Form	990
Form	550

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

► Do not enter Social Security numbers on this form as it may be made public.

OMB No. 1545-0047

Inter	ial Reve	enue Service				mom	ation		111 990		is instructio				10111	1990.		Inspection			
AF	or th	e 2021 ca	alend	lar yea	r, or ta	x year	begir	ning		07	/01/202	21 <b>a</b>	ind end	ling			06	/30/2022			
в.		CN	lame (	of organi	zation										DI	Employer i	dentifi	cation number			
Вс	heck if ap	oplicable:	JNIV	'ERSI'	TY OF	NEVA	ADA I	LAS VEG	GAS E	FOUN	DATION										
	Addre chang		oing E	Business	As											94-279	013	4			
	1 1		lumbe	r and st	reet (or P	.O. box if	mail is	not delivered	d to stre	et addr	ess)	Ro	om/suite	)	E Telephone number						
	Initial	return	1505	SM	ARYIA	ND PA	RKW	AY BOX	451(	006					(702)895-3641						
	Termi							and ZIP or fo			de					( ) 0 2 / 0		0012			
	Amen	ided	DQ.	VECA	S, NV	8915	54-10	106							G	Gross recei	ots \$	452,562,126			
	Applic	cation <b>F</b> N			ress of pri				VINT	Т	VICKERS					Is this a gr					
	_ pendi	ng				•					VICKERS VEGAS,		0015/		ць	subordinate Are all subo					
-	Tox ox	empt status:							-						п(b)			st. (see instructions)			
		•		501(	,,,,		1(c) (	, , ,	insert n	0.)	4947(a)(	1) or		527							
		te: 🕨 WI								0.1	•					Group exer	-				
		of organizati		Corp	oration	Trus	t	Association		Other			L Yea	of format	ion:	1981 <b>M</b>	State	e of legal domicile: NV			
P	art I	Summ																			
	1				-			-									IDS	ENHANCE THE			
ЭС											ITS MI				HIN	IG,					
nar		RESEAF	СН,	AND	PUBL	IC_SE	RVIC	<u>E. (CO</u>	NTIN	IUED	IN SCH	EDU	<u>LE O)</u>	·							
Activities & Governance	2	Check thi			_	0				•	ons or dispo						ets.	I			
ő	3																3	5			
s S	4										rt VI, line 1b)						4	5			
itie	5	Total num	ber o	f indivio	duals en	nployed	in cale	endar year 2	2021 (I	Part V	, line 2a)						5	5			
ž	6	Total num	ber o	f volunt	eers (es	timate if	neces	sary)									6	8			
Ă	7a	Total unre	lated	busine	ss reven	ue from	Part V										7a	5,317			
																	7b	4,054			
																or Year		Current Year			
-	8	Contributi	ons a	nd gran	ts (Part )	VIII, line	1h)								27	,360,4	84.	47,636,345			
nue	9											OPY F					JONE				
Revenue	10							es 3, 4, and				INSF	PECTION	1	27	,776,0	58.	9,032,528			
Ř	11										e)			-		802,0		1,170,638			
	12										(A), line 12)				55	,938,5		57,839,511			
	13					-					<u>(, , , , ,</u>					,926,1		26,436,797			
	14																JONE				
			efits paid to or for members (Part IX, column (A), line 4) ries, other compensation, employee benefits (Part IX, column (A), lines 5-10)										6,169,093			5,792,286					
Expenses			essional fundraising fees (Part IX, column (A), line 11e)									474,942.			553,234						
ben	l Ua	Total fund	lai lu		ig iees (i	rt IV oo	lumn (I	(,, , , , , , , , , , , , , , , , , , ,	·•·		771,195			•		<u></u>	12.	555,254			
ň															12	0116	62	4,898,875			
											- <u>25</u> )	• •		•		<u>,814,6</u>					
		Total expe										• •		•		<u>,384,8</u>		37,681,192			
- 28	19	Revenue	ess e	xpense	s. Subir	actime	18 11011	nine 12.			<u></u>	• •				<u>, 553 , 7</u> of Current		20,158,319 End of Year			
Net Assets or Fund Balances	20	Tot-	to (5		a (0)										-						
\ss6 Bala	20											• •		• - 4		<u>,579,4</u>		436,194,901			
et ⊿	21													•		<u>,526,1</u>		2,097,914			
					ances. S	Subtract	line 21	from line 2	20.		<u></u>			. 4	150	<u>,053,3</u>	21.	434,096,987			
	rt II	Signa			46 - 4 1 6 -		the state of the state of		a la callas as							44 - 4 4		In and the second ball of the			
true	der per e, corre	nalties of pe ect, and com	rjury, plete.	declare Declarat	that I ha ion of pre	ave exam parer (otl	her thar	is return, in officer) is b	cluding based or	accorr n all inf	ormation of w	edules vhich	and stat preparer	tements, a has any kn	nd to	dge.	of my	knowledge and belief, it i			
Sig	n		- 4	- ( - ((													21/	2023			
He		Sigr	ature	of officer												Date					
THC					VICK	ERS					SZ	AVP	, FIN	& ADI	м,	CFO					
					and title			-					_			r					
Paic		Print/Type	prepa	arer's nar	ne			Preparer's	signatu	ire			Date			Check	if	PTIN			
	parer	JOANNA	J	OHNST	FON			JOANNA	A JC	DHNS	TON		10/2	4/202	2	self-emplo	yed	P01075079			
	Only	Firm's nar	ne	► BDO	USA,	LLP									Firm	's EIN 🕨	1	3-5381590			
	Unity	Firm's add	ress	•	299 S M	AIN ST,	10TH	FLOOR SAI	LT LAK	E CIT	Y, UT 8411	1			Pho	ne no.	8	01-269-1818			
Мау	the II	RS discus	s this	return	with the	prepare	r show	n above? (s	see ins	tructio	ns)		<u></u>	<u></u>		<u> </u>		. X Yes No			
For	Pape	rwork Red	uctio	n Act N	lotice, s	ee the s	eparat	e instructi	ons.									Form <b>990</b> (2021			

-	rm 990 (2021)	Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE MISSION OF THE UNLV FOUNDATION IS TO INCREASE PHILANTHROPIC	
	SUPPORT OF UNLV AND GROW THE UNIVERSITY'S ENDOWMENT (MISSION	
	CONTINUED IN SCHEDULE O).	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
•	If "Yes," describe these new services on Schedule O.	
3		N Yes X No
	services?	
4		ces, as measured by
	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 18,189,176. including grants of \$ 18,189,176. ) (Revenue \$	NONE )
	SEE SCHEDULE O	/
46	(Code: ) (Expenses \$ 8,247,621. including grants of \$ 8,247,621. ) (Revenue \$	
40		NONE )
	PROVIDE FUNDING FOR VARIOUS SCHOLARSHIPS TO STUDENTS ATTENDING THE	
	UNIVERSITY OF NEVADA, LAS VEGAS. UNLV SETS THE CRITERIA FOR SCHOLARSHIPS AND DISBURSES ALL AWARDS TO STUDENTS.	
	SCHOLARSHIPS AND DISBURSES ALL AWARDS TO STUDENTS.	
_		
4C	: (Code:) (Expenses \$including grants of \$) (Revenue \$)	)
4d	I Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
	e Total program service expenses ► 26,436,797.	
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	2865PB P66A	8

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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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	21	<u> </u>
3				v
	candidates for 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 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		Х
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? If "Yes,"			
•	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			<u> </u>
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
				37
4.0	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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
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		Х
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	
	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
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		120	v	
	Schedule D, Parts XI and XII.	12a	X	<u> </u>
D	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)? <i>If "Yes," complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? 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			<u> </u>
	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?			
13		40		v
<u>.</u>	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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Form 990 (2021)

