           |             |                   | 800.       |
| d           | Grants or scholarships                            |                               |                       |                       |                           |             |                   |            |
| е           | Other expenditures for facilities                 |                               |                       |                       |                           |             |                   |            |
|             | and programs                                      |                               |                       |                       |                           | 11,000.     |                   |            |
| f           | Administrative expenses                           |                               |                       |                       |                           | 1,046.      |                   | 198.       |
| g           | End of year balance                               | 12,590.                       | 12,590.               | 12,590.               |                           | 1,590.      |                   | 12,175.    |
| 2           | Provide the estimated percentage of the curr      | ent year end balance          | e (line 1g, column (a | a)) held as:          |                           |             |                   |            |
| а           | Board designated or quasi-endowment               |                               | _%                    |                       |                           |             |                   |            |
| b           | Permanent endowment >                             | %                             |                       |                       |                           |             |                   |            |
| С           | Term endowment >                                  | 6                             |                       |                       |                           |             |                   |            |
|             | The percentages on lines 2a, 2b, and 2c show      | uld equal 100%.               |                       |                       |                           |             |                   |            |
| 3a          | Are there endowment funds not in the posses       | ssion of the organiza         | tion that are held a  | nd administered for   | the organi                | zation      | г                 |            |
|             | by:   |                               |                       |                       |                           |             | _                 | Yes No     |
|             | (i) Unrelated organizations                       |                               |                       |                       |                           |             |                   | X          |
|             | (ii) Related organizations                        |                               |                       |                       |                           |             |                   | X          |
| b           | If "Yes" on line 3a(ii), are the related organiza |                               |                       |                       |                           |             | 3b                |            |
| 4           | Describe in Part XIII the intended uses of the    |                               | wment funds.          |                       |                           |             |                   |            |
| Pa          | t VI Land, Buildings, and Equipm                  |                               | Dort IV line 11e C    | as Form 000 Dort V    | / line 10                 |             |                   |            |
|             | Complete if the organization answered             | 1                             | i                     | 1                     |                           |             | / N D . I         |            |
|             | Description of property                           | (a) Cost or ot basis (investm | 1 ' '                 | , ,                   | Accumulate<br>epreciation |             | (d) Book          | value      |
|             | Land  |                               |                       |                       |                           |             |                   |            |
|             | Buildings   |                               |                       |                       |                           |             |                   |            |
| С           | Leasehold improvements                            |                               |                       |                       |                           |             |                   |            |
|             | d Equipment                                       |                               |                       |                       |                           |             |                   |            |
|             | Other   |                               |                       |                       |                           |             |                   |            |
| <u>Tota</u> | . Add lines 1a through 1e. (Column (d) must ed    | qual Form 990, Part 2         | X, column (B), line 1 | 0c.)                  |                           |             |                   | 0.         |

Schedule D (Form 990) 2021

| 8 | -0 | 25 | 49 | 57 | Page 3 | 3 |
|---|----|----|----|----|--------|---|
|---|----|----|----|----|--------|---|

| Part VII Investments - Other Securities.   | - Farma OOO Dart IV the    | 44b, O Farm 000, Bart V, Bar 40            | Ü                   |
|--|----------------------------|--|---------------------|
| Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)                            |                            |  | f voor morket value |
| (A) =:   | (b) Book value             | (c) Method of valuation: Cost or end-c     | n-year market value |
| (1) Financial derivatives  |                            |  |                     |
| <ul><li>(2) Closely held equity interests</li><li>(3) Other</li></ul>  |                            |  |                     |
|  |                            |  |                     |
| (A)<br>(B)   |                            |  |                     |
| (C)  |                            |  |                     |
| (D)  |                            |  |                     |
| (E)  |                            |  |                     |
| (F)  |                            |  |                     |
| (G)  |                            |  |                     |
| (H)  |                            |  |                     |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)   |                            |  |                     |
| 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-      | f-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) lin   | e 15.)                     | <b>&gt;</b>                                |                     |
| Part X Other Liabilities.  |                            |  |                     |
| Complete if the organization answered "Yes"  | on ⊦orm 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. | (la) D = -1         |
| 1. (a) Description of liability  |                            |  | (b) Book value      |
| (1) Federal income taxes   |                            |  |                     |
| (2)  |                            |  |                     |
| (3)  |                            |  |                     |
| (4)  |                            |  |                     |
| (5)  |                            |  |                     |
| (6)  |                            |  |                     |
| <u>(7)</u>   |                            |  |                     |
| (8)  |                            |  |                     |
| (9)  | - 05 )                     |  |                     |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin   |                            |  |                     |
| <ol><li>Liability for uncertain tax positions. In Part XIII, provide<br/>organization's liability for uncertain tax positions unde</li></ol> |                            | _  | · —                 |

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| Par                      | rt XI Reconciliation of Revenue per  | Audited Financial Statements  | With Revenue per Ret             | urn.    |
|--------------------------|--|---|----------------------------------|---------|
|                          | Complete if the organization answered "  | Yes" on Form 990, Part IV, line 12a.  |                                  |         |
| 1                        | Total revenue, gains, and other support per aud  | lited financial statements  |                                  | 1       |
| 2                        | Amounts included on line 1 but not on Form 99  | 0, Part VIII, line 12:  |                                  |         |
| а                        | Net unrealized gains (losses) on investments   | <u></u>   | 2a                               |         |
| b                        | Donated services and use of facilities   |   | 2b                               |         |
| С                        | Recoveries of prior year grants  |   | 2c                               |         |
| d                        | Other (Describe in Part XIII.)   | <u></u>   | 2d                               |         |
| е                        | Add lines 2a through 2d  |   | 2                                | ?e      |
| 3                        | Subtract line <b>2e</b> from line <b>1</b>   |   |                                  | 3       |
| 4                        | Amounts included on Form 990, Part VIII, line 1  | 2, but not on line 1:   |                                  |         |
| а                        | Investment expenses not included on Form 990   | ), Part VIII, line 7b   | ła                               |         |
| b                        | Other (Describe in Part XIII.)   |   | lb                               |         |
| С                        | Add lines <b>4a</b> and <b>4b</b>  |   |                                  | łc      |
| 5                        | Total revenue. Add lines 3 and 4c. (This must ed   |   |                                  | 5       |
| Pai                      | rt XII Reconciliation of Expenses pe   |   | s With Expenses per R            | eturn.  |
|                          | Complete if the organization answered "  |   | 1                                |         |
| 1                        | Total expenses and losses per audited financia   |   |                                  | 1       |
| 2                        | Amounts included on line 1 but not on Form 99  | Al .  |                                  |         |
| а                        | Donated services and use of facilities   |   | 2a                               |         |
| b                        | , ,  |   | 2b                               |         |
| С                        |  |   | 2c                               |         |
| d                        | ,  | _   | 2d                               |         |
| е                        | J  |   |                                  | ?e      |
| 3                        | Subtract line 2e from line 1   |   |                                  | 3       |
| 4                        | Amounts included on Form 990, Part IX, line 25   |   |                                  |         |
| а                        | Investment expenses not included on Form 990   | ), Part VIII, line 7b   | ła                               |         |
|                          |  |   |                                  |         |
| b                        | Other (Describe in Part XIII.)   |   | lb                               |         |
| С                        | Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>   |   | 4                                | lc      |
| с<br>5                   | Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must   |   | 4                                | lc<br>5 |
| c<br>5<br>Pai            | Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must rt XIII Supplemental Information.                            | equal Form 990, Part I, line 18.)   | 4                                | 5       |
| 5<br><b>Pai</b><br>Provi | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5 | equal Form 990, Part I, line 18.),<br>, and 9; Part III, lines 1a and 4; Part IV, I | nes 1b and 2b; Part V, line 4; F | 5       |
| 5<br><b>Pai</b><br>Provi | Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must rt XIII Supplemental Information.                            | equal Form 990, Part I, line 18.),<br>, and 9; Part III, lines 1a and 4; Part IV, I | nes 1b and 2b; Part V, line 4; F | 5       |
| 5<br><b>Pai</b><br>Provi | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5 | equal Form 990, Part I, line 18.),<br>, and 9; Part III, lines 1a and 4; Part IV, I | nes 1b and 2b; Part V, line 4; F | 5       |
| 5<br><b>Pai</b><br>Provi | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5 | equal Form 990, Part I, line 18.),<br>, and 9; Part III, lines 1a and 4; Part IV, I | nes 1b and 2b; Part V, line 4; F | 5       |
| 5<br><b>Pai</b><br>Provi | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5 | equal Form 990, Part I, line 18.),<br>, and 9; Part III, lines 1a and 4; Part IV, I | nes 1b and 2b; Part V, line 4; F | 5       |
| 5<br><b>Pai</b><br>Provi | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5 | equal Form 990, Part I, line 18.),<br>, and 9; Part III, lines 1a and 4; Part IV, I | nes 1b and 2b; Part V, line 4; F | 5       |
| 5<br><b>Pai</b><br>Provi | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5 | equal Form 990, Part I, line 18.),<br>, and 9; Part III, lines 1a and 4; Part IV, I | nes 1b and 2b; Part V, line 4; F | 5       |
| 5<br><b>Pai</b><br>Provi | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5 | equal Form 990, Part I, line 18.),<br>, and 9; Part III, lines 1a and 4; Part IV, I | nes 1b and 2b; Part V, line 4; F | 5       |
| 5<br><b>Pai</b><br>Provi | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5 | equal Form 990, Part I, line 18.),<br>, and 9; Part III, lines 1a and 4; Part IV, I | nes 1b and 2b; Part V, line 4; F | 5       |
| 5<br><b>Pai</b><br>Provi | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5 | equal Form 990, Part I, line 18.),<br>, and 9; Part III, lines 1a and 4; Part IV, I | nes 1b and 2b; Part V, line 4; F | 5       |
| 5<br><b>Pai</b><br>Provi | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5 | equal Form 990, Part I, line 18.),<br>, and 9; Part III, lines 1a and 4; Part IV, I | nes 1b and 2b; Part V, line 4; F | 5       |
| 5<br><b>Pai</b><br>Provi | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5 | equal Form 990, Part I, line 18.),<br>, and 9; Part III, lines 1a and 4; Part IV, I | nes 1b and 2b; Part V, line 4; F | 5       |
| 5<br><b>Pai</b><br>Provi | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5 | equal Form 990, Part I, line 18.),<br>, and 9; Part III, lines 1a and 4; Part IV, I | nes 1b and 2b; Part V, line 4; F | 5       |
| 5<br><b>Pai</b><br>Provi | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5 | equal Form 990, Part I, line 18.),<br>, and 9; Part III, lines 1a and 4; Part IV, I | nes 1b and 2b; Part V, line 4; F | 5       |
| 5<br><b>Pai</b><br>Provi | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5 | equal Form 990, Part I, line 18.),<br>, and 9; Part III, lines 1a and 4; Part IV, I | nes 1b and 2b; Part V, line 4; F | 5       |
| 5<br><b>Pai</b><br>Provi | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5 | equal Form 990, Part I, line 18.),<br>, and 9; Part III, lines 1a and 4; Part IV, I | nes 1b and 2b; Part V, line 4; F | 5       |
| 5<br><b>Pai</b><br>Provi | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5 | equal Form 990, Part I, line 18.),<br>, and 9; Part III, lines 1a and 4; Part IV, I | nes 1b and 2b; Part V, line 4; F | 5       |
| 5<br><b>Pai</b><br>Provi | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5 | equal Form 990, Part I, line 18.),<br>, and 9; Part III, lines 1a and 4; Part IV, I | nes 1b and 2b; Part V, line 4; F | 5       |
| 5<br><b>Pai</b><br>Provi | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5 | equal Form 990, Part I, line 18.),<br>, and 9; Part III, lines 1a and 4; Part IV, I | nes 1b and 2b; Part V, line 4; F | 5       |
| 5<br><b>Pai</b><br>Provi | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5 | equal Form 990, Part I, line 18.),<br>, and 9; Part III, lines 1a and 4; Part IV, I | nes 1b and 2b; Part V, line 4; F | 5       |
| 5<br><b>Pai</b><br>Provi | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5 | equal Form 990, Part I, line 18.),<br>, and 9; Part III, lines 1a and 4; Part IV, I | nes 1b and 2b; Part V, line 4; F | 5       |
| 5<br><b>Pai</b><br>Provi | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5 | equal Form 990, Part I, line 18.),<br>, and 9; Part III, lines 1a and 4; Part IV, I | nes 1b and 2b; Part V, line 4; F | 5       |
| 5<br><b>Pai</b><br>Provi | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5 | equal Form 990, Part I, line 18.),<br>, and 9; Part III, lines 1a and 4; Part IV, I | nes 1b and 2b; Part V, line 4; F | 5       |
| 5<br><b>Pai</b><br>Provi | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5 | equal Form 990, Part I, line 18.),<br>, and 9; Part III, lines 1a and 4; Part IV, I | nes 1b and 2b; Part V, line 4; F | 5       |

Schedule D (Form 990) 2021

#### **SCHEDULE G** (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

| KEEP TR   | UCKEE MEADOWS BEAU                      | TIFU  | JL                                     |                                   | 88-0254  | 957   |  |  |
|---|---|---|--|-----------------------------------|--|---|--|--|
| 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. |   |   |  |                                   |  |   |  |  |
| Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a  |   |   |  |                                   |  |   |  |  |
| (i) Name and address of individual or entity (fundraiser)   | (ii) Activity                           | (iii) E<br>fundral<br>have cus<br>or contr<br>contribut | Did<br>iser<br>stody<br>ol of<br>ions? | (iv) Gross receipts from activity | (v) Amount paid<br>to (or retained by)<br>fundraiser<br>listed in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |  |  |
|   |   | Yes   | No                                     |                                   |  |   |  |  |
|   |   |   |  |                                   |  |   |  |  |
|   |   |   |  |                                   |  |   |  |  |
|   |   |   |  |                                   |  |   |  |  |
|   |   |   |  |                                   |  |   |  |  |
|   |   |   |  |                                   |  |   |  |  |
|   |   |   |  |                                   |  |   |  |  |
|   |   |   |  |                                   |  |   |  |  |
| Fatal   |   |   |  |                                   |  |   |  |  |
| S List all states in which the organization or licensing.   | on is registered or licensed to solicit |   |  | s or has been notified            | d it is exempt from re   | L<br>egistration  |  |  |
|   |   |   |  |                                   |  |   |  |  |
|   |   |   |  |                                   |  |   |  |  |
|   |   |   |  |                                   |  |   |  |  |
|   |   |   |  |                                   |  |   |  |  |
|   |   |   |  |                                   |  |   |  |  |
|   |   |   |  |                                   |  |   |  |  |
|   |   |   |  |                                   |  |   |  |  |

132081 10-21-21

Schedule G (Form 990) 2021

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

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

|                 |       | of fundraising event contributions and gr        | oss income on Form 990     | I-EZ, lines 1 and 6b. List  | events with gross receip | ots greater than \$5,000.              |
|-----------------|-------|--|----------------------------|-----------------------------|--------------------------|--|
|                 |       |  | (a) Event #1 RAISE THE     | <b>(b)</b> Event #2         | (c) Other events NONE    | (d) Total events (add col. (a) through |
|                 |       |  | RIVER<br>(event type)      | (event type)                | (total number)           | col. <b>(c)</b> )                      |
| nue             |       |  | (event type)               | (event type)                | (total number)           |  |
| Revenue         | 1     | Gross receipts                                   | 58,153.                    |                             |                          | 58,153.                                |
|                 | 2     | Less: Contributions                              | 20,596.                    |                             |                          | 20,596.                                |
|                 | 3     | Gross income (line 1 minus line 2)               | 37,557.                    |                             |                          | 37,557.                                |
|                 | 4     | Cash prizes                                      |                            |                             |                          |  |
| δ               | 5     | Noncash prizes                                   |                            |                             |                          |  |
| Direct Expenses | 6     | Rent/facility costs                              |                            |                             |                          |  |
| rect E          | 7     | Food and beverages                               |                            |                             |                          |  |
| 莅               | 8     | Entertainment                                    |                            |                             |                          |  |
|                 | 9     | Other direct expenses                            | 35,011.                    |                             |                          | 35,011.                                |
|                 | 10    |  | n 9 in column (d)          |                             | <b>&gt;</b>              | 35,011.                                |
| _               |       | Net income summary. Subtract line 10 from li     |                            |                             |                          | 2,546.                                 |
| Pa              | ırt I |  | answered "Yes" on Form     | 1 990, Part IV, line 19, or | reported more than       |  |
|                 |       | \$15,000 on Form 990-EZ, line 6a.                |                            | (b) Pull tabs/instant       |                          | (d) Total gaming (add                  |
| nue             |       |  | (a) Bingo                  | bingo/progressive bingo     | (c) Other gaming         | col. (a) through col. (c))             |
| Revenue         |       |  |                            |                             |                          |  |
|                 | 1     | Gross revenue                                    |                            |                             |                          |  |
| ses             | 2     | Cash prizes                                      |                            |                             |                          |  |
| Direct Expenses | 3     | Noncash prizes                                   |                            |                             |                          |  |
| Direct          | 4     | Rent/facility costs                              |                            |                             |                          |  |
|                 | 5     | Other direct expenses                            |                            |                             |                          |  |
|                 | 6     | Volunteer labor                                  | Yes %  No                  | Yes % No                    | Yes % No                 |  |
|                 | 7     | Direct expense summary. Add lines 2 through      | n 5 in column (d)          |                             | <b>&gt;</b>              |  |
|                 | 8     | Net gaming income summary. Subtract line 7       | from line 1, column (d)    |                             |                          |  |
|                 |       | , , , , , , , , , , , , , , , , , , ,            | , , , , , ,                |                             | ,                        |  |
|                 |       | ter the state(s) in which the organization condu |                            |                             |                          |  |
|                 |       | the organization licensed to conduct gaming a    | ctivities in each of these | states?                     |                          | Yes No                                 |
| b               | IT "  | No," explain:                                    |                            |                             |                          |  |
|                 |       |  |                            |                             |                          |  |
|                 |       | ere any of the organization's gaming licenses re |                            |                             | year?                    | Yes No                                 |
| b               | If "  | Yes," explain:                                   |                            |                             |                          |  |
|                 |       |  |                            |                             |                          |  |
|                 |       |  |                            |                             |                          |  |

Schedule G (Form 990) 2021

132082 10-21-21

| Sch | nedule G (Form 990) 2021  | KEEP           | TRUCKEE            | MEADOWS                               | BEAUTIFUL              | 88-0                         | 254957           | Page 3     |
|-----|---|----------------|--------------------|---------------------------------------|------------------------|------------------------------|------------------|------------|
| 11  | Does the organization conduct of                                  |                |                    |                                       |                        |                              | Yes              | No         |
| 12  | Is the organization a grantor, be to administer charitable gaming |                |                    |                                       |                        |                              | Yes              | □ No       |
| 13  | Indicate the percentage of gami                                   |                |                    |                                       |                        |                              |                  |            |
|     | The organization's facility                                       |                |                    |                                       |                        |                              | 13a              | %          |
|     | An outside facility   |                |                    |                                       |                        |                              | 13b              | %          |
| 14  | Enter the name and address of                                     | the person v   | ho prepares the    | e organization's                      | gaming/special event   | s books and records:         |                  |            |
|     | Name ►  |                |                    |                                       |                        |                              |                  |            |
|     | Address >   |                |                    |                                       |                        |                              |                  |            |
| 15  | a Does the organization have a co                                 | ontract with a | a third party fron | n whom the orga                       | anization receives gar | ning revenue?                | Yes              | ☐ No       |
|     | o If "Yes," enter the amount of ga                                | mina revenu    | e received by th   | e organization                        | <b>\$</b>              | and the amount               |                  |            |
|     | of gaming revenue retained by t                                   |                |                    |                                       |                        |                              |                  |            |
| (   | o If "Yes," enter name and addres                                 |                |                    |                                       |                        |                              |                  |            |
|     |   |                |                    |                                       |                        |                              |                  |            |
|     | Name  |                |                    |                                       |                        |                              |                  |            |
|     | Address >   |                |                    |                                       |                        |                              |                  |            |
| 40  | 0   |                |                    |                                       |                        |                              |                  |            |
| 16  | Gaming manager information:                                       |                |                    |                                       |                        |                              |                  |            |
|     | Name  |                |                    |                                       |                        |                              |                  |            |
|     |   |                |                    |                                       | 7                      |                              |                  |            |
|     | Gaming manager compensation                                       | <b>&gt;</b> \$ |                    |                                       |                        |                              |                  |            |
|     | Description of services provided                                  | <b></b>        |                    |                                       |                        |                              |                  |            |
|     |   |                |                    |                                       |                        |                              |                  |            |
|     |   |                |                    |                                       |                        |                              |                  |            |
|     | Director/officer  | Empl           | oyee               | Indepen                               | dent contractor        |                              |                  |            |
| 17  | Mandatory distributions:  |                |                    |                                       |                        |                              |                  |            |
|     | a Is the organization required und                                | er state law   | to make charital   | ole distributions                     | from the gaming prod   | ceeds to                     |                  |            |
|     | retain the state gaming license?                                  |                |                    |                                       |                        |                              | Yes              | ☐ No       |
| ı   | Enter the amount of distribution                                  | =              |                    |                                       | to other exempt orga   | nizations or spent in the    |                  |            |
| Б   | organization's own exempt activ                                   |                |                    |                                       |                        |                              |                  | 01 401     |
| P   | Supplemental Info<br>15b, 15c, 16, and 17b, a                     |                | =                  | · · · · · · · · · · · · · · · · · · · | •                      | olumns (iii) and (v); and Pa | art III, lines 9 | , 96, 106, |
|     | 100, 100, 10, and 170, 6  | аз аррпоавіс   | . Also provide a   | any additional line                   | orriation. Occ instruc | dons.                        |                  |            |
|     |   |                |                    |                                       |                        |                              |                  |            |
|     |   |                |                    |                                       |                        |                              |                  |            |
|     |   |                |                    |                                       |                        |                              |                  |            |
|     |   |                |                    |                                       |                        |                              |                  |            |
|     |   |                |                    |                                       |                        |                              |                  |            |
|     |   |                |                    |                                       |                        |                              |                  |            |
|     |   |                |                    |                                       |                        |                              |                  |            |
|     |   |                |                    |                                       |                        |                              |                  |            |
|     |   |                |                    |                                       |                        |                              |                  |            |
|     |   |                |                    |                                       |                        |                              |                  |            |
|     |   |                |                    |                                       |                        |                              |                  |            |

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

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 KEEP TRUCKEE MEADOWS BEAUTIFUL **Employer identification number** 88 - 0254957

| Pai      | rt I Types of Property   |                     |                            |   |                                  |          |        |                  |
|----------|--|---------------------|----------------------------|---|----------------------------------|----------|--------|------------------|
|          |  | (a)                 | (b)                        | (c)   | (d)                              |          |        |                  |
|          |  | Check if applicable | Number of contributions or | Noncash contribution<br>amounts reported on | Method of de<br>noncash contribu |          | -      | •                |
|          |  | арріісаріе          |                            | Form 990, Part VIII, line 1g                | Honcash contribu                 | ilion am | iourit | 5                |
| 1        | Art - Works of art   |                     |                            |   |                                  |          |        |                  |
| 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   |                     |                            |   |                                  |          |        |                  |
| 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  | 37                  | 1                          | 40 010                                      | DATE MARKET                      | 1 T73 T  | TTT3   |                  |
| 25       | Other (OFFICE SPACE)   | X<br>X              | 24                         |   | FAIR MARKET                      |          |        |                  |
| 26       | Other (PROGRAM SERVI)  | Λ                   | 24                         | 24,333.                                     | FAIR MARKET                      | VAL      | 106    |                  |
| 27       | Other ()   |                     |                            |   |                                  |          |        |                  |
| 28       | Other ( )  |                     |                            |   |                                  |          |        |                  |
| 29       | Number of Forms 8283 received by the organization appropriate of Forms 8283  |                     | -                          |   |                                  |          |        |                  |
|          | for which the organization completed Form 828  | oo, Part V, L       | Donee Acknowledg           | ement 29                                    |                                  |          | Yes    | Na               |
| 302      | During the year, did the organization receive by   | , contributio       | on any proporty ro         | ported in Part I lines 1 throu              | ah 28 that it                    |          | 162    | No               |
| Sua      | must hold for at least three years from the date   |                     |                            |   |                                  |          |        |                  |
|          | exempt purposes for the entire holding period?   |                     | •                          | •   |                                  | 30a      |        | Х                |
| h        | If "Yes," describe the arrangement in Part II.   |                     |                            |   |                                  | Joa      |        |                  |
| 31       | Does the organization have a gift acceptance   | oolicy that r       | equires the review         | of any nonstandard contribu                 | ıtions?                          | 31       |        | Х                |
|          | Does the organization have a gift acceptance property of the organization hire or use third parties of the organization have a gift acceptance property of the organization ha |                     |                            |   |                                  | -        |        | _ <del>-</del> _ |
| <u>u</u> | contributions?   |                     |                            |   |                                  | 32a      |        | Х                |
| b        | If "Yes," describe in Part II.   |                     |                            |   |                                  | 324      |        |                  |
| 33       | If the organization didn't report an amount in c   | olumn (c) fo        | r a type of propert        | v for which column (a) is che               | cked.                            |          |        |                  |
|          | describe in Part II.   |                     | -71 3. 6. 5001             | ,   | ,                                |          |        |                  |
|          |  |                     |                            |   |                                  |          |        |                  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Schedule M (Form 990) 2021

132142 11-17-21

#### **SCHEDULE 0** (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

**Employer identification number** 

88-0254957 KEEP TRUCKEE MEADOWS BEAUTIFUL FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMMUNITY INVOLVEMENT FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THESE VOLUNTEER SERVICES WERE INCLUDED IN THE REPORTED EXPENSES, PROGRAM SERVICES WOULD COMPRISE MORE THAN 177% OF TOTAL EXPENSES. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: SCIENCE, INNOVATION AND TECHNOLOGY, KTMB HAS APPLIED TO BECOME A STEM-CERTIFIED EDUCATION PROGRAM.

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

COPY OF THE FORM 990 IS PROVIDED TO ALL BOARD MEMBERS ANNUALLY

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

THE CONFLICT OF INTEREST POLICY IS REVIEWED AT THE ANNUAL BOARD MEETING TO ENSURE THE POLICY IS CURRENT AND COMPLIANCE IS ASSURED

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

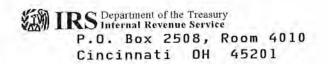
THE GUIDESTAR COMPENSATION REPORT IS USED TO DETERMINE THE SALARIES OF THE EXECUTIVE DIRETOR AND OTHER EMPLOYEES USING THE AVERAGE COMPENSATION BY POSITION, SIZE OF ORGANIZATION, AND LOCATION THE EXECUTIVE COMMITTEE ANNUALLY REVIEWS THE EXECUTIVE DIRECTOR AND ALL EMPLOYEES COMPENSATION USING THIS COMPARABLE DATA

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

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

Schedule O (Form 990) 2021

| Schedule O (Form 990) 2021                               | T =      | Page 2                        |
|--|----------|-------------------------------|
| Name of the organization  KEEP TRUCKEE MEADOWS BEAUTIFUL | 88-02    | entification number<br>254957 |
| UPON WRITTEN REQUEST, THE ORGANIZATION WILL MAKE COPIES  | AVAILABE | FOR PICKUP                    |
| BY THE REQUESTOR   |          |                               |
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In reply refer to: 4077589886 Mar. 03, 2014 LTR 4168C 0 88-0254957 000000 00

00035597 BODC: TE

KEEP TRUCKEE MEADOWS BEAUTIFUL 2000 DEL MONTE LN RENO NV 89511-7532



007542

Employer Identification Number: 88-0254957
Person to Contact: Mr. Schatz
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Dec. 18, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in May 1994.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

4077589886 Mar. 03, 2014 LTR 4168C 0 88-0254957 000000 00 00035598

KEEP TRUCKEE MEADOWS BEAUTIFUL 2000 DEL MONTE LN RENO NV 89511-7532

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Tamera Ripperda

Director, Exempt Organizations

## **Truckee River Fund - KTMB Project Budget**

2024 - Spring Great Community Cleanup, Fall Truckee River Cleanup, Adopt-A-River Program & Adult and Community Education

| Budget Item   | Budget Item Description/Justification  |             | Cash & In-Kind<br>Match | Total Cost   |
|---|--|-------------|-------------------------|--------------|
|   | Great Community Cleanup 2023   |             |                         |              |
| COORDINATION & IMPLEMENTATION                                 |  |             |                         |              |
| Keep Truckee Meadows Beautiful                                | Project, Partner, and Volunteer Management                                     | \$19,624.00 | \$13,000.00             | \$32,624.00  |
| Keep Truckee Meadows Beautiful                                | Mileage  | \$500.00    | \$0.00                  | \$500.00     |
| Washoe County Parks   | Staff Time, Materials & Equipment  | \$0.00      | \$3,680.00              | \$3,680.00   |
| City of Reno Parks  | Staff Time & Equipment   | \$0.00      | \$2,000.00              | \$2,000.00   |
| Friends of NV Wilderness                                      | Staff Time, Materials & Equipment  | \$0.00      | \$750.00                | \$750.00     |
| City of Sparks Parks  | Staff Time, Materials & Equipment  | \$0.00      | \$3,320.00              | \$3,320.00   |
| Nevada Department of Wildlife                                 | Staff Time, Materials & Equipment  | \$0.00      | \$750.00                | \$750.00     |
| The Nature Conservancy  | Staff Time   | \$0.00      | \$500.00                | \$500.00     |
| Washoe County Sherrifs office                                 | Labor and supervision  | \$0.00      | \$1,000.00              | \$1,000.00   |
| Bureau of Land Management                                     | Staff Time & Supervision   | \$0.00      | \$1,000.00              | \$1,000.00   |
| Sun Valley GID  | Staff Time, Materials & Equipment  | \$0.00      | \$5,000.00              | \$5,000.00   |
| Waste Management Staff Time                                   |  | \$0.00      | \$160.00                | \$160.00     |
| Milne Towning   | Staff Time, Materials & Equipment  | \$0.00      | \$640.00                | \$640.00     |
| A-Team Trash Hauling  | Staff Time, Materials & Equipment  | \$0.00      | \$1,560.00              | \$1,560.00   |
| Volunteer Hours   | 700 volunteers x 3 hours x \$28.50/hour  | \$0.00      | \$59,850.00             | \$59,850.00  |
|   | Sub-Total  | \$20,124.00 | \$93,210.00             | \$113,334.00 |
| EQUIPMENT & SUPPLIES  |  |             |                         |              |
| Sani-Huts   | 14 Sani-huts - \$125/unit  | \$1,750.00  | \$0.00                  | \$1,750.00   |
|   | Dumpsters vary each cleanup, along with discounts. Budget projects need for 24 |             |                         |              |
| Dumpsters   | dumpsters priced at \$700.   | \$6,800.00  | \$10,000.00             | \$16,800.00  |
| Garbage Bags  | for trash removal  | \$450.00    | \$300.00                | \$750.00     |
| KTMB Truck for Site Surveying/Event                           | 5 10 10 1  | 4250.00     | 4000.00                 | 4            |
| Implementation Fuel & Maintenance                             |  | \$350.00    |                         | \$550.00     |
| Trash Pickers ULINE - 32" (\$9/picker)                        |  | \$500.00    |                         | \$1,600.00   |
| Project Supplies Tools, tree wrap, paint, masks, gloves, etc. |  | \$750.00    | \$1,750.00              | \$2,500.00   |
| Project Posters NV Energy donation 100 posters                |  | \$0.00      | ·                       | \$227.00     |
| First Aid Kits  | Some donated, KTMB purchases the rest  | \$0.00      | ,                       | \$400.00     |
| Les Schwabe Tire  | Tire recycling   | \$0.00      | \$1,000.00              | \$1,000.00   |

|  | Sub-Total   | \$10,600.00 | \$14,977.00  | \$25,577.00  |
|--|---|-------------|--------------|--------------|
| VOLUNTEER COORDINATION                         |   |             |              |              |
| Event Signage                                  | For way-finding at event  | \$100.00    | \$100.00     | \$200.00     |
| Volunteer appreciation item                    | Approximately 1,000 items   | \$2,000.00  | \$2,000.00   | \$4,000.00   |
| Health Permit for Picnic                       | Washoe County Health District   | \$200.00    | \$0.00       | \$200.00     |
| Volunteer Project Leader appreciation item     | Approximately 120 items   | \$2,000.00  | \$400.00     | \$2,400.00   |
| Public Education                               | Radio/TV/PSAs/Post Cards/Bumper Stickers                              | \$4,500.00  | \$500.00     | \$5,000.00   |
| Zero Waste Supplies                            | Serving ware, utensils, signage                                       | \$300.00    | \$200.00     | \$500.00     |
| Volunteer Provisions                           | Nature's Bakery, KIND, Tahoe Trail Bars, Soda                         | \$0.00      | \$1,000.00   | \$1,000.00   |
| Volunteer Food & BBQ                           | Donated in part by Save Mart  | \$1,000.00  | \$1,500.00   | \$2,500.00   |
|  | Sub-Total   | \$10,100.00 | \$5,700.00   | \$15,800.00  |
| TOTAL GCC 2023 Request                         |   | \$40,824.00 | \$113,887.00 | \$154,711.00 |
|  | Truckee River Cleanup 2023  |             |              |              |
| COORDINATION & IMPLEMENTATION                  |   |             |              |              |
| Keep Truckee Meadows Beautiful                 | Project, Partner, and Volunteer Management                            | \$19,624.00 | \$13,000.00  | \$32,624.00  |
| Keep Truckee Meadows Beautiful                 | Mileage   | \$500.00    | \$0.00       | \$500.00     |
| Washoe County Parks                            | Staff Time, Materials & Equipment                                     | \$0.00      | \$3,680.00   | \$3,680.00   |
| City of Reno Parks                             | Staff Time & Equipment  | \$0.00      | \$2,000.00   | \$2,000.00   |
| Reno Fire Dept Water Entry Team                | Swiftwater rescue technicians and equipment                           | \$0.00      | \$1,000.00   | \$1,000.00   |
| Washoe County Sherrifs office                  | Labor and supervision   | \$0.00      | \$1,000.00   | \$1,000.00   |
| Friends of NV Wilderness                       | Staff Time, Materials & Equipment                                     | \$0.00      | \$750.00     | \$750.00     |
| Waste Management                               | Staff Time  | \$0.00      | \$160.00     | \$160.00     |
| A-Team Trash Hauling                           | Staff Time, Materials & Equipment                                     | \$0.00      | \$1,560.00   | \$1,560.00   |
| Truckee Meadows Fire Protection District Water |   |             |              |              |
| Entry Team                                     | Swiftwater rescue technicians and equipment                           | \$0.00      | \$1,000.00   | \$1,000.00   |
| Truckee Meadows Watershed Committee            | Storm drain stenciling supplies, staff time, education and give-aways | \$0.00      | \$4,000.00   | \$4,000.00   |
| City of Sparks Parks                           | Staff Time, Materials & Equipment                                     | \$0.00      | \$3,320.00   | \$3,320.00   |
| Milne Towning                                  | Staff Time, Materials & Equipment                                     |             | \$640.00     |              |
| Nevada Department of Wildlife                  | Staff Time, Materials & Equipment                                     | \$0.00      | \$750.00     | \$750.00     |
| The Nature Conservancy                         | Staff Time  | \$0.00      | \$500.00     | \$500.00     |
| Volunteer Hours                                | 600 volunteers x 3 hours x \$20hour                                   | \$0.00      | \$36,000.00  | \$36,000.00  |
|  | Sub-Total   | \$20,124.00 | \$69,360.00  | \$89,484.00  |
| EQUIPMENT & SUPPLIES                           |   |             |              |              |