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Image: Part W         Checklist of Required Schedules (continued)         Two 4           22         Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part 1X, column (A), line 27 H "Ves," complete Schedule I, Parts I and II .         Yes         No           23         Did the organization assess "Ves" to Part VI. Section A, line 3, 4, or 5, about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 so the last day or the year, day tax asseud thero become 31, 2002 If "Ves," answer lines 24b through 24d and complete Schedule I, M Two," go to line 25a .         24a         24a           4         Did the organization naves any proceeds of tax-exempt bonds bayond a temporary period esception?         24a         24a           5         Did the organization anaves have proceeds of tax-exempt bonds bayond a temporary period esception?         24a         24a           25         Section 50(16(3), 501(16(4), 40 501(2)(2)9) organizations. Dut the organization are integrated in a section with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization or gone 500-527         7b           25         Did the organization maves that engaged in an excess banefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of theoregin attainal contributor, 37% controlled schedule L, Part I.         26b         X           26         Did the organization neveots thenoregin taxion theoregin taxion reported on any of these		UNIVERSITY OF NEVADA LAS VEGAS FOUNDATION 94-2790	134		
Test         No.         Test         No.           2         Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X. Column (A), line 27 if "Yes," complete Schedule / Parts / Am (I). Section A. Jine 3. 4, or 5. about compensation of 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 yes, rad with use issued after Docember 31,2002? If "Yes," answer incest any tax-exempt bond beyond a temporey? If "Yes," answer incest any tax-exempt bonds beyond a temporey? If "Yes," answer incest any tax-exempt bonds beyond a temporey period exceptor?         24a           24a         Did the organization makes at tax-exempt bonds beyond a temporey period exceptor?         24d         24d           25a         Section 501(c)(3), and 501(c)(2) organizations. Did the organization ergaps in an excess bondit transaction with a disqualified person during the year?         24d         24d           25a         Section 501(c)(3), and 501(c)(2) organizations. Did the organization program in a prior year, and that the transaction has not been ergoned and year of the organization argue in an excess bondit transaction with a disqualified person during they?         24d         25d         x           25b         Did the organization reported any of the organization for perior 500 or 509-C27         17 Wes," complete Schedule L, Part I.         25d         x           25b         Did the organization reported any of the organization for discot, trustee, key employee, creator or founder, substantiii contributor or 30 of 500-C27         17 We	-			F	Page 4
Part IX, column (A), line 27 // Yes," complete Schedule I, Parts I and //	Faru	Checklist of Required Schedules (continued)		Yes	No
Part IX, column (A), line 27 // Yes," complete Schedule I, Parts I and //	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
anginization's current and former officers, directors, trustees, key employees, and highest compensated employees if Yess' complete Schedule A 11 Yess' complete Schedule A 12 Yess' Yess' Yess' Yess' Complete Schedule A 12 Yess' Yess' Yess' Yess'			22		Х
employees? If 'Yes,' complete Schedule J.       23       X         24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than through 24d and complete Schedule K. If 'No,'' go to line 25a.       24a       X         24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception'.       24a       X         24c       24d       X       X         24d       X       X       X         25d Section 501(c)(3). 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year / 1''''es, "complete Schedule L Part /       Z5         25d       X       X       X       X         26       Did the organization aver that the rangage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction any of the organization's prior forms 990 or 990.E27       Y''''''''''''''''''''''''''''''''''''	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100.000 so 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," to to line 25a.       24a       24a       24b         2       b Did the organization meantain an escrow account other than a refunding escrow at any time during the year?       24c       24c         2       d Did the organization meantain an escrow account other than a refunding escrow at any time during the year?       24d       24d         2       d Did the organization maintain an escrow account other than a refunding escrow at any time during the year?       24d       24d         2       d Did the organization approaches to bends beyond a temporary period exception?       24d       24d         2       d Did the organization reported har by complete Schedule L, Part I.       25d       x         2       D Did the organization pay 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, a gutant statection committee member, or to a 35% controlled ontity or anity member of any or these person? If "Yes," complete Schedule L, Part II.       2         2       D Did the organization report due any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV.       2         2       D Did the organization repayables to any current or former officer, d					
S100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," converting 24a       x         b Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception?       24a       x         c Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception?       24d       x         c Did the organization maintain an escrow account other than a refunding escrow at any time during the year?       24d       x         d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year?       24d       x         25a       Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization on years 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 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.       25a       x         27 Uid the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part II).       27       x         28 was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part II).       28a       x         29 Did the organization individual schedule and/or organization individual schedule L, Part II).       28a       x         29 Did the organization aparty to			23	Х	
through 24d and complete Schedule K If "No," go to line 25a.       24b       X         b Did the organization invests any proceeds of tax-exempt bonds beyond a temporary period exception?       24b       X         c Did the organization maintain an escrow account other than a refunding secrow at any time during the year?       24c       X         Za       Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?       24c       X         Za       Did the organization as as an "on behalf of" issuer for bonds outstanding at any time during the year?       24c       X         Za       Did the organization as as an "on behalf of" issuer for bonds outstanding at any time during the year?       X       X         Za       Did the organization aware that it engaged in an excess benefit transaction with a disqualified person any any othese organization provide any any of the organization provide a grant or other explores or receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity controlled entity (including an employee thereol, a grant selection committee member, or to a 35% controlled entity (including an employee thereol, a grant selection committee persons? If "Yes," complete Schedule L, Part II.       Za         Was the organization receive the basilisens transaction with one of the following parties (see the Schedule L, Part II.       Za       Za         Yes, "complete Schedule L, Part II.       Za       X       Za       Za	24 a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?					37
c       Did the organization maintain an escrow account other than a refunding escrow at any time during the year?       24c         d       Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?       24d         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person univ in the year?       25a         b       Is the organization aware that it engaged in an excess benefit transaction with a disqualified person univ any of the organization's prior Forms 990 or 990-E27       7%s'' complete Schedule L, Part I.       25b       X         25       Did the organization provide a grant or other assistance to any current or former officer, trustee, key employee, creator or founder, substantial contributor, or 35% complete Schedule L, Part II.       26       X         27       Did the organization approved a grant or other assistance to any current or former officer, trustee, key employee, creator or founder, substantial contributor, or 35% complete Schedule L, Part II.       26       X         28       Was the organization approved as grant to other assistance to any current or former officer, furstee, key employee, creator or founder, substantial contributor, or 35% complete Schedule L, Part II.       27       X         29       Was the organization receive controlled entity (including an employee thereol, a grant selection committee member, or or a 35% controlled entity (including an employee thereol in line 228 or 228)/ II       28a       X	h				_X
to defease any tax-exempt bonds?.       24d         4 Did the organization act as an "on behall of "issuer for bonds outstanding at any time during the year?.       24d         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a proryeat that it engaged in an excess benefit transaction with a disqualified person in a proryeat that it engaged in an excess benefit transaction with a disqualified person in a proryeate 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 on these persons? If Yes, "complete Schedule L, Part II.       26         27       Did the organization apends and the separation or employse thereol, or family member of any of these persons? If Yes, "complete Schedule L, Part II.       26         28       Was the organization apends to a business transaction with one of the following parties (see the Schedule L, Part IV.       28         28       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributors? If Yes," complete Schedule L, Part IV.       28a         28       A saft, foreschedule L, Part IV.       28a       X         29       Did the organization apends to a business transaction with one of the following parties (see the Schedule L)       28a       X         29       A curren			240		
d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year?	•		24c		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction and not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I.       25a       x         26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.       26       x         27 Did the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part II).       26       x         28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part II).       27       X         28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part II).       28       28       x         29 Did the organization receive more than \$25,000 in non-cash contributors? If "Yes," complete Schedule L, Part II).       28a       x         29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part II.       29       x         29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       29       x         29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule	d				
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-E2?         25       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.       25         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 any other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part II.         28       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV.       28         29       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28         20       A starten or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28         20       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       20         30       Did the organization orelive contributions of art, historical treasures, or other similar assets. or qualified conservation contributions? If "Yes," comp					
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27       25b         27       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% complete Schedule L, Part II.       26         27       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 of aminy functioning an 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 II.       27         28       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV.       28         29       Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule L, Part IV.       28         20       Did the organization related to any tax-exempt or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part I,       30         31       Did the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part I, II.       34         32       Did the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule A, Part I, II.       30         33       Did the organization inquidate, terminate, or dissolve and ce		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
If "Yes," complete Schedule L Part I.       25b       X         26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity or family member of any of these persons? 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, 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 IV.       27       X         28 Was the organization proprices Schedule L, Part IV.       28       X       28       X         29 Did the organization proprices Schedule L, Part IV.       28       X       28       X         29 A Simily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       28       X       28       X         29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N.       29       X       30       X       31       X         30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N.       30       X       31       X         31 Did the organization receive any 10% of an entity disregarded as separate from the organizati	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
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, creator or founder, substantial contributors or employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.       27       X         28       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV.       28a       X         29       A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV.       28b       X         20       Did the organization receive more individuals and/or organizations described in line 28a? If "Yes," complete Schedule M.       29       X         20       Did the organization receive contributions? If "Yes," complete Schedule M.       20       X         20       Did the organization receive contributions of an thistorical treasures, or other similar assets? If "Yes," complete Schedule N, Part I       X         31       Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule N, Part I       30       X         32       Did the organization nellat					
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%       26       x         27       Did the organization provide a grant or other assistance to any current of formedule L, Part II,			25b		X