|   | United Site Services (3 sanihuts - \$60/unit, 2 sinks - \$90/unit, damage waivers and |                   |             |                |
|---|---|-------------------|-------------|----------------|
| Sani-Huts   | delivery fees - \$400)  | \$760.00          | \$420.00    | \$1,180.00     |
|   | Dumpsters vary each cleanup, along with discounts. Budget projects need for 20        |                   |             |                |
| Dumpsters   | dumpsters priced at \$700.  | \$4,000.00        | \$10,000.00 | \$14,000.00    |
| Garbage Bags                                      | Large bags for trash removal  | \$450.00          | \$200.00    | \$650.00       |
| KTMB Truck for Site Surveying/Event               |   |                   |             |                |
| Implementation                                    | Fuel & Maintenance/Mileage  | \$350.00          | \$200.00    | \$550.00       |
| Trash Pickers                                     | ULINE - 32" (\$6-8/picker)  | \$500.00          | \$0.00      | \$500.00       |
| Project Supplies                                  | Tools, tree wrap, paint, masks, gloves, etc., tool maintenance                        | \$750.00          | \$2,250.00  | \$3,000.00     |
| Project Posters                                   | NV Energy donation 100 posters  | \$0.00            | \$227.00    | \$227.00       |
| Les Schwabe Tire                                  | Tire recycling  | \$0.00            | \$1,000.00  | \$1,000.00     |
|   | Sub-Total   | \$6,810.00        | \$14,297.00 | \$21,107.00    |
| VOLUNTEER COORDINATION                            |   |                   |             |                |
| Volunteer Food & BBQ                              | Supported in part by Savemart   | \$1,000.00        | \$1,500.00  | \$2,500.00     |
| Event Signage                                     | Signs and banners   | \$300.00          | \$400.00    | \$700.00       |
| Volunteer Appreciation Item                       | Appx. 1000 items  | \$2,000.00        | \$2,000.00  | \$4,000.00     |
| Health Permit for Picnic                          | Washoe County Health District   | \$200.00          | \$0.00      | \$200.00       |
| Volunteer Project Leader Thank you appx 120 items |   | \$2,000.00        | \$2,000.00  | \$4,000.00     |
|   | Radio/TV/PSAs/Post Cards/Bumper Stickers - increase in requested amount from          |                   |             |                |
| Public Education                                  | 2021's proposal will increase TV PSA's in 2022  | \$4,500.00        | \$1,500.00  | \$6,000.00     |
| Zero Waste Supplies                               | Serving ware, utensils, signage   | \$500.00          | \$200.00    | \$700.00       |
| Volunteer Provisions                              | bars, snacks, soda, Nature's Bakery   | \$0.00            | \$1,000.00  | \$1,000.00     |
|   | Sub-Total   | \$10,500.00       | \$8,600.00  | \$19,100.00    |
| Total TRC 2023 Request                            |   | \$37,434.00       | \$92,257.00 | \$129,691.00   |
|   | Adult and Youth Education & Communty Outreach   |                   |             |                |
| COORDINATION & IMPLEMENTATION                     |   |                   |             |                |
| Keep Truckee Meadows Beautiful                    | Project, Partner, and Volunteer Management (125 hours)                                | \$4,600.00        | \$3,250.00  | \$7,850.00     |
|   | Sub-Total Sub-Total   | \$4,600.00        | \$3,250.00  | \$7,850.00     |
| STEWARDSHIP & ENVIRONMENTAL AWARE                 | NESS  |                   |             |                |
| Education and Outreach Supplies                   | Educational Resources (handouts, literature, etc.), KTMB promotional items            | \$2,000.00        | \$2,000.00  | \$4,000.00     |
|   | Sub-Total   | \$2,000.00        | \$2,000.00  | \$4,000.00     |
| Total Education and Outreach Request              | 944 1944  | \$6,600.00        | \$5,250.00  | \$11,850.00    |
|   | Adopt-A-River   | 7 - 7 - 2 - 2 - 2 | 72,22300    | - <del> </del> |
| COORDINATION & IMPLEMENTATION                     | ,   | I                 |             |                |
|   | 1   |                   |             |                |

| Keep Truckee Meadows Beautiful Project, Partner, and Volunteer Management |   |             | \$29,250.00  | \$35,302.32  |
|---|---|-------------|--------------|--------------|
| Mileage   | to and from events                        | \$250.00    | \$0.00       | \$250.00     |
| Volunteer Hours   | 200 volunteers x 1.5 hours x \$28.50/hour | \$0.00      | \$8,550.00   | \$8,550.00   |
| Total Adopt-A-River Request   | \$6,302.32                                | \$37,800.00 | \$44,102.32  |              |
|   |   |             |              |              |
|   | TOTAL REQUEST                             | \$91,160.32 | \$249,194.00 | \$340,354.32 |

|                | cash        | inkind       |
|----------------|-------------|--------------|
| staff time     | \$58,500.00 | \$ 40,720.00 |
| volunteer time |             | \$ 84,000.00 |
| cash support   | \$40,294.00 |              |

## Watershed Coalition Building

Truckee River Fund- Fall 2023

#### One Truckee River

Lynn Zonge P.O. Box 18153 Reno, NV 89511 0: 775-450-5489

### Iris Jehle-Peppard

P.O. Box 18153 Reno, NV 89511 iris@onetruckeeriver.org 0: 775-450-5489

### **Application Form**

#### **Grant Priorities**

TMWA recommends that the Advisors give preference to well-prepared and thought out grant requests for projects and programs that mitigate substantial threats to water quality and the watershed, particularly those threats upstream or nearby treatment and hydroelectric plant intakes:

- I. Aquatic Invasive Species (AIS): Projects/Programs that support the prevention or control of aquatic invasive species in the main stream Truckee River, Lake Tahoe, other tributaries and water bodies in the Truckee River system.
- II. **Watershed Improvements:** Projects that reduce erosion or sediment, suspended solids, or TDS discharges to the River. Projects or programs that are located within 303d (impaired waters) sections of the River should be considered, both in California and Nevada. Innovative techniques should be encouraged.
- III. **Local Stormwater Improvements**: Projects that are well designed which mitigate storm water run-off due to urbanization of the local watershed. Priority should be given to those improvement projects in close proximity to TMWA's water supply intakes and canals and which will improve the reliability and protect the quality of the community's municipal water supply.
- IV. **Re-Forestation and Re-Vegetation Projects**: Projects to restore forest and upland areas damaged by fire and historical logging operations, and to improve watershed resiliency in drought situations. Projects/programs in this category should be given a high priority due to urbanization of the watershed and increased susceptibility of the urban and suburban watershed to wildfire.
- V. **Support to Rehabilitation of Local Tributary Creeks and Drainage Courses**: Practical projects to support water quality improvement in Gray Creek, Bronco Creek, Mogul Creek, Chalk Creek, Steamboat Creek and the North Truckee Drain.
- VI. **Stewardship and Environmental Awareness**: Support to Clean-Up programs and the development and implementation of educational programs relative to water, water quality and watershed protection.
- VII. **Meet Multiple Objectives:** Projects/Programs should identify opportunities to meet multiple water quality and watershed objectives as outlined above with preference given to those achieving multiple benefits.
- VIII. **Leverage Stakeholder Assets and Participation:** Projects/Program selection should include an assessment of various stakeholder interests in all aspects of river water quality, watershed protection, source water protection and species enhancement thereby leveraging available funds and other assets.

Note: For proposals related to weed control/eradication, contact Lauren Renda at the Community Foundation of Northern Nevada for additional criteria at Irenda@nevadafund.org

#### Organization Information

Organization Name\*

One Truckee River

Printed On: 31 July 2023

#### **Organization Type\***

501(c)(3) Nonprofit

#### **EIN**

If the organization is a 501c3, please include the EIN#.

20-3378838

#### **Director of Organization\***

Iris Jehle-Peppard

#### **Project Contact Name\***

Iris Jehle-Peppard

#### **Project Contact Postion/Title\***

**Executive Director** 

#### **Project Contact Email\***

iris@onetruckeeriver.org

#### **Project Contact Phone Number\***

775-450-5489

#### **Organization Mission\***

One Truckee River's mission is to ensure a healthy, thriving, sustainable Truckee River connected to the hearts and minds of its community.

### **Project Information**

#### **Project Title\***

Name of Project.

Watershed Coalition Building

#### Amount Requested\*

\$135,138.00

#### **Project Start Date\***

11/01/2023

#### Project End Date\*

10/31/2024

#### This funding will be used to:\*

Complete this sentence with a max of 2 sentences.

Continue to 1) Lead, coordinate, and resource the One Truckee River partnership; and 2) increase the public's understanding of the Truckee River, OTR River-Friendly Living practices, and efforts underway to protect the Truckee River led by OTR and its partners.

#### This project is on:\*

Check all that apply

Public land

# Are government permits or decision documents needed for the project?\* No

#### If so, are those permits and decision documents already secured?

If permits and decision documents are needed but not yet secured, in #4 of the Narrative Requirements provide a list of permits and documents needed and a schedule for securing them.

#### Previous Funding from Truckee River Fund

Has your organization received other grants from the Truckee River Fund?\*
Yes

#### If yes, please include the following information for all previously funded projects:

- Date awarded
- Project # and Title
- Amount of award

Please attach additional pages as needed to list ALL previously funded projects.

Please include the following information for all previously funded projects: \*Note: In 2020, One Truckee River transitioned to its long-term home, the 501 (3) nonprofit, Truckee River Foundation from the fiscal agent Nevada Land Trust.

Funding to One Truckee River through the Truckee River Foundation

Date awarded: September 26, 2022

Project # and Title: TRF #268 - OTR Brodhead Park Restoration Project: Phase II

Amount of award: 79,791.33

Date awarded: March 17, 2021

Project # and Title: One Truckee River Partnership and engagement with the public

Amount of award: \$196,590

Date awarded: September 16, 2021

Project # and Title: TRF #254 - One Truckee River Brodhead Park Restoration Project: Phase 1

Amount of award: \$69,724

Date awarded: September 16, 2021

Project # and Title: TRF #253 – OTR's River-Friendly Landscaping Program Expansion

Amount of award: \$48,000

Funding to One Truckee River through the fiscal agent Nevada Land Trust

Date awarded: August 13, 2020

Project # and Title: TRF #235 - One Truckee River Overall Support and Restroom Attendant

Amount of award: \$74,293

Date awarded: August 16, 2019

Project # and Title: TRF #221: River Restroom Project

Amount of award: \$124,976

Date awarded: March 22, 2017

Project # and Title: TRF #188: One Truckee River - Phase 1 Action

Amount of award: \$256,220

Date awarded: September 23, 2016

Project # and Title: TRF #180: One Truckee River - Phase 1 Implementation

Amount of award: \$98,534

Date awarded: March 21, 2012

Project # and Title: TRF #104: Washoe Drive Fire Stabilization and Restoration Effort

Amount of award: \$115,000

Date awarded: December 12, 2011

Project # and Title: TRF #99: Caughlin Fire Emergency Watershed Stabilization & Restoration Effort

Amount of award: \$219,856

Date awarded: October 11, 2011

Project # and Title: TRF #90: Weed Treatments & Revegetation, Truckee River & Tributaries

Amount of award: \$127,500

Date awarded: July 21, 2009

Project # and Title: TRF #70: Weed Treatments & Revegetation, Truckee River & Tributaries

Amount of award: \$125,000

Date awarded: July 21, 2009

Project # and Title: TRF #66: Scope of Work for Truckee River Ecosystem Restoration Coordination, Creation

of a Five-Year Weed Control and Restoration Plan for the Truckee River

Amount of award: \$10,000

Date awarded: July 17, 2008

Project # and Title: TRF #46: Weed Treatments & Revegetation, Truckee River & Tributaries

Amount of award: \$112,500

#### Description of Project Under Consideration

#### Indicate the description that best fits the project you are proposing\*

Mark no more than three categories.

- A. Projects that improve bank or channel stabilization and decrease erosion.
- B. Structural controls or Low Impact Development (LID) projects on tributaries and drainages to the Truckee River where data supports evidence of pollution and/or sediments entering the Truckee River.
- C. Projects that remove pollution from the Truckee River.
- D. Projects that remove or control invasive aquatic species or terrestrial invasive plant species that are adverse to water supply.
- E. Other projects that meet the evaluation criteria.

C.)

E.)

#### Narrative Requirements

# 1.) Specific project goals and measurable outcomes and how you will measure and report them.\*

All projects are required to have measurable outcomes.

Project Goal 1: Lead, coordinate, and fundraise for the One Truckee River partnership.

Goal 1 Measurable Outcomes: a) OTR will track detailed engagement of OTR Partnership Council, OTR Oversight Committee, and OTR Goal Groups in meetings and other activities. In addition, meetings with partners, other relevant entities, and the public related to projects to protect the Truckee River led and coordinated by OTR will be tracked with Salesforce CRM; b) Provide two opportunities for OTR Partnership Council, OTR Technical Working Group (TWG) focused on vegetation management, and local elected officials to raft the Truckee River in the Reno/Sparks urban core to network with each other and observe river conditions together; and c) OTR will apply for funding to further the implementation of the OTR Management Plan.

How Goal 1 Outcomes with be Measured: a) OTR will conduct two OTR Partnership Council meetings (15 OTR partner agencies participating), two OTR Oversight Committee meetings (10 OTR partner agencies participating), eight OTR Groups Group meetings organized (three to 10 OTR partner agencies participating depending on the Goal Group size). In addition, OTR estimates 8 additional meetings with partners, other relevant entities, and the public related to protecting the Truckee River; b) Coordinate, lead, and complete two rafting trips with the participation of at least 10 members from OTR Partnership Council, OTR TWG, or local elective officials; and c) OTR Proposal Writing Team will apply for \$300K to \$500K in funding to further the implementation of the OTR Management Plan.

Project Goal 2: Increase the public's understanding of the Truckee River, OTR River-Friendly Living practices, and efforts underway to protect the Truckee River led by OTR and its partners.

Goal 2 Measurable Outcomes: a) Monthly social media content planned and executed with 1 post per week distributed across three OTR social media platforms (Facebook, Instagram, and LinkedIn) about the Truckee River, OTR River-Friendly Living practices, and efforts underway to protect the Truckee River led by OTR and its partners; b) 1-2 posts boosted per month to increase OTR social media followers and to drive OTR social media followers to OTR website to learn more about OTR River-Friendly Living practices and to encourage private donations to support OTR projects underway; and c) 4 newsletters and blogs created and published on OTR website, through email newsletters, and via social media to increase the public's understanding of the Truckee River, OTR River-Friendly Living practices, and efforts underway to protect the Truckee River led by OTR and its partners. Newsletters will include River-Friendly Living blog content, OTR organizational updates, and promotion of River-Friendly Living practices, encouraging readers to continue to learn and participate in River-Friendly activities offline. General website updates and maintenance to reflect organizational updates, newsletters and blog content.

How Goal 2 Outcomes will be Measured: Goal 2 efforts will be measured with online analytics data: a) 1 post a week for 52 weeks distributed through three OTR social media platforms (Facebook, Instagram, and LinkedIn) equaling a total of 156 individual posts; b) Specific analytics data including number of total followers, post impressions, and post engagements will be captured and reviewed monthly to measure effectiveness of posts and inform future content; and c) OTR increases its social media followers overall by 2% per month. People who engage with OTR's River-Friendly living content online will increase by 20% overall.

#### 2.) Describe the project location.\*

The Truckee River corridor in the Reno/Sparks urban core.

#### 3.) Project Description\*

Include site map and aerial photos if applicable/possible as an attachment.

N/A

#### 4.) Grant priorities\*

Explain how the proposed project advances the TRF's specific grant priorities.

OTR's proposed Project supports Truckee River Fund's Grant Priorities: IV. Local Stormwater Improvements, VII. Stewardship and Environmental Awareness, and IX. Leverage Stakeholder Assets and Participation.

Local Stormwater Improvements: OTR's Watershed Coalition Building efforts develop project concepts, partners, and fundraises to implement projects developed under OTR's Watershed Coalition efforts to mitigate stormwater runoff to the Truckee River in the Reno/Sparks urban core. Some current OTR projects developed, funded, and underway due to our Watershed Coalition efforts include OTR's River-Friendly Living demonstration garden at Lake Park in Reno, OTR's Water Trail work to install a third Portland Loo at Reno's City Plaza in spring of 2024, and OTR's Urban Restoration effort leading – in collaboration with Nevada Land Trust – a Technical Working Group focused on regional coordinated vegetation management and future restoration projects along the Truckee River in the Reno/Sparks urban core.

Stewardship and Environmental Awareness: OTR's Watershed Coalition Building efforts include online education targeting adults in the Truckee Meadows to increase their understanding of the importance of the Truckee River and actions each resident can make to support watershed protection through OTR's River-Friendly Living online material and social media posts that can we found at <www.onetruckeeriver.org/river-friendly-living https://www.onetruckeeriver.org/river-friendly-living>.

Leverage Stakeholder Assets and Participation: OTR's foundational strategy is to assess various stakeholder interests related to protecting the Truckee River and work to leverage interests and funding to further the implementation of the OTR Management Plan. OTR is a collaboration of public and private partners focused on the implementation of the OTR Management Plan that was unanimously adopted by Washoe County, City of Reno, City of Sparks, and Western Regional Water Commission. The OTR Plan describes over 100 action items devoted to protecting the Truckee River and working to meet multiple objectives. In 2017, the OTR Partnership Council prioritized nine action items, four of them under Goal 1 to ensure and protect water quality and ecosystem health in the Truckee River. The four prioritized OTR Goal 1 action items are:

Action Item 1.1.a) Identify location of all high-volume storm drains and the largest storm water contributions to the Truckee River. Underway. OTR is in coordination with Truckee Meadows Regional Planning Agency to completion.

Action Item 1.2.a) Develop Truckee River Watershed Management Plan through stakeholder coordination and consensus processes. Completed. The Watershed Management and Protection Plan for Tributaries to the Truckee River by Truckee Meadows Stormwater Permit Coordinating Committee and 2020 Integrated Source Water and 319(h) Watershed Protection Plan for Public Water Systems and the Truckee River in the Truckee Meadows by Nevada Division of Environmental Protection is completed.

Action Item 1.3.c) Ensure adequate public restrooms along the Truckee River. Initiate a pilot study of temporary restroom facilities in priority areas along the river corridor. Pilot completed and work continues to increase public restrooms along the Truckee River. OTR is in coordination with Truckee Meadows Water Authority, Nevada Division of Environmental Protection, Washoe County, and the City of Reno to continue to install and explore future locations for more public restrooms along the Truckee River.

Action Item 1.4.c) Develop and implement a coordinated vegetation management plan along the river. Underway. In 2020, OTR's regional collaborations expanded with OTR's key partner, Nevada Land Trust. An OTR's Technical Working Group (TWG) was formed, including 16 local entities with authority or interest in vegetation management along the Truckee River in Nevada. OTR's TWG focuses on improving the overall ecologic function of the Truckee River system. In 2022, OTR's TWG completed an OTR Framework Vegetation

Management and Restoration Plan for the urbanized reach of the Truckee River from Crystal Peak Park to Vista Narrows. The Plan is now a living document that the OTR partnership is piloting with a regional condition assessment underway in the summer of 2023. Already identified by OTR partners and underway is an urban restoration project at Brodhead Park in the City of Reno. Now, the OTR partnership is focused on needs identified by Washoe County along the Truckee River including proposed restoration work at Dorostkar Park.

#### 5.) Permitting\*

Provide a permitting schedule for your project along with your plan for getting the required permits and decision documents. Be sure to include the cost of permitting/decision documents as a line item in your budget.

N/A

#### 6.) Future Land Use\*

List any known or foreseeable zoning, land use, or development plans that may affect your proposed project. N/A

# 7.) If future phases of the project will be needed, identify anticipated sources of funding.\*

OTR continues to look for additional funding sources for OTR operations and to further the implementation of the OTR Management Plan. We have secured three awards from Western Regional Water Commission to support OTR's operations and watershed coalition building efforts. From September of 2020 to June 2023, OTR secured \$1,136,648, applications pending for \$6,641,545 to support OTR operations and further the implementation of the OTR Management Plan to protect the Truckee River.

# 8.) Identify the principals involved in leading or coordinating the project or activity.\*

Iris Jehle-Peppard, OTR's Executive Director will lead and coordinate the Project activities with support from outside consultants.

#### 9.) Number of staff positions involved in project.\*

Identify how many staff will be full-time and how many will be part-time.

"Fulltime" means 100% of their staff position will be dedicated to this project; "part-time" means only a portion of their staff position will be dedicated to this project.

0 Full-time staff and 6 part-time staff.

# 10.) Number of volunteers involved in project and an estimated number of volunteer hours.\*

30 OTR partner volunteers, each eight hours a year, participating in OTR meetings and other activities, equaling a total of 240 hours volunteered to OTR's Project goals

## 11.) Timeline of Project\*

List key dates and include project milestones. Note: Be realistic in your estimate of dates and milestones. List any factors that may cause a delay in implementing and/or completing the project.

\*\*Note: Funding will not be provided for work performed prior to grant approval.

OTR's Project Timeline:

Project Goal 1: Lead, coordinate, and fundraise for the One Truckee River partnership

Q4 2023 – One OTR Partnership Council meeting will be conducted.

Q1 2024 - One OTR Oversight Committee meeting and four OTR Goal Group meetings will be conducted.

Q2 2024 - One OTR Partnership Council meeting conducted. Two OTR rafting trips will be conducted.

Q3 2024 - One OTR Oversight Committee meeting and four OTR Goal Group meetings will be conducted.

When additional meetings with partners, other relevant entities, and the public occur will depend on OTR partners' interest and proposed projects' needs. OTR application submitted for funding to further implementation of the OTR Management Plan will depend on funders' requests for proposals and projects' needs.

Project Goal 2: Increase the public's understanding of the Truckee River, OTR River-Friendly Living practices, and efforts underway to protect the Truckee River led by OTR and its partners.

Project Goal 2 outcomes will start November 1, 2023 and end October 31, 2024 and run continually on a weekly and monthly basis as detailed in the Specific project goals and measurable outcomes section.

## 12.) What factors will indicate a successful project?\*

Immediate success will be evident if we meet the measurable outcomes for each goal from metrics detailed earlier in this application.

## 13.) Collaboration\*

List partnerships or collaborations with other entities in relation to your proposal, if any.

The proposed Project will collaborate with the following OTR Partnership Council agencies: City of Reno Parks & Recreation, City of Reno Police Department, City of Reno Public Utilities, City of Reno Public Works, City of Sparks, Desert Research Institute, Keep Truckee Meadows Beautiful, Nevada Department of Wildlife, Nevada Division of Environmental Protection, Nevada Housing Coalition, Nevada Land Trust, Pyramid Lake Paiute Tribe, Regional Transportation Commission of Washoe County, Reno Initiative for Shelter and Equality, Reno-Sparks Indian Colony, Sierra Nevada Journeys, Tahoe Pyramid Trail, The Nature Conservancy, Truckee Meadows Parks Foundation, Truckee Meadows Regional Planning Agency, Truckee Meadows Trails, Truckee Meadows Water Authority, Truckee River Flood Management Authority, Washoe County Health

District, Washoe County Human Service Agency, Washoe County Manager Office, Washoe County Regional Parks and Open Space, and Western Regional Water Commission.

## **Grant Match**

All applicants must provide a match of at least 25 percent for dollars requested. The match may be with funding and/or in-kind services. For larger grant requests, priority will be given to projects that significantly leverage the grant with funding from other sources.

## Total grant match to be provided.\*

\$45,052.00

#### Cash

\$45,052.00

# For the cash portion, is the funding already being held by the applicant for this project?

No

#### In-kind

\*\*Note: Provide an itemized breakdown of volunteer match in your budget with rationale. \$0.00

## Description of matching funds/in-kind donations.\*

Funding from Western Regional Water Commission awarded to OTR for 2023-2024 will provide 25% in-kind match totaling \$45,052.

## **Attachments**

## Nonprofits must submit:

- Last audited financial statements if your organization has been audited
- List of Board of Directors
- Copy of agency's IRS 501(c)(3) Tax Determination Letter
- Copy of the agency's most recent IRS Form 990

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\*\*Please submit as one PDF document 2023-07-28-OTR-Board-Forms-Combined.pdf

### Governmental entities must submit:

• Departmental budget in lieu of audited financial statements

#### **Project Budget\***

Provide detail on line-item expenditures and show which costs are to be paid for by the Truckee River Fund grant, which expenses will be paid by other sources of funding, and which will be paid for with in-kind services. Other sources of funding should be provided. A sample budget template is provided below.

\*\*Note: Indirect/overhead expenses cannot exceed 25 percent; TRF may fund indirect/overhead up to 25% based on availability of funds. Applicants should be prepared to provide reduced budgets during the review of applications by the TRF Board when funds are limited.

Grants from the Truckee River Fund are paid on a reimbursable basis for actual expenditures only. Craft your budget in such a way that requests for reimbursement correspond to the original budget.

2023-24-OTR-TRF-Watershed-Coaltion-Building-Budget.pdf

#### **Sample Budget Template**

|                                 | ORIGINA   | L PROJECT BUDGI  | ΕT       |           | REIMBURS                 | EMENT REPORT                         |
|---------------------------------|-----------|--|----------|-----------|--------------------------|--------------------------------------|
| Budget Item Descriptio          | n*TRF\$   | Other Funding<br>Name**                                    | Match \$ | Total     | Expenditures to date TRF | Expenditures to date (other sources) |
| Design/Engineering              | \$xx,xxx  | Agency X   | -        | \$xx,xxx  | \$xx,xxx                 |                                      |
| Permitting                      | \$xx,xxx  | Agency X   | \$x,xxx  | \$x,xxx   |                          | \$x,xxx                              |
| Laborpaid                       | \$x,xxx   | Agency X   | \$x,xxx  | \$x,xxx   | \$x,xxx                  |                                      |
| Laborvolunteer (\$20/h          | nr)       | Own people   | \$xx,xxx | \$xx,xxx  | \$x,xxx                  |                                      |
| Construction                    | \$xx,xxx  | Agency Y   | \$xx,xxx | \$xx,xxx  |                          |                                      |
| Materials                       | \$xx,xxx  | Agency Y   | \$xx,xxx | \$xx,xxx  |                          |                                      |
| Other (be specific)             | \$xx,xxx  | Agency Y   | \$xx,xxx | \$xx,xxx  |                          |                                      |
| Overhead (max. 25%)             | \$xx,xxx  | Own agency   | \$xx,xxx | \$xx,xxx  |                          |                                      |
| TOTAL                           | \$xxx,xxx |  | \$x,xxx  | \$xxx,xxx | \$xx.xxx                 | \$x,xxx                              |
| *These are sample descriptions. |           | **Explain<br>status of other<br>funding if not<br>in hand. |          |           |                          |                                      |

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If project is to be implemented in phases, please separate budget into each phase. Indirect costs may not be counted as match.

## Grantee Requirements & Project Evaluation Criteria

#### **GRANTEE REQUIREMENTS**

To be eligible for funding, grantees must adhere to the following requirements:

- Funds are to be used and/or disbursed exclusively for the charitable uses and purposes.
- The Fund shall be used exclusively for projects that protect and enhance water quality or water resources of the Truckee River, or its watershed.
- The Charitable Beneficiaries may include 501(c)(3) organizations and governmental entities. Any grants to governmental entities must be made exclusively for public benefit purposes.
- All grantees will be required to sign a grant agreement stipulating their agreement with all of the terms, conditions, and reporting requirements.
- Organizations or entities sponsoring proposals are prohibited from ex parte communications regarding such proposals with members of the Truckee River Fund Advisory Committee while such proposals are pending before the Committee, and such communications may be grounds for rejecting a proposal.
- To maintain eligibility to receive grant funds, each Charitable Beneficiary must comply at all times with the following requirements:
  - 1. Charitable Beneficiaries must be exempt from federal income taxation under Section 501(c)(3) of the Code;
  - Charitable Beneficiaries shall use all Fund distributions toward projects that are appropriate and legal public expenditures;
  - Charitable Beneficiaries must provide financial details and/or reports of their organizations upon request:
  - Charitable Beneficiaries must not use any Fund distributions for political contributions or political advocacy;
  - Charitable Beneficiaries must either implement the projects, activities, and/or programs for which they received Fund distributions within six months of the date in which such distributions are received or by date(s) as agreed upon in the grant acceptance agreement, or must return all such distributions to the Community Foundation forthwith;
  - Charitable Beneficiaries must provide the Community Foundation a report detailing the completion of their projects, activities, and/or programs; and
  - Charitable Beneficiaries must sign an agreement regarding their compliance with the qualifications hereof.

#### **PROJECT EVALUATION**

Printed On: 31 July 2023

Each proposal will be evaluated on criteria that include but are not limited to:

- Measurable outcomes in accordance with stated grant priorities.
- Readiness of sponsoring organization to undertake and complete project.
- Consistency with established Truckee River operations.

- Impact on other River stakeholders.
- Absence of negative or unintended consequences.
- Solutions to known problems as identified through past research.
- Prior performance on grants from the Truckee River Fund.

The Nature Conservancy & Truckee River Watershed Council have conducted assessments of Truckee River and Donner Lake watersheds and have presented their findings to the Truckee River Fund advisory committee. The results may influence the advisors' decision-making during proposal review. Copies of the assessments are available at www.truckeeriverfund.org.

## File Attachment Summary

## **Applicant File Uploads**

- 2023-07-28-OTR-Board-Forms-Combined.pdf
- 2023-24-OTR-TRF-Watershed-Coaltion-Building-Budget.pdf

## One Truckee River Board of Directors

As of 2023-07-28 07:40:34 Pacific Standard Time/PST • Generated by Iris Jehle-Peppard • Sorted by Last Name (Descending)

| Salutation |       | First Name | Last Name | Phone          | Email                       | Position            |
|------------|-------|------------|-----------|----------------|-----------------------------|---------------------|
| Ms.        |       | Lynn       | Zonge     | (775) 720-5872 | lynnzonge3@gmail.com        | President           |
| Ms.        |       | Sonia      | Folsom    | (775) 834-8002 | sfolsom@tmwa.com            | Vice President      |
| Ms.        |       | Christi    | Cakiroglu | (775) 815-6885 | persistentchristi@gmail.com | Treasurer           |
| Ms.        |       | Angela     | Fuss      | (775) 334-2585 | fussa@reno.gov              | Secretary           |
| Ms.        |       | Alicia     | Reban     | (775) 742-5332 | a.reban@nevadalandtrust.org | <b>Board Member</b> |
| Ms.        |       | Danielle   | Henderson | (775) 221-5375 | dhenderson@washoecounty.gov | <b>Board Member</b> |
| Total      | Count | 6          |           |                |                             |                     |

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Date

FEB 06 2012

TRUCKEE RIVER FOUNDATION 1835 FRANKLIN RD CARSON CITY, NV 89706 Employer Identification Number: 20-3378838 DLN: 17053104325011 Contact Person: JENNIFER NICOLIN ID# 95152 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Effective Date of Exemption: April 11, 2011 Contribution Deductibility: Addendum Applies: No

## Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,

Lois G. Lerner

Director, Exempt Organizations

Enclosure: Publication 4221-PC

## CORY WRIGHT CPA CHTD 16640 WEDGE PARKWAY RENO, NV 89511 (775) 322-8337 cory@corywrightcpa.com

May 4, 2023

Truckee River Foundation 2601 Plumas Street Reno, NV 89509

Dear Client,

Enclosed is the 2022 U.S. Form 990, Return of Organization Exempt from Income Tax, for Truckee River Foundation for the tax year ending December 31, 2022.

Your 2022 U.S. Form 990, Return of Organization Exempt from Income Tax, return will be electronically filed.

We very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not hesitate to call.

Sincerely,

Cory Wright
Cory Wright

May 4, 2023

Truckee River Foundation 2601 Plumas Street Reno, NV 89509

Dear Client,

This letter is to confirm our understanding as to the terms, scope, and limitations of the services that we will provide.

We will prepare the following returns: 2022 U.S. Form 990-PF, Return of Private Foundation

It is your responsibility to provide us with all the information required for preparing complete and accurate returns. You should retain all the documents, cancelled checks, and other data that form the basis of the returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the tax returns and, therefore, you should review them carefully before you sign them.

You are confirming that you will furnish us with all the information required for preparing the returns. This includes, but is not limited to, providing us with the information necessary to identify (1) all states and foreign countries in which you "do business" or derive income (directly or indirectly); (2) all states and foreign countries in which employees "reside" (including employees whose foreign or out-of-state residency is temporary); and (3) the extent of business operations in each relevant state and/or country. We will not audit or verify the data you submit, although we may ask you to clarify it, or furnish us with additional information. You should retain all the documents, books, and records that form the basis of your income and deductions. The documents may be necessary to prove the accuracy and completeness of the returns to a taxing authority. If you have any questions as to the type of records required, please ask us for advice in that regard.

Please note the Internal Revenue Service ("IRS") considers virtual currency (e.g., Bitcoin) and other digital assets (e.g., NFTs) as property for U.S. federal tax purposes. As such, any transactions involving cryptoassets or transactions that use or exchange virtual currencies are subject to the same general tax principles that apply to other property transactions. If you had any cryptoasset or virtual currency activity during the 2022 tax year, you may be subject to tax consequences associated with such transactions and may have additional foreign reporting obligations.