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, creator or founder, substantial contributor or employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II.       27       x         28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV.       28       x         29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28       x         29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV.       28       x         29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N.       29       x         30 Did the organization receive contributions of at, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N. Part I.       30       x         30 Did the organization neelve contributions of at, historical treasures, or other similar assets? If "Yes," complete Schedule N. Part I.       33       x         32 Was the organization neelve controlled entity within the meaning of section 512(b)(13)?       35       35       x         34 Was the organization nelacetus contreges coneny payment from or engage in any transaction	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 thered) or family member of any of these persons? If "%es," complete Schedule L, Part III.       27       X         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 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28a       x         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV.       28c       x         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I       30       x         31       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I       30       x         32       Did the organization alloudate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       30       x         33       Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1.       33       x         34       Was the organization and that is treated as a partnership for federal income tax purpose? If "Yes," complete Schedule R, Part V, III, 2       33					
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       X         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):       27       X         28       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV.       28a       X         24       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28a       X         25       A Saffor Controlled entity of one or more individuals and/or organization described in line 28a or 28b? If "Yes," complete Schedule M       29       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I       31       X         30       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.       33       X         34       Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.       35a       X	27		26		X
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       x         Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions, for applicable filling thresholds, conditions, and exceptions):       a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV       28a       x         b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       28b       x         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 N, Part II       30       x         31       Did the organization receive contributions of art any isosole and cease operations? If "Yes," complete Schedule N, Part II       31       x         32       Did the organization own 100% of an entity disregarded as separate from the organization nuder Regulation sections 51(2(b)(13)?       33       x         34       Was the organization neate any conceles Schedule R, Part II, III, or IV, and Part V, Iine 1       34       x         35a       Did the organization neate any conceles Schedule R, Part II, III, or IV, and Part V, Iine 1       34	21				
persons? If "Yes," complete Schedule L, Part III       27       X         28       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV)       28       X         28       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28a       X         28       A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       28b       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV.       28c       X         30       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I       30       X         31       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I       30       X         32       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I       30       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.       32       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, II, or N, and Part V, line 1.       34       X         35a       X<					
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 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28a       x         b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       28b       x         c 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       x         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 N, Part I       31       x         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       x         33       Did the organization netated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       x       35a       x         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       x       35a       x         35a       Did the organiza			27		х
Part IV instructions, for applicable filing thresholds, conditions, and exceptions):       a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28				
"Yes," complete Schedule L, Part IV       28a       x         b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       28b       x         c 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       x         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. Part I       30       x         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II.       31       X         32       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       x         34       Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.       35a       x         35a       Did the organization. Solid the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       x         36       Section 501(c)(3) organizations. Did the organization and provide explanations on Schedule R, Part V,					
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       28b       x         c 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       x         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 N. Part I       30       x         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II.       31       x         33       Did the organization vom 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I.       33       x         34       Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.       34       x         35a       Did the organization abave a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 5501(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         36       Section 501(c)(3) organizations. Did th	а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? /f       28c       x         29 Did the organization receive more than \$25,000 in non-cash contributions? /f 'Yes," complete Schedule M			28a		Х
"Yes," complete Schedule L, Part IV.       28c       x         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			28b		Х
29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	С				
30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       x         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         33       X       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       34       X         35a       Did the organization. have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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 V       37       X	~~				Х
conservation contributions? If "Yes," complete Schedule M       30 X         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,"       32 X         33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.       33 X         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         35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a X         35 b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35b         36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization complete Schedule R, Part V, line 2.       36         37 Did the organization complete Schedule R, Part V, line 2.       37         38 Did the organization complete Schedule Q and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.       37         39 Did the organization complete Schedule C and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.       37		-	29	X	
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       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.       33       X         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         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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.       38       X         37       Did the organization complete Schedule R. Part V.       X       37       X         38       Did the organization complete Schedule Q and provide explanations on Schedule O for Part VI.       37       X	30		20	v	
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       x         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.       33       x         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I.       34       x         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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 V.       36       x         37       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.       37       x         38       X       Yes       No       X         39       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.       37       X         30       La Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .       1	31			Λ	x
complete Schedule N, Part II.       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.       33       X         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         35a       Did the organization nave a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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, line 2.       36       X         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.       37       X         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       X         39       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       X         10       the organization complete					
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       X         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         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         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       36       X         37       Did the organization complete Schedule R, Part V, line 2.       36       36       X         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       37         37       Did the organization complete Schedule Q and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.       37       38       X         18       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .       1a       34       X         14       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <t< td=""><td>-</td><td></td><td>32</td><td></td><td>Х</td></t<>	-		32		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         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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.       36       x         37       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.       37       X         38       X       Yes       No         1a       34       X       Yes       No         1a       34       X       X       X         2       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1a       34	33				
or IV, and Part V, line 1		sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? 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? Note: All Form 990 filers are required to complete Schedule O.       37       X         38       X       Yes       No         1a       Schedule O contains a response or note to any line in this Part V       X       X         1a       Statements Regarding Other IRS Filings and Tax Complicable       1a       34       Yes       No         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       34       1b       NONE       X         c       Did the organization comply with backup withholding rules for report	34				
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2				Х	
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			35a		Х
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	b		251		
related organization? If "Yes," complete Schedule R, Part V, line 2	26		320		
<ul> <li>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</li> <li>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</li> <li>Part V</li> <li>Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V</li> <li>1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable</li> <li>b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable</li> <li>c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</li> </ul>	30		36		x
and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> , 37 X 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	37	-			21
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       x         Part V       Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V       x       x         Image: Schedule O contains a response or note to any line in this Part V       x       x         Image: Schedule O contains a response or note to any line in this Part V       x       x         Image: Schedule O contains a response or note to any line in this Part V       x       x         Image: Schedule O contains a response or note to any line in this Part V       x       x         Image: Schedule O contains a response or note to any line in this Part V       x       x         Image: Schedule O contains a response or note to any line in this Part V       x       x         Image: Schedule O contains a response or note to any line in this Part V       x       x         Image: Schedule O contains a response or note to any line in this Part V       Image: Schedule O contains a response or note to any line in this Part V       x         Image: Schedule O contains a response or note to any line in this Part V       Image: Schedule O contains a response or note to any line in this Part V       x         Image: Schedule O contains a response or note to any line in this Part V       Image: Schedule O contains a res	•		37		х
Part V       Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V       X         Yes       No         1a       34         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1a       34         1b       NONE         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X	38				
Check if Schedule O contains a response or note to any line in this Part V       X         Yes       No         1a       34       1a       34         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1a       34         b       Enter the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X		19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Yes       No         1a       Set in the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       34       1b       NONE       1b       NONE       1b       NONE       1b       NONE       1b       NONE       1c       X       X	Part				
1a       34         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1a       34         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       NONE         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X		Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       NONE         c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?IcX			-		
reportable gaming (gambling) winnings to prize winners?					
	C		10	x	
SA E1030 1.000 Form <b>990</b> (2021)	JSA				(2021)

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Par	t 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 57										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.										
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х								
b	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,										
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х							
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		Х							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	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										
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х							
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).										
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	Х								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was										
	required to file Form 8282?	7c		X							
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		X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X							
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.										
	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:										
	Initiation fees and capital contributions included on Part VIII, line 12	-									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-									
11	Section 501(c)(12) organizations. Enter:										
	Gross income from members or shareholders										
b	Gross income from other sources. (Do not net amounts due or paid to other sources										
	against amounts due or received from them.)	12a									
	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 12b										
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									
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	Tou									
h	Enter the amount of reserves the organization is required to maintain by the states in which										
Ň	the organization is licensed to issue qualified health plans										
c	Enter the amount of reserves on hand										
	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? <i>If "No," provide an explanation on Schedule O</i>	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		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 investment income?	16		Х							
-	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.										
JSA		Form	990	(2021)							

Form 990 (2021)

Form 9	90 (2021) UNIVERSITY OF NEVADA LAS VEGAS FOUNDATION 94-2790	134	F	Page 6
Part	VI 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.	See in	struc	tions.
<u></u>	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management		Yes	No
4	Enter the number of voting members of the governing body at the end of the tax year $1a$ 59			
Ta	Enter the number of voting members of the governing body at the end of the tax year			
	if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
-	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		X
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	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:			
а	The governing body?	8a	Х	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
0	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	· ·	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae	.) Yes	No
		10a	103	<u> </u>
	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,	10b		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a		x
-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	- Tu		
b	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? <i>If "No," go to line 13</i>	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
b		12b	х	
~	rise to conflicts?			
U	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			
10	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	
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 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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► SEE SCHEDULE O			
18	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. X Own website Another's website X Upon request Other ( <i>explain on Schedule O</i> )	(sec	tion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	est p	olicy,
	and financial statements available to the public during the tax year.			2.
20	State the name, address, and telephone number of the person who possesses the organization's books and record TIFFANY VICKERS 4505 S MARYLAND PKWY, BOX 451006 LAS VEGAS, NV 89154-1006			
JSA	702-895-3641	Form	990	(2021)
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Form 990 (2021)

94-2790134

Part VII	Compensation of	Officers,	Directors,	Trustees,	ney	⊏mpioyees,	rignest	Compensated	⊏mpioyees,	and
	Independent Contr									
	Check if Schedule O	contains a r	esponse or no	ote to any line	e in this	s Part VII				X

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.

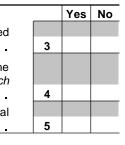
• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any	box, office	(C) Position o not check more than c x, unless person is both cer and a director/trust ter and a director/trust				an tee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	licer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) KEITH WHITFIELD	5.00									
PRESIDENT, UNLV	45.00			Х				NONE	513,239.	168,887.
(2) RICKEY MCCURRY	30.00									
PRESIDENT, UNLV FOUNDATION	20.00			Х				311,805.	NONE	89,020.
(3) TIFFANY VICKERS	50.00									
SAVP, FINANCE & ADMIN & CFO	NONE			Х				224,913.	NONE	123,993.
(4) CINDY RIVELLI	50.00									
ASSOCIATE VP FOR DEVELOPMENT	NONE					X		173,873.	NONE	95,135.
(5) GOCE MUSOVSKI	50.00									
CHIEF INFORMATION OFFICER	NONE					X		152,803.	NONE	85,688.
(6) BUD BEEKMAN	50.00									
DIRECTOR OF GIFT PLANNING	NONE					X		124,639.	NONE	71,119.
(7) BLAKE DOUGLAS	50.00									
ASSOCIATE VP FOR ALUMNI ENGAGE	NONE					X		121,926.	NONE	70,488.
(8) JOAKIM NYONI	50.00									
ASSOCIATE VP, DEVELOPMENT	NONE					X		114,535.	NONE	64,654.
(9) STEPHANIE BALZER	50.00									
SPECIAL ASSISTANT TO VP	NONE					X		106,269.	NONE	55,306.
(10) SUSAN MCQUILKIN	50.00									
CORPORATE SECRETARY	NONE			Х				86,338.	NONE	52,658.
(11) GREGORY MCKINLEY	8.00	-								
CHAIR	NONE	Х		Х				NONE	NONE	NONE
(12) DIANA L. BENNETT	4.00									
VICE CHAIR	NONE	Х		Х				NONE	NONE	NONE
(13) DAVID ROSS	4.00									
2ND VICE CHAIR	NONE	Х		Х				NONE	NONE	NONE
(14) GEORGE W. SMITH	4.00	-								
TREASURER	NONE	Х		Х				NONE	NONE	NONE

Form 990 (2021)	uataaa Ka						1.01	haat Component	ad Employees (a	Page 8
Part VII Section A. Officers, Directors, Tr		ey Enr	пріо	-		and r	ligi	· · · · · ·	г <b>аран са с</b> а стала с	,
(A) Name and title	(B) Average hours per week (list any hours for related	box, office	(C) Position not check more than one t, unless person is both an the rand a director/trustee) 고 오 중 역표 70					(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1000-MICC)	organization and related organizations
( 15) ANDY ABBOUD	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
( 16) GARY ACKERMAN	2.00	4								
TRUSTEE	NONE	X						NONE	NONE	NONE
( 17) BARRY W. BECKER	2.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONI
( 18) DAVID RAY BELDING	2.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONE
( <u>19) MICHAEL J. BONNER</u>	2.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONI
( 20) BILL BOYD	2.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONI
( 21) MICHAEL BRITT (UNTIL 3/3/22)	2.00	_								
TRUSTEE	NONE	X						NONE	NONE	NONI
( 22) KERRY W. BUBOLZ	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONI
( 23) KEVIN BURKE	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
( 24) CRAIG CAVILEER	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONI
( 25) LAURI COLLINS	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONI
1b Sub-total								1,417,101.	513,239.	876,948.
c Total from continuation sheets to Part VII, S							►	NONE	NONE	NONI
d Total (add lines 1b and 1c)								1,417,101.	513,239.	876,948.
2 Total number of individuals (including but not		hose	liste	d al	bov	,	o re	ceived more than	\$100,000 of	
reportable compensation from the organizatio	n 🕨					9				

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person



#### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
2 Total number of independent contractors (including but not limited to thos more than \$100,000 in compensation from the organization ►		

Art VII Section A. Officers, Directors, (A)	(B)	<b>/</b>		(0				(D)	(E)	(F)
Name and title		box,	unles	Posi neck ss pe	ition more rson	e than c is both or/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
5) THEODORE DAKE	2.00		e			ated				
RUSTEE	<u>2.00</u> _ NONE	x						NONE	NONE	NON
7) DARON M. DORSEY	2.00								NONE	10010
RUSTEE	 NONE	x						NONE	NONE	NON
) JONATHAN FINE RUSTEE	2.00 NONE	x						NONE	NONE	NON
) MATTHEW FRAZIER	2.00									
RUSTEE	NONE	x						NONE	NONE	NON
)) TOM GALLAGHER	2.00									
RUSTEE (UNTIL 7/15/21)	NONE	Х						NONE	NONE	NON
) RANDY GARCIA	2.00_									
RUSTEE	NONE	Х						NONE	NONE	NON
2) MICHAEL GAUGHAN RUSTEE	2.00_ NONE	X						NONE	NONE	NON
B) JERRY GORDON	2.00_	-								
RUSTEE	NONE	Х						NONE	NONE	NON
) BRIAN GREENSPUN	2.00_									
RUSTEE	NONE	Х						NONE	NONE	NON
) DALLAS E. HAUN	2.00_									
RUSTEE (UNTIL 6/30/22)	NONE	Х						NONE	NONE	NOI
) DERRICK R. HILL	2.00_	-								
RUSTEE	NONE	Х						NONE	NONE	NON

reportable compensation from the organization **>** 

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated	
-		3
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	
	individual	4
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5

#### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
<ul> <li>2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►</li> </ul>		