You agree to provide us with complete and accurate information regarding any transactions in cryptoassets or transactions using any virtual currencies during the applicable tax year. Please ask us for advice if you have any questions. If you require additional consulting services to evaluate the specific treatment of digital assets or virtual currency and we agree to perform such services, such services will be covered under a separate engagement letter.

We will use our professional judgment in preparing your returns. Whenever we are aware that a possibly applicable tax law is unclear or that there are conflicting interpretations of the law by authorities (e.g., tax agencies and courts), we will share our knowledge and understanding of the possible positions that may be taken on your return. In accordance with our professional standards, we will follow whatever position you request, as long as it is consistent with the codes, regulations, and interpretations that have been promulgated.

If a taxing authority should later contest the position taken, there may be an assessment of additional tax, interest and penalties. We assume no liability for any such assessment of additional tax, penalties or interest. In the event, however, that you ask us to take a tax position that in our professional judgment will not meet the applicable laws and standards as promulgated, we reserve the right to stop work and shall not be liable for any damages that occur as a result of ceasing to render services.

The law provides for a penalty to be imposed where taxpayers make a substantial understatement of their tax liability. Taxpayers may seek to avoid all or part of the penalty by showing (1) that they acted in good faith and there was reasonable cause for the understatement, (2) that the understatement was based on substantial authority, or (3) there was a reasonable basis for the position taken on the return and the relevant facts affecting the item's tax treatment were adequately disclosed on the return. You agree to advise us if you wish disclosure to be made in your returns or if you desire us to identify or perform further research with respect to any material tax issues for the purposes of ascertaining whether, in our opinion, there is "substantial authority" for the position proposed to be taken on such issues in your returns.

If your organization has employees working remotely in another locality, state and/or foreign country, even on a temporary basis, your company may be viewed as having "nexus" in that location for tax purposes. By your signature below, you understand that management is responsible for tracking the locations where company employees live and work and determining the tax compliance requirements in those respective locations. If you require our assistance to assess your potential tax exposure in locations other than your normal place of business where you may have employees residing, please let us know. Any additional services will be covered under a separate engagement letter.

Our work in connection with the preparation of your tax returns does not include any procedures designed to discover fraud, defalcations, or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as we find necessary for preparing the referenced returns.

If you and/or your entity have a financial interest in, or signature authority over, any foreign accounts, you may be subject to certain filing requirements with the U.S. Department of the Treasury, in addition to the IRS. Filing requirements may also apply to taxpayers that have direct or indirect control over a foreign or domestic entity with foreign financial accounts, even if the taxpayer does not have foreign account(s). The filing deadline for the Report of Foreign Bank and Financial Accounts (FBAR) required by the U.S. Department of the Treasury is April 15th and follows the federal income tax due date guidance, which notes that if the tax due date falls on a weekend or legal holiday, the form is considered timely filed if filed on the next business day. An automatic six-month extension is available. Electronic filing of the FBAR is mandatory using the Bank Secrecy Act (BSA) e-filing system for the Financial Crimes Enforcement Network (FinCEN). We must receive a signed consent form from you prior to submitting the foreign reporting form. If we do not receive your signed authorization to file your foreign reporting form, we will not be able to file any of the required disclosure statements on your behalf.

Additionally, the IRS requires information reporting on foreign interests or activities under applicable IRC sections and related regulations, and the respective IRS tax forms are due when your income tax return is due, including extensions. The IRS reporting requirements are in addition to the U.S. Department of the Treasury reporting requirements stated above. Therefore, if you have any direct or indirect foreign interests that require disclosures to the IRS, you must provide us with the information necessary to prepare the applicable IRS forms.

Failure to timely file the appropriate forms with the U.S. Department of the Treasury and the IRS may result in substantial civil and/or criminal penalties. By your signature below, you agree to provide us with complete and accurate information regarding any foreign accounts that you and/or your entity may have had a direct or indirect interest in, or signature authority over, during the above referenced tax year. The foreign reporting requirements are very complex, so if you have any questions regarding the application of the U.S. Department of the Treasury and/or the IRS reporting requirements to your foreign interests or activities

please ask us for advice in that regard. We assume no liability for penalties associated with the failure to file or untimely filing of any of these forms.

Management is responsible for the design, implementation, and administration of applicable policies that may be required under the Affordable Care Act or any state-specific health mandate. As we are not rendering any legal services as part of our engagement, we will not be responsible for advising you with respect to the legal or regulatory aspects of your company's compliance with the Affordable Care Act or any state-specific health mandate.

We will not be responsible for advising you with respect to classification of employees versus independent contractor status as part of our services. If you have any questions with such issues, we strongly encourage you to consult with legal counsel experienced in employment practice matters.

By your signature below, you understand and agree that management is responsible for the accuracy and completeness of the records, documents, explanations, and other information provided to us for purposes of this engagement. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them. You agree that our firm is not responsible for a taxing authority's disallowance of deductions or inadequately supported documentation, nor for resulting taxes, penalties, and interest.

Our fee for the preparation of the referenced tax returns will be based on the amount of time required for such services at our standard billing rates, plus out-of-pocket expenses. We will bill you on a monthly basis and all invoices will be due and payable upon presentation. Should your account become more than 14 days overdue, at our election we may stop all work until your account is brought current. You acknowledge and agrees that in the event we stop work or withdraw from this engagement as a result of failure to pay on a timely basis for services rendered as required by this engagement letter, we shall not be liable for any damages that occur as a result of our ceasing to render services.

Your returns may be selected for examination by taxing authorities. In the event of an examination or other IRS or state taxing authority contact, any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examinations, we may be available upon request to represent you and any such services will be covered under a separate engagement letter.

Because of the importance of oral and written management representations to the effective performance of our services, You release and indemnify our firm and its personnel from any and all claims, liabilities, costs and expenses attributable to any misrepresentation by management and its representatives.

In connection with this engagement, we may communicate with you or others via email transmission. We take reasonable measures to secure your confidential information in our email transmissions. However, as emails can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that emails from us will be properly delivered to and read only by the addressee. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure or communication of email transmissions, or for the unauthorized use or failed delivery of emails transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from the use of email transmissions, including any consequential, incidental, direct, indirect, or special damages, such as loss of sales or anticipated profits, or disclosure or communication of confidential or proprietary information.

We may from time to time and depending on the circumstances and nature of the services we are providing, share your confidential information with third-party service providers, some of whom may be cloud-based, but we remain committed to maintaining the confidentiality and security of your information. Accordingly,

we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality terms with all service providers to maintain the confidentiality of your information and will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure appropriate confidentiality terms with a third-party service provider, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Although we will use our best efforts to make the sharing of your information with such third parties secure from unauthorized access, no completely secure system for electronic data transfer exists. As such, by your signature below, you understand that the firm makes no warranty, expressed or implied, on the security of electronic data transfers.

It is our policy to keep records related to this engagement for 7 years. However, We do not keep any original client records, so we will return those to you at the completion of the services rendered under this engagement. It is your responsibility to retain and protect your records (which includes any work product we provide to you as well as any records that we return) for possible future use, including potential examination by any government or regulatory agencies. We do not accept responsibility for hosting client information; therefore, you have the sole responsibility for ensuring you retain and maintain in your possession all your financial and non-financial information, data and records.

By your signature below, you acknowledge and agree that upon the expiration of the 7-year period, We shall be free to destroy our records related to this engagement.

If any dispute arises among the parties hereto, the parties agree to first try in good faith to settle the dispute by mediation for resolving professional accounting and related services disputes before resorting to litigation. The costs of any mediation proceeding shall be shared equally by all parties.

Client and accountant both agree that any dispute over fees charged by the accountant to the client will be submitted for resolution by arbitration in accordance with the applicable rules for resolving professional accounting and related services disputes, except that under all circumstances the arbitrator must follow the laws of Nevada. Such arbitration shall be binding and final. IN AGREEING TO ARBITRATION, WE BOTH ACKNOWLEDGE THAT IN THE EVENT OF A DISPUTE OVER FEES CHARGED BY THE ACCOUNTANT, EACH OF US IS GIVING UP THE RIGHT TO HAVE THE DISPUTE DECIDED IN A COURT OF LAW BEFORE A JUDGE OR JURY AND INSTEAD WE ARE ACCEPTING THE USE OF ARBITRATION FOR RESOLUTION. The prevailing party shall be entitled to an award of reasonable attorneys' fees and costs incurred in connection with the arbitration of the dispute in an amount to be determined by the arbitrator.

If the foregoing is in accordance with your understanding, please sign and return to us the enclosed copy of this letter.

| Sincerely,       |
|------------------|
| Cory Wright      |
| Accepted by:     |
| K Lyn Zongg      |
| Client signature |
|                  |
| 05/08/2023       |

Date

## 990 **990**

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2022

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

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

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

Open to Public Inspection

| <u>A</u>                       | For the     | 2022 calend  | dar year, or tax year beg             | inning   | , 2022, and end      | ing               |                 | , 20                        |              |  |  |
|--------------------------------|-------------|--|---------------------------------------|--|----------------------|-------------------|-----------------|-----------------------------|--------------|--|--|
| В                              | Check if    | applicable:  | C Name of organization Tr             | uckee River Found  | dation               |                   | D Empl          | oyer identification n       | umber        |  |  |
| X                              | Address     | change   |                                       | Truckee River  |                      |                   | 20-3            | 378838                      |              |  |  |
|                                | Name ch     | nange  | Number and street (or P.C             | ). box if mail is not delivered to s                                     | street address)      | Room/suite        | <b>E</b> Telepl | hone number                 |              |  |  |
| $\overline{\Box}$              | Initial ret | •  | 2601 Plumas St                        | treet  | ·                    |                   | (775            | )450-5489                   |              |  |  |
| $\overline{\Box}$              |             | l return/terminated City or town, state or province, country, and ZIP or foreign postal code |                                       |  |                      |                   |                 |                             |              |  |  |
| ī                              | Amende      |  | Reno, NV 89509                        | -  | •                    |                   | <b>G</b> Gross  | s receipts \$ 2.84          | ,478.        |  |  |
| ī                              |             | ion pending  | F Name and address of princ           |  |                      | H(a) Is this a gr | oup return fo   | or subordinates? <b>Yes</b> |              |  |  |
| _                              | , ippout    | .o poag  | •                                     | Franklin Road, Car   | son City. NV 89      | 1                 |                 |                             |              |  |  |
| ī                              | Tax-exe     | mpt status:  | ▼ 501(c)(3)                           | _  | 4947(a)(1) or 527    |                   |                 | ist. See instructions.      |              |  |  |
| J                              | Website     | -  |                                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                  |                      | H(c) Group e      |                 |                             |              |  |  |
| K                              |             | organization:  | Corporation Trust                     | Association Other  | L Year of for        |                   |                 | of legal domicile: NV       | 7            |  |  |
|                                | art I       | Summa  |                                       |  | 2 . 5                | 2011              | Otato           |                             | <u>'</u>     |  |  |
|                                | 1           |  | · ·                                   | s mission or most signific   | ant activities: To e | ngure a health    | ny thr          | rivina quetair              | nahle        |  |  |
| ø                              | •           |  | connected to the                      | hoarta   |                      |                   | <u> </u>        | ivilig, suscali             | labie        |  |  |
| auc                            |             |  | ds of it communi                      |  |                      |                   |                 |                             |              |  |  |
| Ë                              | 2           |  |                                       | tion discontinued its ope  | rations or disposed  | of more than 2!   | <br>5% of it    | ts net assets               |              |  |  |
| Š                              | 3           |  | _                                     | governing body (Part VI  | •                    |                   | 3               |                             | 8            |  |  |
| <u>ھ</u>                       | 4           |  | •                                     | embers of the governing  | •                    |                   | 4               |                             | 8            |  |  |
| es                             | 5           |  |                                       | oyed in calendar year 202  |                      |                   | 5               |                             | 1            |  |  |
| ξ                              | 6           |  | · · · · · · · · · · · · · · · · · · · | ate if necessary)  | ·                    |                   | 6               |                             | 8            |  |  |
| Activities & Governance        | 7a          |  | · ·                                   | from Part VIII, column (C  |                      |                   | 7a              |                             | 0.           |  |  |
| _                              | b           |  |                                       | come from Form 990-T,  | •                    |                   | 7b              |                             | 0.           |  |  |
|                                |             | INCL UITICIA   | ted business taxable in               | Come nom rom 990-1,  | raiti, iiile ii      | Prior Yea         |                 | Current Year                |              |  |  |
|                                | 8           | Contributio  | one and grante (Part VIII             | I, line 1h)  |                      |                   |                 |                             |              |  |  |
| ne                             |             |  |                                       | ·  |                      | 239               | 321.            | 284,                        | 478.         |  |  |
| Revenue                        | 9           | _  | ervice revenue (Part VIII             | =-   |                      |                   |                 |                             |              |  |  |
| æ                              | 10          |  | ·                                     | mn (A), lines 3, 4, and 7d   | •                    |                   | 0.              |                             | 0.           |  |  |
|                                | 11          |  | ·                                     | A), lines 5, 6d, 8c, 9c, 10d   | •                    |                   | 201             | 004                         |              |  |  |
|                                | 12          |  |                                       | n 11 (must equal Part VIII,  |                      | 239               | 321.            | 284,                        | 478.         |  |  |
|                                | 13          |  |                                       | (Part IX, column (A), lines  | •                    |                   |                 |                             |              |  |  |
|                                | 14          | -  |                                       | Part IX, column (A), line 4  |                      |                   |                 |                             |              |  |  |
| Expenses                       | 15          |  | ·                                     | loyee benefits (Part IX, col   |                      | 97                | 322.            | 106,                        | 367.         |  |  |
| eus                            | 16a         |  | = :                                   | t IX, column (A), line 11e)  |                      |                   |                 |                             |              |  |  |
| Ϋ́                             | _ b         |  | raising expenses (Part I              |  | 0.                   | 101               | 2.50            | 1.10                        |              |  |  |
| _                              | 17          | -  | ·                                     | A), lines 11a-11d, 11f-24  | •                    |                   | 062.            |                             | 208.         |  |  |
|                                | 18          |  |                                       | must equal Part IX, colur  |                      |                   | 384.            |                             | 575.         |  |  |
| - "                            | 19          | Revenue le   | ess expenses. Subtract                | line 18 from line 12 .   |                      |                   | 937.            |                             | 903.         |  |  |
| Net Assets or<br>Fund Balances |             |  | . (5                                  |  |                      | Beginning of Curr |                 |                             |              |  |  |
| Sse                            | 20          |  | ts (Part X, line 16) .                |  |                      |                   | 594.            |                             | 142.         |  |  |
| et A                           | 21          |  | ities (Part X, line 26) .             |  |                      |                   | 154.            |                             | 732.         |  |  |
| Zű                             | 22          |  |                                       | tract line 21 from line 20   |                      | 39                | 440.            | 68,                         | 410.         |  |  |
|                                | art II      |  | ire Block                             |  |                      |                   |                 |                             |              |  |  |
|                                |             |  |                                       | ed this return, including accomp<br>ner than officer) is based on all ir |                      |                   |                 | my knowledge and b          | elief, it is |  |  |
|                                |             |  |                                       |  |                      |                   |                 |                             |              |  |  |
| Si                             | gn          | Signature of   | officer                               |  |                      | Date              | !               |                             |              |  |  |
| He                             | ere         | Lvni   | n Zonge, Preside                      | ent  |                      |                   |                 |                             |              |  |  |
|                                |             |  | name and title                        |  |                      |                   |                 |                             |              |  |  |
| _                              |             | Print/Type   | e preparer's name                     | Preparer's signature   |                      | Date              | Check           | ☐ if PTIN                   |              |  |  |
| Pa                             |             | Corr   |                                       |  |                      | 05/04/2023        | self-emp        | □ "                         | 39           |  |  |
|                                | epare       | Firm's nor   |                                       | CPA CHTD   |                      | Firm's            | EIN             | 88-0407788                  |              |  |  |
| Us                             | se Onl      | Firm's add   |                                       |  | NV 89511             |                   |                 | 75)322-8337                 |              |  |  |
| Ma                             | ıv the IF   |  |                                       | parer shown above? See   |                      | 1 11011           | /               |                             |              |  |  |