Yes No

Part VII Section A. Officers, Directors	Trustees, Ke	v Fm	nplo	ve	es.	and I	lial	hest Compensat	ed Employees (c	Page 8
(A)	(B)	<u>,                                    </u>			<del>23,</del> C)		iigi	(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles	Pos heck ss pe d a d	ition mor erson	e than c is both tor/trust	an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
37) DEBBY JACOBS	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
38) CHIPPER D. JOHNSON	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
39) GARY JOHNSON	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
40) TOM KAPLAN	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
41) CYNTHIA KISER MURPHEY	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
42) GREGORY T.H. LEE	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
43) ROBERT E. LEWIS	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
44) EVA LIANG M.D.	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
45) JOYCE MACK	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
46) MARILYNN MACK	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
47) SCOTT Y. MACTAGGART	2.00									
TRUSTEE (UNITL 7/21/21)	NONE	Х						NONE	NONE	NONE
1b Sub-total							•			
c Total from continuation sheets to Part V							6			
d Total (add lines 1b and 1c)					•••		•			
2 Total number of individuals (including but				d al	bov	e) who	o re	ceived more than	\$100.000 of	
reportable compensation from the organiz				<b>a</b> a		c,			÷,	

3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes" complete Schedule J for such person

#### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

Yes No

3

4

5

(A)	(B)			(C	;)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related	box, office	not ch unles er and	Posi ieck s pei l a di	ition more rson irect	e than o is both or/trust en Hig	an ee)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	icer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
48) AKDO MADRIGRANO	2.00_	37						NONE	NONT	
TRUSTEE	NONE	X						NONE	NONE	NON
49) GEORGE J. MALOOF JR. TRUSTEE	2.00_ NONE	x						NONE	NONE	NON
50) JOE MICATROTTO II	2.00								NONE	1010
TRUSTEE (UNTIL 11/3/21)	<u>2:00</u> - NONE	x						NONE	NONE	NON
51) TOM MORTON	2.00									
TRUSTEE	NONE	х						NONE	NONE	NON
52) CURTIS L. MYLES III	2.00									
TRUSTEE	NONE	х						NONE	NONE	NON
53) JOHN F. O'REILLY	2.00									
TRUSTEE	NONE	х						NONE	NONE	NON
54) HELGA F. PIZIO, M.D.	2.00									
TRUSTEE	NONE	x						NONE	NONE	NON
55) TED QUIRK	2.00									
TRUSTEE	NONE	x						NONE	NONE	NON
56) KENNETH RAMIREZ	2.00									
TRUSTEE	NONE	x						NONE	NONE	NON
57) ELEANOR M. RISEMAN	2.00									
TRUSTEE	NONE	x						NONE	NONE	NON
58) PERRY ROGERS	2.00									
TRUSTEE	NONE	х						NONE	NONE	NON
1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A									

reportable compensation from the organization 🕨

3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	
	individual	4
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	_
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5

#### Section B. Independent Contractors

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

	(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
_			
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

Yes No

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box, office	unles er and	Pos neck ss pe d a d	ition more erson lirect	e than c is both tor/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
59) LARRY RUVO	2.00_									
TRUSTEE	NONE	Х						NONE	NONE	NONI
60) MICHAEL A. SALTMAN	2.00_									
TRUSTEE	NONE	X						NONE	NONE	NONI
61) TONY F. SANCHEZ III	2.00_									
TRUSTEE	NONE	Х						NONE	NONE	NONI
62) BLAKE L. SARTINI	2.00_									
TRUSTEE	NONE	Х						NONE	NONE	NONI
63) EMILY SCHORR, M.D.	2.00_									
TRUSTEE	NONE	Х						NONE	NONE	NONI
64) RAJESH SHROTRIYA, M.D.	2.00_									
TRUSTEE	NONE	Х						NONE	NONE	NONE
65) DONALD D. SNYDER	2.00_									
TRUSTEE	NONE	Х						NONE	NONE	NONI
66) CAROLYN M. SPARKS	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONI
67) TOM THOMAS	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONI
68) TITO TIBERTI	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONI
69) DAN TUNDERLAND	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONI
1b Sub-total							►			
c Total from continuation sheets to Part V										
d Total (add lines 1b and 1c)										

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

#### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization		

ONIVERS1 Form 990 (2021)	TY OF N	EVAL	A	LAS	5 V.	EGAS	5 F(	JUNDATION	94-2790	⊥34 Page <b>8</b>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (contin										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r box,	not cl unles	Pos Pos heck ss pe	<b>C)</b> iition more	e than c is both or/trust employee	one an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
( 70) WARREN VOLKER, M.D. TRUSTEE	2.00 NONE	x						NONE	NONE	NONE
( _71)_AURORA_WONG	2.00_ NONE	x						NONE	NONE	NONE
( <u>72) MICHAEL W. YACKIRA</u> TRUSTEE	2.00_ NONE	X						NONE	NONE	NONE
( 73) MARK L. YOSELOFF TRUSTEE	2.00 NONE	x						NONE	NONE	NONE
		_								
		-								
		-								
		-								
		-								
		-								

1b Sub-total

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of

c Total from continuation sheets to Part VII, Section A

reportable compensation from the organization **>** 

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

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

	(A) SEE SCHEDULE O Name and business address	(B) Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

1

Form 990 (2021)

#### UNIVERSITY OF NEVADA LAS VEGAS FOUNDATION Part VIII Statement of Revenue

		Check if Schedule O conta	ins a respon	se or note to an	y line in this Part \	/111		
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
۵, G	с	Fundraising events						
ifts ır A	d	Related organizations		2,846,958.				
, G	е	Government grants (contribution						
Sins	f	All other contributions, gifts, gra						
utic		and similar amounts not included ab		44,789,387.				
Sth	g	Noncash contributions included	in					
d t		lines 1a-1f	1g §	6,243,633.				
aŭ	h	Total. Add lines 1a-1f			47,636,345.			
				Business Code				
e	2a							
e vi	b							
Program Service Revenue	c							
am	d							
-gc	e							
Pr	f	All other program service revenu	e					
	g	Total. Add lines 2a-2f		►	NONE			
	3	Investment income (including						
		other similar amounts)		,	7,235,639.		5,317.	7,230,322.
	4	Income from investment of tax-		. [	NONE			
	5	Royalties	•		NONE			
			(i) Real	(ii) Personal				
	6a	Gross rents 6a	55,731.					
	b	Less: rental expenses 6b	NONE					
	с	Rental income or (loss) 6c	55,731.	NONE				
	d	Net rental income or (loss)			55,731.			55,731.
	7a		i) Securities	(ii) Other				
		sales of assets						
		other than inventory 7a	396,519,504.					
ē	b	Less: cost or other basis						
evenue		and sales expenses 7b	394,722,615.					
ev	с	Gain or (loss) 7c	1,796,889.					
r R	d	Net gain or (loss)	<u></u>		1,796,889.			1,796,889.
Other	8a	Gross income from fund	raising					
0		events (not including \$						
		of contributions reported or						
		1c). See Part IV, line 18		NONE				
	b	Less: direct expenses	8b	NONE				
	с	Net income or (loss) from fundra	aising events	<u></u> ▶	NONE			
	9a	Gross income from g	aming					
		activities. See Part IV, line 19	9a	NONE				
	b	Less: direct expenses	9b	NONE				
	С	Net income or (loss) from gami	ng activities.	<u></u> ▶	NONE			
	10a	Gross sales of inventory,	less					
		returns and allowances	<u>10a</u>	NONE				
	b	Less: cost of goods sold	10b	NONE				
	С	Net income or (loss) from sales of	of inventory	<u></u>	NONE			
sr				Business Code				
eor	11a	NHSE ENDOWMENT MANAGEMENT FEE		900099	648,662.			648,662.
lan	b	OTHER REVENUE		900099	466,245.			466,245.
Sev	с							
Miscellaneous Revenue	d	All other revenue						
-	е				1,114,907.			
	12	Total revenue. See instructions			57,839,511.		5,317.	10,197,849.

Form **990** (2021)

#### UNIVERSITY OF NEVADA LAS VEGAS FOUNDATION Part IX Statement of Functional Expenses

Check if Schedule O contains a respo	onse or note to any line	in this Part IX		<u> </u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	26,436,797.	26,436,797.		
	20,130,797.	20,130,797.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,044,849.		356,434.	688,415
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	3,427,253.		2,226,194.	1,201,059
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	NONE			
9 Other employee benefits	1,320,184.		784,681.	535,503
10 Payroll taxes	NONE		- ,	
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	8,567.		8,567.	
c Accounting	75,850.		75,850.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	553,234.			553,234
f Investment management fees	1,040,173.		1,040,173.	•
g Other. (If line 11g amount exceeds 10% of line 25, column	, ,		, ,	
(A), amount, list line 11g expenses on Schedule O.)	356,432.		356,432.	
12 Advertising and promotion	24,021.		24,021.	
13 Office expenses	674,001.		476,063.	197,938
14 Information technology	430,612.		430,612.	
15 Royalties	NONE			
16 Occupancy	NONE			
17 Travel	35,165.			35,165
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	119,189.		94,709.	24,480
20 Interest	142,616.		142,616.	
21 Payments to affiliates	52,500.		52,500.	
22 Depreciation, depletion, and amortization	57,659.		57,659.	
23 Insurance	29,170.		29,170.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSE	1,293,875.	NONE	1,293,875.	NON
b STEWARDSHIP & DONOR RELATION	535,401.	NONE	NONE	535,401
c RECOGNITION	23,644.	NONE	23,644.	NON
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	37,681,192.	26,436,797.	7,473,200.	3,771,195
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if			,2000	_ , , _ , _ , _ , _ , _ , _ , _ ,

following SOP 98-2 (ASC 958-720)

. . .

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Form 990 (2021)

Page <b>1</b>	1
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Part X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa			
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	7,352,126.	1	14,152,366
2	Savings and temporary cash investments	17,496,232.	2	8,163,536
3	Pledges and grants receivable, net	23,332,280.	3	17,493,870
4	Accounts receivable, net	607,575.	4	692,136
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NON
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NON
<del>१</del> २	Notes and loans receivable, net	NONE	7	NON
Assets	Inventories for sale or use	NONE	8	NON
₹ 9	Prepaid expenses and deferred charges	55,410.	9	71,701
10 a	Land, buildings, and equipment: cost or other			· · · · · ·
	basis. Complete Part VI of Schedule D			
b	Less: accumulated depreciation <b>10b</b> 1,147,173.	369,239.	10c	353,080
11	Investments - publicly traded securities	176,952,079.		146,286,487
12	Investments - other securities. See Part IV, line 11	221,950,909.		246,168,730
13	Investments - program-related. See Part IV, line 11	NONE		NOI
14	Intangible assets	14	NO	
15	Other assets. See Part IV, line 11	4,463,582.		2,812,995
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	452,579,432.		436,194,901
17	Accounts payable and accrued expenses	933,567.		797,380
18	Grants payable	NONE		NOI
19	Deferred revenue	NONE		NOI
20	Tax-exempt bond liabilities	NONE		NO
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NOI
	Loans and other payables to any current or former officer, director,	1101112		
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	22	NOI
23	Secured mortgages and notes payable to unrelated third parties	NONE		NOI
24	Unsecured notes and loans payable to unrelated third parties	NONE		NOI
25	Other liabilities (including federal income tax, payables to related third	NONE	27	1101
20	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	1,592,544.	25	1,300,534
26	Total liabilities. Add lines 17 through 25.	2,526,111.	26	2,097,914
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.	2,320,111.	20	2,007,011
Net Assets or Fund Balances	Net assets without donor restrictions	10,931,390.	27	7 520 207
	Net assets with donor restrictions.			7,539,287
		439,121,931.	28	426,557,700
	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
5 20			20	
29 St 20	Capital stock or trust principal, or current funds		29	
S 30	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		30	
∯ 31		450 052 201	31	424 006 005
5 32 N 22	Total net assets or fund balances	450,053,321.	32	434,096,987
2 33	Total liabilities and net assets/fund balances	452,579,432.	33	436,194,901 Form <b>990</b> (202 <sup>2</sup>

Form **990** (2021)

UNIVERSITY	OF	NEVADA	LAS	VEGAS	FOUNDATION

Form 9	90 (2021)				Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	7,8	39,	511
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	7,6	81,	192
3	Revenue less expenses. Subtract line 2 from line 1	3	2	0,1	58,	319
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	45	0,0	53,	321
5	Net unrealized gains (losses) on investments	5	-3	6,1	14,	<u>653</u>
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	<u>32,</u> column (B))	10	43	4,0	96,	<u>987</u>
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			,		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	na			
	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 over	rsight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	the			
	Single Audit Act and OMB Circular A-133?			3a		X

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b

Form 990 (2021)

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SCHE	DULE	F
(Form	990)	

## 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.

OMB No. 1545-0047

		evenue Service		Go to www.irs.go	ov/Form990 for instructi	ons and	the latest	information.	Inspection
Nam	e of th	he organization						Employer identifi	cation number
UN	IVE	RSITY OF NE	EVADA LAS	VEGAS FOUNDA	TION			94-2	790134
Ра	rt I	Reason for	Public Cha	rity Status. (All o	organizations must o	complet	te this pa	art.) See instruction	S.
The	orga	anization is not	a private fou	ndation because it	is: (For lines 1 throug	gh 12, ch	eck only	one box.)	
1		A church, conv	vention of chu	urches, or associat	tion of churches desci	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school desc	ribed in <b>secti</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		A hospital or a	cooperative	hospital service o	rganization described i	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical rese	earch organiz	ation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's nam	e, city, and st	ate:					
5		An organizatio	on operated f	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ental unit described in
		section 170(b)	<b>(1)(A)(iv).</b> (C	complete Part II.)					
6		A federal, stat	e, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	X	An organizatio	on that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in se	ection 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community t	rust describe	d in section 170(b	)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural	research org	ganization describe	ed in section 170(b)(1	)(A)(ix)	operated	in conjunction with a	land-grant college
		or university of	r a non-land-	grant college of ag	riculture (see instruct	ions). E	nter the i	name, city, and state o	f the college or
		university:							
10 11		receipts from a support from g acquired by th	activities rela gross investm e organizatio	ted to its exempt f nent income and un n after June 30, 19	ore than 331/3 % of its unctions, subject to c nrelated business tax 975. See <b>section 509</b> usively to test for publi	ertain ex able inco ( <b>a)(2).</b> (0	ceptions ome (less Complete	s; and (2) no more thar s section 511 tax) from Part III.)	n 331/3 % of its
11 12	$\vdash$	0	0	•					ry out the purposes of
12		•	•	•	•				tion 509(a)(3). Check
		-		-	es the type of suppor				
_		_							
а				•	, supervised, or control	•		• • • •	
			-		regularly appoint or el		ajonty of	the directors of truste	es of the
		_ ·· ~	•		e Part IV, Sections A				
b					ed or controlled in co				
					rganization vested in	the sam	e persor	is that control of man	lage the supported
_		`	· ·		, Sections A and C.	4 a al 1 a - a		e	II :
С					ng organization opera				lly integrated with,
			•		s). You must comple				
d			-		porting organization o	-			
			-		nization generally mus	-			a an attentiveness
-			•	,	omplete Part IV, Section				
е			-		a written determinatio				п, туре п
f	En				ionally integrated sup		organizai	ion.	
g				-	orted organization(s).				•••••
9		ame of supported o	-	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
	(.)		iganization	(, ב	(described on lines 1-10		ur governing	support (see	other support (see
					above (see instructions))		ment?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
( <b>F</b> )									
(E)									
T-4	<b>.</b>								
Tota	al								
For	Danor	work Poduction A	et Notico, coo th	a Instructions for Form	990 or 990 E7				chedule A (Form 990) 2021

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ JSA 1E1210 1.000 Schedule A (Form 990) 2021