| Part |  | a response or note to any line in this Part III   |                                |             |
|------|--|---|--------------------------------|-------------|
| 1    | Briefly describe the organization's mi |   | <u> </u>                       | 🗀           |
| •    | ,                                      |   |                                |             |
|      | river genneated to the he              | ving, sustainable<br>arts   |                                |             |
|      | and minds of it community              | 7.  |                                |             |
|      | and minds of it community              |   |                                |             |
| 2    | Did the organization undertake any s   | ignificant program services during the year which                                       | ch were not listed on the      |             |
|      |  |   |                                | es 🗵 No     |
|      | If "Yes," describe these new services  |   |                                |             |
| 3    |  | ting, or make significant changes in how it   | conducts, any program          |             |
|      |  |   |                                | es 🗵 No     |
|      | If "Yes," describe these changes on S  | Schedule O.   |                                |             |
| 4    | _                                      | service accomplishments for each of its three   | largest program services, as n | neasured by |
|      | expenses. Section 501(c)(3) and 501    | (c)(4) organizations are required to report the any, for each program service reported. |                                |             |
| 4a   | (Code: ) (Expenses \$                  | 231,382. including grants of \$   | 0.)(Revenue \$ 284.4           | 78.)        |
|      |  | collaborations in the Truckee M   |                                |             |
|      |  | River Management Plan to ensure   |                                |             |
|      |  | ckee River connected to the hear  |                                |             |
|      |  |   |                                |             |
|      |  |   |                                |             |
|      |  |   |                                |             |
|      |  |   |                                |             |
|      |  |   |                                |             |
|      |  |   |                                |             |
|      |  |   |                                |             |
|      |  |   |                                |             |
|      |  |   |                                |             |
| 4b   | (Code:) (Expenses \$                   | including grants of \$  | (Revenue \$                    | )           |
|      |  |   |                                |             |
|      |  |   |                                |             |
|      |  |   |                                |             |
|      |  |   |                                |             |
|      |  |   |                                |             |
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|      |  |   |                                |             |
|      |  |   |                                |             |
|      |  |   |                                |             |
|      |  |   |                                |             |
|      |  |   |                                |             |
| 4c   | (Code: ) (Expenses \$                  | including grants of \$  | ) (Revenue \$                  | )           |
|      | (                                      |   |                                | /           |
|      |  |   |                                |             |
|      |  |   |                                |             |
|      |  |   |                                |             |
|      |  |   |                                |             |
|      |  |   |                                |             |
|      |  | ·   |                                | <b></b>     |
|      |  |   |                                |             |
|      |  |   |                                |             |
|      |  |   |                                |             |
|      |  |   |                                |             |
|      |  |   |                                |             |
| 4d   | Other program services (Describe on    |   |                                |             |
|      |  | g grants of \$ ) (Revenue \$  | )                              |             |
| 4e   | Total program service expenses         | 231,382.  |                                |             |

| Part      | V 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)? If "Yes,"   |            |     |    |
|           | complete Schedule A   | 1          | ×   |    |
| 2         | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions   | 2          | ×   |    |
| 3         | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                      | 3          |     |    |
| 4         | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)   | 3          |     | ×  |
| •         | election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4          |     | ×  |
| 5         | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,  |            |     |    |
|           | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III   | 5          |     | ×  |
| 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? If   |            |     |    |
| _         | "Yes," complete Schedule D, Part I  | 6          |     | ×  |
| 7         | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II            | 7          |     |    |
| 8         | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"  |            |     | ×  |
| Ü         | complete Schedule D, Part III   | 8          |     | ×  |
| 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? If "Yes," complete Schedule D, Part IV   | 9          |     | ×  |
| 10        | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  |            |     |    |
|           | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10         |     | ×  |
| 11        | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.   |            |     |    |
| а         | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"  |            |     |    |
| _         | complete Schedule D, Part VI  | 11a        |     | ×  |
| 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? If "Yes," complete Schedule D, Part VII  | 11b        |     | ×  |
| С         | 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? If "Yes," complete Schedule D, Part VIII   | 11c        |     | ×  |
| 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? If "Yes," complete Schedule D, Part IX                                     | 444        |     |    |
| е         | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>  | 11d<br>11e |     | ×  |
| f         | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   | 110        |     | ^  |
|           | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f        |     | ×  |
| 12a       | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |            |     |    |
|           | Schedule D, Parts XI and XII  | 12a        |     | ×  |
| b         | Was the organization included in consolidated, independent audited financial statements for the tax year? If  |            |     |    |
| 40        | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b        |     | ×  |
| 13<br>14a | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?                            | 13<br>14a  |     | ×  |
| b         | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,  | 174        |     | ×  |
|           | fundraising, business, investment, and program service activities outside the United States, or aggregate   |            |     |    |
|           | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  | 14b        |     | ×  |
| 15        | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or   |            |     |    |
| 10        | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15         |     | ×  |
| 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? If "Yes," complete Schedule F, Parts III and IV.                     | 16         |     | ., |
| 17        | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on  | 16         |     | ×  |
| ••        | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions   | 17         |     | ×  |
| 18        | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on   |            |     |    |
|           | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18         |     | ×  |
| 19        | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  |            |     |    |
|           | If "Yes," complete Schedule G, Part III   | 19         |     | ×  |
| 20a       | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>  | 20a        |     | ×  |
| b<br>21   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 20b        |     |    |
|           | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21         |     | ×  |

| Part I   | 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? If "Yes," complete Schedule I, Parts I and III  | 22        |     | ×              |
| 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? If "Yes," complete Schedule J  | 23        |     | ×              |
| 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a   | 24a       |     | ×              |
| b        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b       |     | <del>  ^</del> |
|          | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24c       |     |                |
| d        | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d       |     |                |
| 25a      | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>   | 25a       |     | ×              |
| 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? If "Yes," complete Schedule L, Part I  | 25b       |     | ×              |
| 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>  | 26        |     | ×              |
| 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? If "Yes," complete Schedule L, Part III | 27        |     | ×              |
| 28       | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):   |           |     |                |
| а        | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV  | 28a       |     | ×              |
| b        | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b       |     | ×              |
|          | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV   | 28c       |     | ×              |
| 29       | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29        |     | ×              |
| 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>  | 30        |     | ×              |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31        |     | ×              |
| 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | 32        |     | ×              |
| 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>  | 33        |     | ×              |
| 34       | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,   |           |     |                |
|          | or IV, and Part V, line 1  | 34        |     | ×              |
| 35a<br>b | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a       |     | ×              |
| 36       | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | 35b<br>36 |     | ×              |
| 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>   | 37        |     | ×              |
| 38       | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O  | 38        |     | ×              |
| Part     | V Statements Regarding Other IRS Filings and Tax Compliance  | _ 33      |     |                |
|          | Check if Schedule O contains a response or note to any line in this Part V   | <u> </u>  |     |                |
| 1a       | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   5  |           | Yes | No             |
| la<br>b  | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 5   |           |     |                |
|          | Did the organization comply with backup withholding rules for reportable payments to vendors and   | -         |     |                |
|          | reportable gaming (gambling) winnings to prize winners?  | 10        |     |                |

| 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 1                         |     |     |    |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .  | 2b  | ×   |    |
| 3a      | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a  |     | ×  |
| b       | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .   | 3b  |     |    |
| 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)?  | 4a  |     | ×  |
| 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?   | 5a  |     | ×  |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b  |     | ×  |
| c<br>6a | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c  |     |    |
| va      | organization solicit any contributions that were not tax deductible as charitable contributions?  | 6a  |     | ×  |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | 6b  |     |    |
| 7       | Organizations that may receive deductible contributions under section 170(c).   | OD  |     |    |
| и<br>а  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods   |     |     |    |
| u       | and services provided to the payor?   | 7a  |     | ×  |
| b       | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b  |     |    |
| c       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  |     |     |    |
|         | required to file Form 8282?   | 7c  |     | ×  |
| d       | If "Yes," indicate the number of Forms 8282 filed during the year   |     |     |    |
| е       | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e  |     | ×  |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .  | 7f  |     | ×  |
| g       | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g  |     |    |
| h       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h  |     |    |
| 8       | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?          | 8   |     |    |
| 9       | Sponsoring organizations maintaining donor advised funds.   | 0   |     |    |
| а       | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a  |     |    |
| b       | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b  |     |    |
| 10      | Section 501(c)(7) organizations. Enter:   |     |     |    |
| а       | Initiation fees and capital contributions included on Part VIII, line 12  |     |     |    |
| 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:  |     |     |    |
| а       | Gross income from members or shareholders   |     |     |    |
| b       | Gross income from other sources. (Do not net amounts due or paid to other sources   |     |     |    |
| 40      | against amounts due or received from them.)   | 4.0 |     |    |
| 12a     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b | 12a |     |    |
| b<br>13 | If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.  | -   |     |    |
| a       | Is the organization licensed to issue qualified health plans in more than one state?  | 13a |     |    |
| а       | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  | IJa |     |    |
| 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  |     |     |    |
| С       | Enter the amount of reserves on hand  |     |     |    |
| 14a     | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a |     | ×  |
| 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?  | 15  |     |    |
|         | If "Yes," see the instructions and file Form 4720, Schedule N.  |     |     |    |
| 16      | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   | 16  |     |    |
|         | If "Yes," complete Form 4720, Schedule O.   |     |     |    |
| 17      | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities   |     |     |    |
|         | that would result in the imposition of an excise tax under section 4951, 4952, or 4953?   | 17  |     |    |
|         | If "Yes," complete Form 6069.   |     |     |    |

Part VI

| Part     | Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI                       | See in     | struci | tions.   |
|----------|---|------------|--------|----------|
| Secti    | on 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. |            |        |          |
| b<br>2   | Enter the number of voting members included on line 1a, above, who are independent . 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?  |            |        |          |
| 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?   | 2          |        | <u>×</u> |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 3          |        | ×        |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets? .  | 5          |        | <u>~</u> |
| 6        | Did the organization have members or stockholders?  | 6          |        | ×        |
| 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?  | 7a         |        |          |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | 7b         |        | ×<br>×   |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |            |        |          |
| а        | The governing body?   | 8a         | ×      |          |
| b        | Each committee with authority to act on behalf of the governing body?   | 8b         |        | ×        |
| 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   | 9          |        | ×        |
| Secti    | on B. Policies (This Section B requests information about policies not required by the Internal Reven   | ue Co      | ode.)  |          |
|          |   |            | Yes    | No       |
| 10a<br>b | Did the organization have local chapters, branches, or affiliates?  | 10a        |        | <u>×</u> |
|          | 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?   | 11a        | ×      |          |
| b        | Describe on Schedule O the process, if any, used by the organization to review this Form 990.   |            |        |          |
| 12a      | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a        | ×      |          |
| b<br>c   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done                | 12b<br>12c | ×      |          |
| 13       | Did the organization have a written whistleblower policy?   | 13         | ×      |          |
| 14       | Did the organization have a written document retention and destruction policy?  | 14         | ×      |          |
| 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?  |            |        |          |
| а        | The organization's CEO, Executive Director, or top management official  | 15a        | ×      |          |
| b        | Other officers or key employees of the organization   | 15b        |        | ×        |
| 16a      | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  |            |        |          |
|          | with a taxable entity during the year?  | 16a        |        | ×        |
| 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        |        |          |
| Secti    | on C. Disclosure  |            |        |          |
| 17<br>18 | List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.      | Γ (sec     | tion 5 | 501(c)   |
| 19       | ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.                                    |            |        | olicy,   |
| 20       | State the name, address, and telephone number of the person who possesses the organization's books and re Kari Hawkins, 615 Fourteenth Green Drive, Incline Village, NV 89451 (916)2  |            |        |          |

Form 990 (2022) Page **7** 

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

|                               |                        |                                      |                                 | (0      | C)           |                              |        |                         |                              |  |
|-------------------------------|------------------------|--------------------------------------|---------------------------------|---------|--------------|------------------------------|--------|-------------------------|------------------------------|--|
| (A)                           | (B)                    | Position (do not check more than one |                                 |         |              |                              |        | (D)                     | (E)                          | (F)                                    |
| Name and title                | Average                |                                      |                                 |         |              | e tnan d<br>is both          |        | Reportable              | Reportable                   | Estimated amount                       |
|                               | hours<br>per week      | office                               | officer and a director/trustee) |         |              |                              |        | compensation from the   | compensation<br>from related | of other compensation                  |
|                               | (list any              | Individual trustee or director       | Institutional trustee           | Officer | Key employee | Highest compensated employee | Former | organization (W-2/      | organizations (W-2/          | from the                               |
|                               | hours for related      | rect                                 | tutio                           | ğ       | emp          | est o                        | ner    | 1099-MISC/<br>1099-NEC) | 1099-MISC/<br>1099-NEC)      | organization and related organizations |
|                               | organizations<br>below | or tr                                | nal t                           |         | loye         | om                           |        |                         |                              | -                                      |
|                               | dotted line)           | stee                                 | rust                            |         | ď            | oens                         |        |                         |                              |  |
|                               |                        |                                      | 8                               |         |              | ated                         |        |                         |                              |  |
| (1) Lynn Zonge                | 2.00                   |                                      |                                 |         |              |                              |        |                         |                              |  |
| President                     |                        | ×                                    |                                 | ×       |              |                              |        | 0.                      | 0.                           | 0.                                     |
| (2) Sonia Folsom              | 2.00                   |                                      |                                 |         |              |                              |        |                         |                              |  |
| Vice President                |                        | ×                                    |                                 | ×       |              |                              |        | 0.                      | 0.                           | 0.                                     |
| (3) Angela Fuss               | 2.00                   |                                      |                                 |         |              |                              |        |                         |                              |  |
| Secretary                     |                        | ×                                    |                                 | ×       |              |                              |        | 0.                      | 0.                           | 0.                                     |
| (4) Christi Cakiroglu         | 2.00                   | ×                                    |                                 | ×       |              |                              |        |                         | _                            |  |
| Treasurer                     | 0.00                   |                                      |                                 | ^       |              |                              |        | 0.                      | 0.                           | 0.                                     |
| (5) Alicia Reban Board Member | 2.00                   | ×                                    |                                 |         |              |                              |        | 0.                      | 0.                           | 0.                                     |
| (6) Danielle Henderson        | 2.00                   |                                      |                                 |         |              |                              |        | 0.                      | 0.                           | 0.                                     |
| Board Member                  | 2.00                   | ×                                    |                                 |         |              |                              |        | 0.                      | 0.                           | 0.                                     |
| (7) Peter Gower               | 2.00                   |                                      |                                 |         |              |                              |        |                         |                              |  |
| Board Member                  |                        | ×                                    |                                 |         |              |                              |        | 0.                      | 0.                           | 0.                                     |
| (8)                           |                        |                                      |                                 |         |              |                              |        |                         |                              |  |
|                               |                        |                                      |                                 |         |              |                              |        |                         |                              |  |
| (9)                           |                        |                                      |                                 |         |              |                              |        |                         |                              |  |
|                               |                        |                                      |                                 |         |              |                              |        |                         |                              |  |
| (10)                          |                        |                                      |                                 |         |              |                              |        |                         |                              |  |
| 77.0                          |                        |                                      |                                 |         |              |                              |        |                         |                              |  |
| (11)                          |                        |                                      |                                 |         |              |                              |        |                         |                              |  |
| (12)                          |                        |                                      |                                 |         |              |                              |        |                         |                              |  |
| (12)                          |                        |                                      |                                 |         |              |                              |        |                         |                              |  |
| (13)                          |                        |                                      |                                 |         |              |                              |        |                         |                              |  |
| 1.0/                          |                        |                                      |                                 |         |              |                              |        |                         |                              |  |
| (14)                          |                        |                                      |                                 |         |              |                              |        |                         |                              |  |
| <del></del>                   | <b></b>                | 1                                    |                                 |         |              |                              |        |                         |                              |  |

| Part    | VII Section A. Officers, Directors,  | rustees,  | Key I                   | Em                    | plo           | yee   | s, an                        | d F                          | lighest Compe  | nsated Emp                   | loyees (d      | continued)  |
|---------|--|---|-------------------------|-----------------------|---------------|---|------------------------------|------------------------------|--|------------------------------|----------------|---|
|         |  |   |                         |                       |               | C)  |                              |                              |  |                              |                |   |
|         | (A)<br>Name and title  | (B)<br>Average<br>hours   | box, ı                  | unles                 | neck<br>ss pe | k more than one   Reportable   Reportable |                              | (E)  Reportable compensation |  | (F)<br>ted amount<br>f other |                |   |
|         |  | per week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | Individua<br>or directo | Institutional trustee | o Officer     | Key employee  | Highest compensated employee | Former                       | from the organization (W-2/ organizations (W-2/ 1099-MISC/ 1099-MISC/ organizations (W-2/ organizations (W |                              |                | pensation<br>om the<br>ization and<br>organizations |
| (15)    |  |   | _                       |                       |               |   | 0.                           |                              |  |                              |                |   |
| (16)    |  |   |                         |                       |               |   |                              |                              |  |                              |                |   |
| (17)    |  |   |                         |                       |               |   |                              |                              |  |                              |                |   |
| (18)    |  |   | -                       |                       |               |   |                              |                              |  |                              |                |   |
| (19)    |  |   | -                       |                       |               |   |                              |                              |  |                              |                |   |
| (20)    |  |   | -                       |                       |               |   |                              |                              |  |                              |                |   |
| (21)    |  |   |                         |                       |               |   |                              |                              |  |                              |                |   |
| (22)    |  |   | -                       |                       |               |   |                              |                              |  |                              |                |   |
| (23)    |  |   |                         |                       |               |   |                              |                              |  |                              |                |   |
| (24)    |  |   |                         |                       |               |   |                              |                              |  |                              |                |   |
| (25)    |  |   |                         |                       |               |   |                              |                              |  |                              |                |   |
| 1b<br>c | Subtotal   | VII Section   | <br>n Δ                 | •                     |               |   |                              |                              | 0.   | 0                            |                | 0.  |
| d<br>2  |  | t not limited   |                         | nose                  | e list        | ed  | above                        | e) w                         | 0.<br>Tho received mor   | 0<br>e than \$100,00         |                | 0.  |
| 3       | Did the organization list any former of employee on line 1a? If "Yes," complete of the complet |   |                         |                       |               |   |                              | -                            | loyee, or highes   | -                            |                | Yes No  |
| 4       | For any individual listed on line 1a, is the organization and related organizations individual   | greater th  | an \$1                  | 150,                  | ,000          | ? /   | f "Ye                        | s,"                          | complete Sche  |                              |                | ×   |
| 5       | Did any person listed on line 1a receive of for services rendered to the organization  | or accrue co  | ompei                   | nsa                   | tion          | fro   | m any                        | / un                         | related organiza   |                              |                | ×   |
| Secti   | on B. Independent Contractors  |   |                         |                       |               |   |                              |                              |  |                              | '              | · · · · ·   |
| 1       | Complete this table for your five high compensation from the organization. Rep   |   |                         |                       |               |   |                              |                              |  |                              |                |   |
|         | (A)<br>Name and business add   | Iress   |                         |                       |               |   |                              |                              | <b>(B)</b><br>Description of ser   | vices                        | (C)<br>Compens | sation  |
|         |  |   |                         |                       |               |   |                              |                              |  |                              |                |   |
|         |  |   |                         |                       |               |   |                              |                              |  |                              |                |   |
| 2       | Total number of independent contractor received more than \$100,000 of compens   |   |                         |                       |               |   | ted to                       | th                           | nose listed abov   | e) who                       |                |   |