Page 2

Schedule A (Form 990) 2021

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) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	55,896,597.	41,414,780.	57,824,249.	27,360,484.	47,636,345.	230,132,455.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	55,896,597.	41,414,780.	57,824,249.	27,360,484.	47,636,345.	230,132,455.
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)						17,282,501.
6	Public support. Subtract line 5 from line 4						212,849,954.
	tion B. Total Support		1 1			1	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	55,896,597.	41,414,780.	57,824,249.	27,360,484. 4,283,803.	47,636,345.	230,132,455. 26,490,599.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	NONE	NONE	NONE	5,317.		5,317.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	849,548.	1,094,632.	1,073,903.	802,037.	1,114,910.	4,935,030.
11	Total support. Add lines 7 through 10						261,563,401.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	•	-			1 1	
14	Public support percentage for 2021 (li		•			14	81.38 %
15	Public support percentage from 2020					15	85.58 %
16a	331/3% support test - 2021. If the org	-					
	box and <b>stop here.</b> The organization q						
b	331/3% support test - 2020. If the org						
47-	this box and <b>stop here</b> . The organization			-			
17a	10%-facts-and-circumstances test - 2		-				
	10% or more, and if the organization Part VI how the organization meets					-	
	_			-	-		
h	organization						
D	15 is 10% or more, and if the organiz						
	in Part VI how the organization meets					-	-
	organization.			-	-		
18	Private foundation. If the organization						
	instructions						

Schedule A (Form 990) 2021

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Schedule A	(Form	990)	2021
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#### 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	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.")						
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	Public support. (Subtract line 7c from						
	line 6.)						
_	tion 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
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						<b>504</b> (-)(2)
14	<b>First 5 years.</b> If the Form 990 is for	•					
Sec	organization, check this box and stop here tion C. Computation of Public Sup						
15	Public support percentage for 2021 (line 8	•	•	(f))		15	%
16	Public support percentage from 2020 Sche	.,	-			16	%
	tion D. Computation of Investmen						/0
17	Investment income percentage for 2021 (li			13. column (f))		17	%
18	Investment income percentage for 2021 (in					18	%
	331/3% support tests - 2021. If the or						
	17 is not more than 331/3%, check thi						
b	331/3% support tests - 2020. If the org	-	-	•			
-	line 18 is not more than 331/3%, check						
20	<b>Private foundation.</b> If the organization		•	•			
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(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.*
- **10 a** 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

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
С	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		
Section	on B. Type I Supporting Organizations			

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 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.	
		Г

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.

#### Section C. Type II Supporting Organizations

 Yes
 No

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

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	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? <i>If "No," explain in <b>Part VI</b> how</i>			
	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? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).						
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 <b>Part VI</b> how you supported a governmental entity (see instructions).						
•	Asticities Test Assumptions On and Ok halsen		Yes	No			
2	Activities Test. Answer lines 2a and 2b below.						

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 <b>Part VI identify those supported organizations and explain</b> 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? <i>If</i> "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	Parent of Supported Organizations. Answer lines 3a and 3b below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

3a

Yes No

1

2

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

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

Se	ction 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		
Se	ction 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		
k	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c)	1d		
e	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		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2		2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4		4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to			
Ũ	emergency temporary reduction (see instructions).	6		
-		-		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

Page

Schedu Part	Ie A (Form 990) 2021 V Type III Non-Functionally Integrated 509(a)(3) 5	Supporting Organizat	ions (continued)		Page 7
	on D - Distributions		(***********		Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer		ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - <i>explain in <b>Part VI</b>)</i> . See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	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)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	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, <i>explain in <b>Part VI</b></i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i> <b>Part VI.</b> See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
a b	Excess from 2017				
 	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
FUNDRAISING EVENTS MISCELLANEOUS REVENUE NHSE ENDOWMENT MANAGEMENT FEE RENTAL INCOME	111,600. 133,026. 604,922. NONE	201,200. 289,991. 603,441. NONE	202,800. 238,433. 632,670. NONE	NONE 160,500. 638,449. 3,088.	NONE 466,248. 648,662. NONE	515,600. 1,288,198. 3,128,144. 3,088.
TOTALS	849,548.	1,094,632.	1,073,903.	802,037.	1,114,910.	4,935,030.

#### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

#### Name of the organization

### Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

UNIVERSITY OF NEVADA I	94-2790134	
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private four	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ion
	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 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 **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

**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).

	UNIVERSITY OF NEVADA LAS VEGAS	FOUNDATION	Employer identification number 94-2790134
Part I	Contributors (see instructions). Use duplicate copi		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$1,010,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	<u>N/A</u>	\$1,750,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$1,021,822.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	<u>N/A</u>	\$1,829,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	<u>N/A</u>	\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$1,189,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of c	organization UNIVERSITY OF NEVADA LAS VEGAS 1		Employer identification number 94-2790134
Part I	Contributors (see instructions). Use duplicate copie		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>N/A</u>	\$2,025,020.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	<u>N/A</u>	\$1,155,110.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_	<u>N/A</u>	\$1,032,309.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_10_	N/A	\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	<u>N/A</u>	\$10,928,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	N/A	\$1,700,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

me or org	ganization UNIVERSITY OF NEVADA LAS VEGAS	FOUNDATION	Employer identification number 94-2790134
art I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is i	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$1,000,419.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of or	ganization UNIVERSITY OF NEVADA LAS VEGAS FOUNDAT			entification number 2790134
Part II	Noncash Property (see instructions). Use duplicate copies of	f Part II if additional sp	ace is nee	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estin (See instructio		(d) Date received
7_	MEDICAL EQUIPMENT	\$10	,520.	12/29/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estin (See instructio		(d) Date received
8_	232 WORKS OF ART 188 BOOKS 8 PEDESTALS	\$1,144	,050.	09/10/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estin (See instructio		(d) Date received
9_	21,193 SHARES 17 DIFFERENT STOCKS	\$1,032	,309.	12/06/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estin (See instructio		(d) Date received
3	103 SHRS ADBE,122 SHRS GOOGL,32 SHRS AMZN,292 SHRS AMT, 1646 SHRS XLC 253 SHRS COST,375 SHRS LLY, 43 SHRS XLC, 341 SHRS XLC	\$1,003	,907.	12/13/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estin (See instructio		(d) Date received
13	1390 SHRS DIS, 1375 SRS DIS, 358 SHRS SPY, 195 SHRS IYW, 1068 SHRS MSFT	\$100	,419.	09/14/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estin (See instructio		(d) Date received
		\$		

	(Form 990) (2021)			Page <b>4</b>		
Name of or	rganization			Employer identification number		
	UNIVERSITY OF NEVADA			94-2790134		
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any o ions completing Part e year. (Enter this inf	one contributor. C III, enter the total c ormation once. Se	complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,		
(a) No. from	(b) Purpose of gift	(c) Use c		(d) Description of how gift is held		
Part I						
	Transferee's name, address,	(e) Transfe and ZIP + 4	-	hip of transferor to transferee		
(a) No. from						
`from Part I	(b) Purpose of gift	(c) Use c	of gift	(d) Description of how gift is held		
		(e) Transfe	-			
	Transferee's name, address,	and ZIP + 4	Relations	hip of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use c	of gift	(d) Description of how gift is held		
		(e) Transfe	er of gift			
	Transferee's name, address,	and ZIP + 4	Relations	hip of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use c	of gift	(d) Description of how gift is held		
		(e) Transfe	er of gift			
	Transferee's name, address,		Relationship of transferor to transferee			

SCHEE	DULE	D
(Form	990)	