| (202      | <del>-</del> ,  |
|-----------|---|
| Part VIII | Statement of Revenue  |
|           | Check if Schedule O contains a response or note to any line in this |

|   |          | Check if Schedule O contains a res      | spons        | e or note to an | y line in this Pa    | ırt VIII                               |                                      | 🗆  |
|---|----------|---|--------------|-----------------|----------------------|--|--------------------------------------|--|
|   |          |   | •            |                 | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business revenue | (D) Revenue excluded from tax under sections 512–514 |
| ts,   | 1a       | Federated campaigns                     | 1a           |                 |                      |  |                                      |  |
| rant  | b        | Membership dues                         | 1b           |                 |                      |  |                                      |  |
| , Gi  | С        |   | 1c           |                 |                      |  |                                      |  |
| ifts<br>ar A  | d        | _                                       | 1d           |                 |                      |  |                                      |  |
| , G<br>nik  | е        | Government grants (contributions)       | 1e           |                 |                      |  |                                      |  |
| ons<br>Sir  | f        | All other contributions, gifts, grants, |              |                 |                      |  |                                      |  |
| Contributions, Gifts, Grants, and Other Similar Amounts |          | and similar amounts not included above  | 1f           | 284,478.        |                      |  |                                      |  |
| trib<br>Ot  | g        | Noncash contributions included in       |              |                 |                      |  |                                      |  |
| on  |          |   | 1g  \$       |                 | 004 450              |  |                                      |  |
| O "   | h        | Total. Add lines 1a–1f                  | <del></del>  |                 | 284,478.             |  |                                      |  |
| Ф   | 00       |   |              | Business Code   |                      |  |                                      |  |
| vic   | 2a<br>b  |   | -            |                 |                      |  |                                      | i  |
| Program Service<br>Revenue                              | C        |   | -            |                 |                      |  |                                      |  |
| m<br>ver  | d        |   | ·  -         |                 |                      |  |                                      |  |
| gra<br>Re   | e        |   |              |                 |                      |  |                                      |  |
| ro  | f        | All other program service revenue .     |              |                 |                      |  |                                      | 1  |
| ш.  | g        | <b>Total.</b> Add lines 2a–2f           | _            |                 |                      |  |                                      |  |
|   | 3        | Investment income (including divide     | lends,       | interest, and   |                      |  |                                      |  |
|   |          | other similar amounts)                  |              |                 | 0.                   | 0.                                     | 0.                                   | 0.   |
|   | 4        | Income from investment of tax-exemp     | pt bon       | d proceeds      |                      |  |                                      |  |
|   | 5        | Royalties                               |              |                 |                      |  |                                      |  |
|   |          | (i) Real                                |              | (ii) Personal   |                      |  |                                      |  |
|   | 6a       | Gross rents 6a                          |              |                 |                      |  |                                      |  |
|   | b        | Less: rental expenses 6b                |              |                 |                      |  |                                      |  |
|   | С        | Rental income or (loss) 6c              |              |                 |                      |  |                                      |  |
|   | d        |   |              |                 |                      |  |                                      |  |
|   | 7a       | Gross amount from (i) Securitie         | es           | (ii) Other      |                      |  |                                      |  |
|   |          | sales of assets other than inventory 7a |              |                 |                      |  |                                      |  |
| -   | L .      | Less: cost or other basis               |              |                 |                      |  |                                      |  |
| evenue  | D        | and sales expenses . <b>7b</b>          |              |                 |                      |  |                                      |  |
| ver   |          | Gain or (loss) 7c                       |              |                 |                      |  |                                      |  |
| <b>~</b>  | c<br>d   | Net gain or (loss)                      |              |                 |                      |  |                                      |  |
| Other   |          | Gross income from fundraising           | Ť            |                 |                      |  |                                      |  |
| ₽   | Ou       | events (not including \$                |              |                 |                      |  |                                      |  |
|   |          | of contributions reported on line       |              |                 |                      |  |                                      |  |
|   |          | 1c). See Part IV, line 18               | 8a           |                 |                      |  |                                      |  |
|   | b        | Less: direct expenses                   | 8b           |                 |                      |  |                                      |  |
|   | С        | Net income or (loss) from fundraising   | g even       | ts              |                      |  |                                      |  |
|   | 9a       | Gross income from gaming                |              |                 |                      |  |                                      |  |
|   |          | <u> </u>                                | 9a           |                 |                      |  |                                      |  |
|   |          |   | 9b           |                 |                      |  |                                      |  |
|   |          | Net income or (loss) from gaming act    | tivities     |                 |                      |  |                                      |  |
|   | 10a      | Gross sales of inventory, less          |              |                 |                      |  |                                      |  |
|   |          | <b>⊢</b>                                | 10a          |                 |                      |  |                                      |  |
|   |          |   | 10b          |                 |                      |  |                                      |  |
|   | С        | Net income or (loss) from sales of inv  | ventor       |                 |                      |  |                                      |  |
| Snc   | 110      |   | -            | Business Code   |                      |  |                                      |  |
| nec   | 11a<br>b |   | -            |                 |                      |  |                                      |  |
| Miscellaneous<br>Revenue                                | C        |   | <del> </del> |                 |                      |  |                                      |  |
| Sce   | d        | All other revenue                       | -            |                 |                      |  |                                      |  |
| Ξ   | -        | Total. Add lines 11a–11d                |              |                 |                      |  |                                      |  |
|   | 12       | Total revenue. See instructions .       |              |                 | 284,478.             | 0.                                     | 0.                                   | 0.   |

#### 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 . . . (**D**) Fundraising expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and general expenses Program service expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members . . . . Compensation of current officers, directors, trustees, and key employees . . . . . 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 1,736. 98,294. 96,558. 0. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits . . . . . . 0. 9 554. 554. 0. 10 7,519. 6,986. 533. 0. 11 Fees for services (nonemployees): Legal . . . . . . . . . . . . . . . . Accounting . . . . . . . . . . . . 1,250. 0. 1,250. 0. Lobbying . . . . . . . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . 121,259. 0. 133,865. 12,606. 12 Advertising and promotion . . . . . . 2,701. 2,701. 0. 13 4,166. 3,324. 842. Office expenses . . . . . . . . Information technology . . . . . . 14 15 Occupancy . . . . . . . . . . . . 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 Payments to affiliates . . . . . . . 22 Depreciation, depletion, and amortization . 23 4,440. 4,440. 0. 0. 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.) 0. Dues and subscriptions 562. 0. 562. 246. 0. 246. 0. Printing and postage Bank service charges С 37. 0. 37. 0. d All other expenses 1,941. 0. 1,941. 0. 25 **Total functional expenses.** Add lines 1 through 24e 255,575. 231,382. 24,193. 0. 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)

| P                           | art X                            |   |                       |                                   | , ago 1 1          |
|-----------------------------|----------------------------------|---|-----------------------|-----------------------------------|--------------------|
|                             |                                  | Check if Schedule O contains a response or note to any line in this Par   | (A) Beginning of year |                                   | (B) End of year    |
|                             | 1 2                              | Cash—non-interest-bearing   | 45,594.               | 1 2                               | 78,060.            |
| Assets                      | 3<br>4<br>5                      | Pledges and grants receivable, net  |                       | 3 4                               | 3,082.             |
|                             | 6                                | controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  |                       | 5                                 |                    |
|                             | 7<br>8<br>9<br>10a               | Notes and loans receivable, net   |                       | 6<br>7<br>8<br>9                  |                    |
|                             | 11<br>12<br>13<br>14<br>15<br>16 | Less: accumulated depreciation  | 45,594.               | 10c<br>11<br>12<br>13<br>14<br>15 | 81,142.            |
| Liabilities                 | 17<br>18<br>19<br>20<br>21<br>22 | Accounts payable and accrued expenses   | 6,154.                | 17<br>18<br>19<br>20<br>21        | 12,732.            |
| Liab                        | 23<br>24<br>25                   | Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 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 |                       | 23<br>24<br>25                    |                    |
| Seou                        | 26                               | Total liabilities. Add lines 17 through 25  | 6,154.                | 26                                | 12,732.            |
| Net Assets or Fund Balances | 27<br>28                         | Net assets without donor restrictions   | 39,440.               | 27<br>28                          | 68,410.            |
| Assets or                   | 29<br>30<br>31                   | Capital stock or trust principal, or current funds  | 20.442                | 29<br>30<br>31                    | 60.412             |
| Net                         | 32<br>33                         | Total net assets or fund balances   | 39,440.<br>45,594.    | 32                                | 68,410.<br>81,142. |

Form 990 (2022) Page **12** 

| Part | XI Reconciliation of Net Assets   |          |         |      |          |
|------|---|----------|---------|------|----------|
|      | Check if Schedule O contains a response or note to any line in this Part XI   |          |         |      | X        |
| 1    | , , , , , ,   | 1        | 2       | 84,4 | 78.      |
| 2    |   | 2        | 2       | 55,5 | 75.      |
| 3    |   | 3        |         | 28,9 |          |
| 4    |   | 4        |         | 39,4 | 40.      |
| 5    |   | 5        |         |      |          |
| 6    |   | 6        |         |      |          |
| 7    |   | 7        |         |      |          |
| 8    |   | 8        |         |      |          |
| 9    |   | 9        |         |      | 67.      |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line  |          |         |      |          |
|      |   | 10       |         | 68,4 | 10.      |
| Part | Financial Statements and Reporting  |          |         |      |          |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |          |         |      |          |
|      | A   |          |         | Yes  | No       |
| 1    | Accounting method used to prepare the Form 990:  Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," exp                               | Jain     | <u></u> |      |          |
|      | Schedule O.   | лан      |         |      |          |
| 0-   |   |          | 2a      |      | ×        |
| 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 comp |          |         |      |          |
|      | reviewed on a separate basis, consolidated basis, or both:  | Jileu    | 01      |      |          |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |          |         |      |          |
| h    | Were the organization's financial statements audited by an independent accountant?  |          | 2b      |      | ×        |
| b    | If "Yes," check a box below to indicate whether the financial statements for the year were audite   | <br>d on |         |      | $\hat{}$ |
|      | separate basis, consolidated basis, or both:  | , G 011  | . u     |      |          |
|      | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  |          |         |      |          |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs   | siaht    | of      |      |          |
| _    | the audit, review, or compilation of its financial statements and selection of an independent accountan   |          |         |      |          |
|      | If the organization changed either its oversight process or selection process during the tax year, exp  | olain    | on ===  |      |          |
|      | Schedule O.   |          |         |      |          |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set fortl  | h in t   | he      |      |          |
|      | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |          | I       |      | ×        |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not under  | rgo t    | he      |      |          |
|      | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au   | dits .   | 3b      |      |          |
|      |   |          |         |      | (0000)   |

REV 04/25/23 PRO Form **990** (2022)

## SCHEDULE A (Form 990)

## **Public Charity Status and Public Support**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

**Employer identification number** Name of the organization Truckee River Foundation 20-3378838 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 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: An organization that normally receives (1) more than 331/3% 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<sup>1</sup>/<sub>3</sub>% 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.) 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

**Total** 

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 0. 0. 42,504. 239,321. 284,478. 566,303. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . **Total.** Add lines 1 through 3 . . . 4 0. 0. 42,504. 239,321. 284,478. 566,303. 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) . . . . **Public support.** Subtract line 5 from line 4 566,303. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 566,303. 7 Amounts from line 4 . . . . . . 0. 0. 42,504. 239,321. 284,478. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . Net income from unrelated business 9 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.) . . . . . . . **Total support.** Add lines 7 through 10 11 566,303. Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . . 100% 14 Public support percentage from 2021 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. 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 b 10%-facts-and-circumstances test - 2021. 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 

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Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

### 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.)

| Secti | on A. Public Support   |                  |                   | , ,              |                | ,               |           |
|-------|--|------------------|-------------------|------------------|----------------|-----------------|-----------|
| Calen | dar year (or fiscal year beginning in)   | (a) 2018         | <b>(b)</b> 2019   | (c) 2020         | (d) 2021       | (e) 2022        | (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  |                  |                   |                  |                |                 |           |
| С     | Add lines 7a and 7b  |                  |                   |                  |                |                 |           |
| 8     | <b>Public support.</b> (Subtract line 7c from  |                  |                   |                  |                |                 |           |
| 01:   | line 6.)   |                  |                   |                  |                |                 | _         |
|       | on B. Total Support  | ( ) 0010         | (1) 0040          | ( ) 0000         | ( 1) 0004      | ( ) 0000        | (O.T.)    |
|       | dar year (or fiscal year beginning in) Amounts from line 6                                   | <b>(a)</b> 2018  | <b>(b)</b> 2019   | (c) 2020         | (d) 2021       | <b>(e)</b> 2022 | (f) Total |
| 9     |  |                  |                   |                  |                |                 |           |
| 10a   | Gross income from interest, dividends, payments received on securities loans, rents,         |                  |                   |                  |                |                 |           |
|       | royalties, and income from similar sources.  |                  |                   |                  |                |                 |           |
| b     | Unrelated business taxable income (less  |                  |                   |                  |                |                 |           |
| b     | section 511 taxes) from businesses   |                  |                   |                  |                |                 |           |
|       | acquired after June 30, 1975   |                  |                   |                  |                |                 |           |
| С     | Add lines 10a and 10b  |                  |                   |                  |                |                 |           |
| 11    | Net income from unrelated business   |                  |                   |                  |                |                 |           |
| • •   | activities not included on line 10b, whether   |                  |                   |                  |                |                 |           |
|       | or not the business is regularly carried on  |                  |                   |                  |                |                 |           |
| 12    | Other income. Do not include gain or   |                  |                   |                  |                |                 |           |
|       | loss from the sale of capital assets   |                  |                   |                  |                |                 |           |
|       | (Explain in Part VI.)  |                  |                   |                  |                |                 |           |
| 13    | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)  |                  |                   |                  |                |                 |           |
| 14    | First 5 years. If the Form 990 is for the organization, check this box and stop he           | •                |                   |                  | •              | ear as a sectio | . , . ,   |
| Secti | on C. Computation of Public Suppor   |                  |                   |                  |                |                 | <u></u>   |
| 15    | Public support percentage for 2022 (line 8   | 3, column (f), d | livided by line   | 13, column (f))  |                | 15              | %         |
| 16    | Public support percentage from 2021 Sch  | nedule A, Part   | III, line 15 .    |                  |                | 16              | %         |
| Secti | on D. Computation of Investment In   | come Perce       | ntage             |                  |                |                 |           |
| 17    | Investment income percentage for 2022 (  | ine 10c, colun   | nn (f), divided b | by line 13, colu | ımn (f))       | 17              | %         |
| 18    | Investment income percentage from 2021   |                  |                   |                  |                |                 | %         |
| 19a   | 331/3% support tests-2022. If the organ  |                  |                   |                  |                |                 |           |
|       | 17 is not more than 331/3%, check this box   | _                | _                 | -                |                | _               | _         |
| b     | 331/3% support tests—2021. If the organize   |                  |                   |                  |                |                 |           |
|       | line 18 is not more than 331/3%, check this l  | _                | =                 | •                | -              |                 | _         |
| 20    | Private foundation. If the organization di   | d not check a    | box on line 14    | , 19a, or 19b, o | check this box | and see instru  | ctions .  |

#### Part IV **Supporting Organizations**

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

#### Se

| secu | on A. All Supporting Organizations  |     | Yes | No  |
|------|---|-----|-----|-----|
| 1    | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  | 1   | 163 | 140 |
| 2    | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   | 2   |     |     |
| 3a   | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.   | 3a  |     |     |
| 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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.   | 3b  |     |     |
| С    | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  | 3c  |     |     |
| 4a   | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.  | 4a  |     |     |
| b    | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  | 4b  |     |     |
| С    | 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)? If "Yes," explain in <b>Part VI</b> 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.   | 4c  |     |     |
| 5а   | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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). | 5a  |     |     |
| 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?   | 5b  |     |     |
| С    | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   | 5c  |     |     |
| 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? If "Yes," provide detail in <b>Part VI</b> .   | 6   |     |     |
| 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? If "Yes," complete Part I of Schedule L (Form 990).   | 7   |     |     |
| 8    | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).   | 8   |     |     |
| 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))? If "Yes," provide detail in <b>Part VI</b> .   | 9a  |     |     |
| b    | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .   | 9b  |     |     |
| С    | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .  | 9c  |     |     |
| 10a  | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>  | 10a |     |     |
| b    | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to  |     |     |     |

determine whether the organization had excess business holdings.)

| Part    | Supporting Organizations (continued)   |         |       |        |
|---------|--|---------|-------|--------|
|         |  |         | Yes   | No     |
| 11<br>a | Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and  |         |       |        |
| a       | 11c below, the governing body of a supported organization?   | 11a     |       |        |
| b       | A family member of a person described on line 11a above?   | 11b     |       |        |
|         | A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>  |         |       |        |
|         | provide detail in <b>Part VI</b> .   | 11c     |       |        |
| Section | on B. Type I Supporting Organizations  |         |       |        |
|         |  |         | Yes   | No     |
| 1       | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1       |       |        |
| 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   | 2       |       |        |
| Section | on C. Type II Supporting Organizations   |         |       |        |
| 1       | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |         | Yes   | No     |
|         | or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).   |         |       |        |
| Soction | the supported organization(s). on D. All Type III Supporting Organizations   | 1       |       |        |
| Secui   | Dr. 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   |         | 103   | 140    |
|         | 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   | 1       |       |        |
| -       | organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   | 2       |       |        |
| 3       | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  | 3       |       |        |
| Section | on E. Type III Functionally Integrated Supporting Organizations  |         |       |        |
| 1<br>a  | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below.   | nstru   | ction | s).    |
| b       | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>   | laaa ir | otr o | tional |
| с<br>2  | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (Activities Test. <b>Answer lines 2a and 2b below.</b>  | see in  | Yes   |        |
| a       | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   |         |       |        |
| a       | the supported organizations and explain how these activities directly further the exempt purposes of the 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.   | 2a      |       |        |
| b       | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  | 2b      |       |        |
| 3<br>a  | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>  | 2-      |       |        |
| b       | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  | 3a      |       |        |
| ~       | of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.   | 3b      |       |        |

|     |  |       |                           | 9                           |  |  |
|-----|--|-------|---------------------------|-----------------------------|--|--|
| Par | Type III Non-Functionally Integrated 509(a)(3) Supporting Org  | gan   | izations                  |                             |  |  |
| 1   | — 5.155K 1157 S. 315 S. |       |                           |                             |  |  |
|     | instructions. All other Type III non-functionally integrated supporting organ  | nizat | ions must complete Sect   | ions A through E.           |  |  |
| Sec | tion 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     |                           |                             |  |  |
| Sec | tion 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):  |       |                           |                             |  |  |
| а   | Average monthly value of securities  | 1a    |                           |                             |  |  |
| b   | Average monthly cash balances  | 1b    |                           |                             |  |  |
| С   | Fair market value of other non-exempt-use assets   | 1c    |                           |                             |  |  |
| d   | Total (add lines 1a, 1b, and 1c)   | 1d    |                           |                             |  |  |
| е   | Discount claimed for blockage or other factors (explain in detail in Part VI):   |       |                           |                             |  |  |
| 2   | Acquisition indebtedness applicable to non-exempt-use assets   | 2     |                           |                             |  |  |
| 3   | Subtract line 2 from line 1d.  | 3     |                           |                             |  |  |
| 4   | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | 4     |                           |                             |  |  |
| 5   | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5     |                           |                             |  |  |
| 6   | Multiply line 5 by 0.035.  | 6     |                           |                             |  |  |
| 7   | Recoveries of prior-year distributions   | 7     |                           |                             |  |  |
| 8   | Minimum Asset Amount (add line 7 to line 6)  | 8     |                           |                             |  |  |
| Sec | tion C—Distributable Amount  | •     |                           | Current Year                |  |  |
| 1   | Adjusted net income for prior year (from Section A, line 8, column A)  | 1     |                           |                             |  |  |
| 2   | Enter 0.85 of line 1.  | 2     |                           |                             |  |  |
| 3   | Minimum asset amount for prior year (from Section B, line 8, column A)   | 3     |                           |                             |  |  |
| 4   | Enter greater of line 2 or line 3.   | 4     |                           |                             |  |  |
| 5   | Income tax imposed in prior year   | 5     |                           |                             |  |  |
| 6   | Distributable Amount. Subtract line 5 from line 4, unless subject to   |       |                           |                             |  |  |
|     | emergency temporary reduction (see instructions).  | 6     |                           |                             |  |  |
| 7   | Check here if the current year is the organization's first as a non-functional   | ally  | integrated Type III suppo | rting organization          |  |  |
|     | (see instructions)   |       |                           |                             |  |  |

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 **a** From 2017 . . . . . From 2018 **c** From 2019 **d** From 2020 . . . . . From 2021 . . . . Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . .

Excess from 2022 . . .

Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## Schedule B (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

**Employer identification number** 

Truckee River Foundation 20-3378838 Organization type (check one): Filers of: Section: Form 990 or 990-EZ × 501(c)( 3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

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

Schedule B (Form 990) (2022)

Name of organization

Truckee River Foundation

Employer identification number
20-3378838

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions         | (d)<br>Type of contribution   |  |
|------------|---|------------------------------------|---|--|
| 1          | Renown Health  1155 Mill Street  Reno NV 89502  | \$6,000.                           | Person X Payroll  Noncash  (Complete Part II for noncash contributions.)                    |  |
| (a)        | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions         | (d) Type of contribution  |  |
| 2          | Western Regional Water Commission  1001 E Ninth Street  Reno NV 89512   | \$ 22,572.                         | Person X Payroll  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions         | (d)<br>Type of contribution   |  |
| 3          | Truckee Meadows Water Authority PO Box 30013 Reno NV 89520  | \$6,538.                           | Person X Payroll  Noncash  (Complete Part II for noncash contributions.)                    |  |
|            |   | l l                                |   |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions         | (d)<br>Type of contribution   |  |
|            |   |                                    |   |  |
| No.        | Name, address, and ZIP + 4  River Network  PO Box 21387   | Total contributions                | Person Payroll Noncash (Complete Part II for  |  |
| No. 4      | Name, address, and ZIP + 4  River Network  PO Box 21387  Boulder CO 80308  (b)  | \$ 8,000.                          | Type of contribution  Person Payroll Noncash  (Complete Part II for noncash contributions.) |  |
| (a)<br>No. | Name, address, and ZIP + 4  River Network  PO Box 21387  Boulder CO 80308  (b)  Name, address, and ZIP + 4  Nevada Division of Environmental Protection  901 S Stewart Street, Suite 4001 | \$ 8,000.  (c) Total contributions | Type of contribution  Person  |  |

Schedule B (Form 990) (2022)

Name of organization

Truckee River Foundation

Employer identification number
20-3378838

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)  Description of noncash property given |   |                      |
|---------------------------|--|---|----------------------|
|                           |  | \$  |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                           |  | \$  |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                           |  | \$  |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                           |  | \$  |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                           |  | \$  |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                           |  | \$  |                      |

Schedule B (Form 990) (2022)

**Employer identification number** 

20-3378838 Truckee River Foundation Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Name of organization

## SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

| Truckee River Foundation  | 20-3378838  |
|---|-------------|
| Pt VI, Line 12c: Organization regularly and consistently monitors a | nd enforces |
| compliance with the conflict of interest policy.                    |             |
| Pt VI, Line 15a: Comparability data and cost of living.             |             |
| Pt VI, Line 18: Upon request.                                       |             |
| Pt VI, Line 19: Upon request.                                       |             |
| Pt VI, Line 8a: Monthly board meeting minutes.                      |             |
| Pt VI, Line 11b: Form 990 reviewed by Board before filing.          |             |
| Pt VI, Line 8b: Monthly board meeting minutes.                      |             |
| Pt XI: Reconciliation difference.                                   |             |
| Pt IX, Line 11g:  |             |
| Description: Contract Services                                      |             |
| Total: \$121,259  |             |
| Program services: \$121,259   |             |
| Description: Bookkeeping  |             |
| Total: \$11,950   |             |
| Management and general: \$11,950                                    |             |
| Description: Payroll Service  |             |
| Total: \$656  |             |
| Management and general: \$656                                       |             |
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### Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

| OMB No. | 1545-0047 |
|---------|-----------|
|         |           |

2022

Department of the Treasury Internal Revenue Service For calendar year 2022, or fiscal year beginning , 2022, and ending , 20

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

| nternal Revenue Service   |  | Go to www.irs.gov/Form8879T   | <b>E</b> for the latest information                      | l <b>.</b>                                   |  |
|---|--|---|--|--|--|
| lame of filer   | •  |   |  | EIN or SSN                                   | •  |
| Truckee River   | Foundation   |   |  | 20-3378838                                   |  |
| lame and title of officer or  | person subject to tax  |   |  |  |  |
| Lynn Zonge, Pr  |  |   |  |  |  |
| Part I Type of  | f Return and Ret   | urn Information   |  |  |  |
| 3038-CP and Form 53<br>3a, 4a, 5a, 6a, 7a, 8a<br>3b, 4b, 5b, 6b, 7b, 8b | 330 filers may enter<br>, <b>9a</b> , or <b>10a</b> below, a<br>, <b>9b</b> , or <b>10b</b> , whiche | you are using this Form 8879 dollars and cents. For all other and the amount on that line for ever is applicable, blank (do no ore than one line in Part I. | r forms, enter whole dollars the return being filed with | s only. If you chec<br>this form was blan    | k the box on line 1a, 2a, k, then leave line 1b, 2b, |
| 1a Form 990 che   |  | <b>b Total revenue</b> , if any (Fo   | rm 990 Part VIII. column (A                              | () line 12)                                  | <b>1b</b> 284,478.                                   |
|   | check here   | <b>b Total revenue</b> , if any (For  | · · · · · · · · · · · · · · · · · · ·                    |  | 2b   |
|   | L check here   | b Total tax (Form 1120-PO   |  |  | 3b   |
|   | check here   | b Tax based on investmen  | •  |  | 4b   |
|   | eck here   | b Balance due (Form 8868  | •  |  | 5b   |
|   | heck here  | b Total tax (Form 990-T, Pa   |  |  | 6b   |
|   | eck here   | b Total tax (Form 4720, Pa  |  |  | 7b   |
|   | eck here   | b FMV of assets at end of   |  |  | 8b   |
|   | eck here   | <b>b Tax due</b> (Form 5330, Par  |  |  | 9b   |
| 10a Form 8038-CP  |  | b Amount of credit paymer   | •  |  | 10b  |
|   |  | ure Authorization of Office   |  |  |  |
|   |  | X I am an officer of the above  |  |  | vith respect to (name                                |
| of entity)  |  |   |  | -  | amined a copy of the                                 |
| -888-353-4537 no la<br>processing of the elec                           | ter than 2 business of<br>tronic payment of ta<br>elected a personal ic                              | the entry to this account. To redays prior to the payment (settlexes to receive confidential infolentification number (PIN) as m                            | ement) date. I also authoriz rmation necessary to answ   | ze the financial inst<br>er inquiries and re | titutions involved in the solve issues related to    |
| PIN: check one box  | only   |   |  |  | ¬  |
| ▼ I authorize CO  | RY WRIGHT CPA  | A CHTD  | to enter my PIN  | 5 1 2 1 1                                    | as my signature                                      |
|   |  | ERO firm name   |  | Enter five numbers, do not enter all zero    |  |
| agency(ies) regu  | -  | filed return. If I have indicated<br>art of the IRS Fed/State progr   |  |  | _  |
| filed return. If I h  | ave indicated within<br>State program, I will,   | ax with respect to the entity, I this return that a copy of the renter my PIN on the return's dis   | eturn is being filed with a s                            |  |  |
| Signature of officer or pers  | on subject to tax  | 7 20  |  | Date 05/08/                                  | 2023   |
|   | ation and Authe  | ntication   |  |  |  |
|   | er your six-digit elec   | tronic filing identification  | 8 8 3 5 7 6  Do not ente                                 |  | 2  |
|   | turn in accordance   | ny PIN, which is my signature on with the requirements of <b>Pub.</b>   |  |  |  |
| ERO's signature   | Cory W   | right   | Date   | 05/04/2023                                   |  |
|   |  | ERO Must Retain This Foundation in the II   | rm – See Instruction                                     | s  |  |

Name Employer Identification No.
Truckee River Foundation 20-3378838

| Description                 | (A)<br>Total | (B)<br>Program<br>services | (C)<br>Management<br>and general | (D)<br>Fundraising |
|-----------------------------|--------------|----------------------------|----------------------------------|--------------------|
| Contract Services           | 121,259.     | 121,259.                   |                                  |                    |
| Bookkeeping                 | 11,950.      | 121,237.                   | 11,950.                          |                    |
| Payroll Service             | 656.         |                            | 656.                             |                    |
| idyloll bervies             |              |                            |                                  |                    |
|                             |              |                            |                                  |                    |
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|                             |              |                            |                                  |                    |
|                             |              |                            |                                  |                    |
|                             |              |                            |                                  |                    |
| Total to Form 990, Part IX, |              |                            |                                  |                    |
| line 11g                    | 133,865.     | 121,259.                   | 12,606.                          |                    |
|                             |              | 141,437.                   | 12,000.                          |                    |

Truckee River Foundation 20-3378838 1

## Additional Information From 2022 Federal Exempt Tax Return

Form 990: Return of Organization Exempt from Income Tax Line 7 col (B)

**Itemization Statement** 

| Description | Amount  |
|-------------|---------|
|             | 78,610. |
|             | 17,948. |
| Total       | 96,558. |

### One Truckee River

## DRAFT - Watershed Coalition Building Budget

| ODIOWAL DECISES SUPER   |         | . /4 /22 : 40 /24 /2/                                    | O        |         | DEI                      | DOES SENT DEDOES                             |  |
|---|---------|--|----------|---------|--------------------------|--|--|
| ORIGINAL PROJECT BUDGET - FROM 11/1/23 to 10/31/24  |         |  |          |         | REIMBURSEMENT REPORT     |  |  |
| Budget Item Description*  | TRF\$   | Other Funding<br>Sources                                 | Match \$ | Total   | Expenditures to date TRF | Match - Expenditures to date (other sources) |  |
| Direct Expenses<br>Personal - Labor   |         |  |          |         |                          |  |  |
| OTR Executive Director (1,456 hrs. wages and taxes) to lead, coordinate, and facilitate OTR Partnership Council to further water quality efforts focused on OTR's RFL adult education program to reduce residential stormwater run-off and expand regionally collaborations and oversee contract service work detailed below. | 66,530  | WRWC \$21,977<br>and NLT with<br>BOR funding<br>\$18,075 | 40,052   | 106,582 |                          |  |  |
| Contract Services - Labor   |         |  |          |         |                          |  |  |
| Gary Peterson (154 hrs.) to continue to increase OTR capacity, coach and guide OTR to cultivate more private funders, and support grant proposal submissions.   | 3,000   | WRWC   | 5,000    | 8,000   |                          |  |  |
| Erin Siemer (90 hrs.) to continue to research funding opportunities and develop ways to organize OTR's Master Funder Directory for partners and OTR to find more funding opportunities to further the implement the OTR Management Plan.  | 6,885   |  |          |         |                          |  |  |
| Emily Detwiler (240 hrs.) to communicate OTR's strategic goals, River-Friendly Living Program material, and OTR efforts through social media channels.  | 17,520  |  |          | 17,520  |                          |  |  |
| Shari Pomerantz (145 hrs.) to make updates and continue to expand OTR's website and blogs related to ways the public can help to protect the Truckee River and enjoy it and OTR's achievements, current projects, and goals.  | 9,425   |  |          | 9,425   |                          |  |  |
| Professional photographer TBD to take photographs and reels to support OTR's promotional efforts.   | 3,500   |  |          | 3,500   |                          |  |  |
| Total Contract Services - Labor   | 40,330  |  | 5,000    | 38,445  |                          |  |  |
| Paid promotions through social media  | 1,250   |  | ,        | 1,250   |                          |  |  |
| Total Direct Expenses   | 108,110 |  | 45,052   | 146,277 |                          |  |  |
| Indirect expenses 25% including accounting and bookkeeping, printing and reproductions, postage, office supplies, insurance, utilities, tel-communications, dues, and subscriptions.  | 27,028  |  | -        | -       |                          |  |  |
| TOTAL (Direct and Indirect Expenses)  | 135,138 |  | 45,052   | 180,190 |                          |  |  |



### TRUCKEE RIVER FUND GRANTEE EVALUATION

| Prepared by:   | Don Mahin                                   | <b>Date: August 15, 2023</b> |  |  |  |
|--|---|------------------------------|--|--|--|
| Project Title:   | Watershed Education Initiative #271         |                              |  |  |  |
| Grantee:   | Sierra Nevada Journeys                      |                              |  |  |  |
| <ul> <li>1. Grantee used the funding for activities specified in the grant proposal.</li> <li>Completed and exceeded activities specified in proposal</li> <li>Completed activities specified in proposal</li> <li>Partially completed activities specified in proposal</li> </ul> |   |                              |  |  |  |
| NOTES: Completed all activities stated in the proposal. Adjusted schedule to work around high runoff.  |   |                              |  |  |  |
| 2. Grantee deemed their project a success.   Exceeded expectations  Met expectations  Met some but not all expectations  |   |                              |  |  |  |
| NOTES: Met and exceeded expectations by providing services to planned number of students and 2 more teachers than proposed.  |   |                              |  |  |  |
| 3. Grantee met their stated goals.  Met and exceeded stated goals  Met stated goals  Met some but not all stated goals   |   |                              |  |  |  |
| NOTES: Me  | et and exceeded goals by providing services | s to planned number of       |  |  |  |

students and 2 more teachers than proposed.

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