# 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.

20 **Open to Public** 

OMB No. 1545-0047

Dep	artment of the Treasury		Attach to Form 990						n to Public
	rnal Revenue Service	Go to www.irs.gov	/Form990 for instructions	and the	e latest inforn				ection
Nam	e of the organization					Employ	er identificati	on num	ber
		VADA LAS VEGAS FOUNDAT					4-279013	34	
Pa		tions Maintaining Donor Adv				Accour	its.		
	Complete	e if the organization answered							
			(a) Donor advise	ed funds	;	(b)	Funds and c	other acc	counts
1	Total number at e	nd of year							
2	Aggregate value o	of contributions to (during year)							
3	Aggregate value o	of grants from (during year)							
4	Aggregate value a	it end of year							
5	Did the organizat	ion inform all donors and donor	advisors in writing tha	t the a	assets held	in donor	advised		
	funds are the orga	nization's property, subject to the	e organization's exclusive	e legal	control?			Ye	es 🔄 No
6	Did the organizati	on inform all grantees, donors, a	and donor advisors in w	riting t	hat grant fu	unds can	be used		
		e purposes and not for the bene							
		issible private benefit?	<u> </u>					Ye	es No
Pa		tion Easements.							
		e if the organization answered							
1		servation easements held by the	т , г	at app	ly).				
		n of land for public use (for example	, recreation or education)		eservation				
		of natural habitat	L	Pr	eservation	of a certi	fied histori	c struc	ture
		n of open space							
2		through 2d if the organization he	eld a qualified conservat	ion co	ntribution in				
		ast day of the tax year.					leld at the E	and of t	he Tax Year
а	Total number of c	onservation easements				2a			
b	-	tricted by conservation easements				2b			
С		vation easements on a certified		• • •		2c			
d		rvation easements included in (c							
		isted in the National Register				2d			
3	Number of conse	rvation easements modified, tra	nsferred, released, extir	guishe	d, or term	nated by	/ the orga	nizatio	n during the
	tax year 🕨								
4		where property subject to conse							
5	-	ation have a written policy reg					-		
_		orcement of the conservation ea						└── Ye	
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violation	ons, an	d enforcing	conservat	ion easeme	nts dur	ring the year
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violation	s, and	enforcing c	onservati	on easeme	ents du	ring the year
_	►\$								
8		vation easement reported on line 2				• •			
		)(4)(B)(ii)?							es 📖 No
9		be how the organization reports				•			
	•	d include, if applicable, the text of		anızat	ion's financi	al statem	ients that d	escribe	es the
D		ounting for conservation easeme tions Maintaining Collections		20110	s or Other	. Simila	r Accotc		
		e if the organization answered				Siinia	A33613.		
1a	of art, historical	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ts held for public exhil	pition,	education,	or resea	arch in furi	alance theran	sheet works ce of public
b	art, historical treat provide the follow	n elected, as permitted under Fa sures, or other similar assets he ing amounts relating to these iter	ld for public exhibition, ms:	educa	tion, or res	earch in	furtherance	e of pı	ublic service,
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1					▶\$_	1	,337,600.
		d in Form 990, Part X							
2	If the organizatio	n received or held works of a	rt, historical treasures,	or oth	er similar a				
		s required to be reported under F							
а	Revenue included	on Form 990, Part VIII, line 1. Form 990, Part X					►\$_		
b	Assets included in	Form 990, Part X					🏲 S		

Schedule	D (	Form	990)	2021

Part XIII       Organizations decisions Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (confinied)         Using the organizations acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): <ul> <li>All Public arbition</li> <li>All Status</li> <li>All All All All All All All All All All</li></ul>			VERSITY OF NI						Similar A		279013		age <b>2</b>
collection terms (check all that apply):       d       Loan or exchange program         b       X       Scholarly research       e       Other         Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise tunds rather than to be maintained as part of the organization's collection',	-		-										£ :to
b       Scholarly research       e       Other         Preservation for future generations         Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.         During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization scollection?       Yes       No         Part XI       Escrew and Custodial Arrangements.       Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Memount       Amount         c       Beginning balance       1e       Amount       Amount         c       Boginning balance       1e       Amount       No         b       If "Yes", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       No         Dath the organization include an amount on Form 990, Part X, line 21. for eacrow or custolail account liability?       Yes       No         Dath the organization include an amount on Form 990, Part X, line 10.       Complete if the organization answered "Yes" on Form 990, Part X, line 10.       Complete if the organization answered "Yes".       No         b <t< th=""><th>-</th><th>collection items (check all that appl</th><th></th><th></th><th>_</th><th></th><th></th><th></th><th>-</th><th>iake sigr</th><th>nificant (</th><th>ise o</th><th>or its</th></t<>	-	collection items (check all that appl			_				-	iake sigr	nificant (	ise o	or its
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rating than to be maintained as part of the organization answered Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         6       The organization answered Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         7       Is the organization answered Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         8       Is the organization answered Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X2.         9       If Yes, 'explain the arrangement in Part XIII and complete the following table:         10       It defines         11       Ending balance         12       Ending balance         13       Bedginning balance         14       It defines         14       It defines         15       Ending balance         16       It escrew and the organization answered 'Yes' on Form 990, Part IV, line 10.         16       It escrew and balance         17       Eadowment Funds.         18       Complete if the orga	-				-		ange	program					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part X.     Ites or a set to be sold to raise funds rather than to be maintained as part of the organization's collection?			ations	e									
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?				ns and expla	ain how t	they fur	rther	the org	anization'	s exemp	t purpos	e in	Part
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       X No         Part IV       Escrow and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       No         Is       Ste for organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount       Yes       No         c       Beginning balance .       It       It       It       Amount       No       It       Yes,'' explain the arrangement in Part XIII.       No       It       No       It       No       It       No       It       No       It       It       It       It       It       No       It <td< th=""><th></th><th>XIII.</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>		XIII.											
Part IV       Escrow and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, ine 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, ine 21.       Image: Contributions or other assets not included on Form 900, Part X, ine 21.         c       Beginning balance       Image: Contributions during the year.       Image: Contributions during the year.         d       Additions during the year.       Image: Contributions during the year.       Image: Contributions during the year.         d       Distributions during the year.       Image: Contributions during the year.       Image: Contributions during the year.         d       Distributions during the year.       Image: Contributions during the year.       Image: Contributions during the year.         d       Distributions during the organization answered "Yes" on Form 990, Part IV, line 10.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Contributions	5	During the year, did the organizatio	n solicit or receive	donations of	f art, hist	orical tr	easu	res, or o	ther simil	ar			
Part IV       Escrow and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, ine 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, ine 21.       Image: Contributions or other assets not included on Form 900, Part X, ine 21.         c       Beginning balance       Image: Contributions during the year.       Image: Contributions during the year.         d       Additions during the year.       Image: Contributions during the year.       Image: Contributions during the year.         d       Distributions during the year.       Image: Contributions during the year.       Image: Contributions during the year.         d       Distributions during the year.       Image: Contributions during the year.       Image: Contributions during the year.         d       Distributions during the organization answered "Yes" on Form 990, Part IV, line 10.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Contributions		assets to be sold to raise funds rath	er than to be mair	tained as pa	rt of the	organiza	ation	s collect	ion?	[	Yes	X	No
990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         0       If "Yes," explain the arrangement in Part XIII and complete the following table:         1a       Amount         1b       If "Yes," explain the arrangement in Part XIII and complete the following table:         1a       Included on Form 990, Part X.         1a       Included on Form 990, Part X.         1a       Include a manue of the explanation has been provided on Part XIII.         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes.       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes.       No         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Yes.       No         1a       Beginning of year balance	Ра					-							
included on Form 990, Part X?       Yes       No         b       If 'Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year.       1d         e       Distributions during the year.       1d         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         Part V       Endowment Funds.       Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         Contributions       (a) Current year       (b) Prior year.       (d) Three yean back (e) Four years back			tion answered "Y	′es" on For	m 990, F	Part IV,	line	9, or re	ported a	n amoui	nt on Fo	rm	
b       If "Yes," explain the arrangement in Part XIII and complete the following table:         c       Beginning balance       1e         d       Additions during the year.       1e         f       Ending balance       1f         2a       Distributions during the year.       1f         2a       Distributions during the year.       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         No       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       No         Part V       Endowment Funds.       (a) Current year       (b) Prior year       No Two years back       (d) Three years back         1a       Beginning of year balance       173.354.901       155.884.849       154.403.327       124.571.736.         1a       Beginnitigs for facilities and programs       1a7.862.666.       173.354.901       165.884.849       154.403.327.       144.571.736.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶       13.4000 %         b       Permanent endowment ▶       0.3000 %       The percentages on lines 3(i), are the related organizations is endowment funds.       3a(i) X       3a(i)	1a	Is the organization an agent, trust	ee, custodian or	other interm	nediary fo	or conti	ributio	ons or a	other ass	ets not _			_
b       If "Yes," explain the arrangement in Part XIII and complete the following table:         c       Beginning balance       1e         d       Additions during the year.       1e         f       Ending balance       1e         f       Ending balance       1e         f       Ending balance       1e         f       Ending balance       1e         f       Endowment Funds.       No         Destributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Two years back         f       Beginning of year balance       173.354.901.       159.884.849.       154.403.237.       144.571.736.       134.084.534.         f       Contributions		included on Form 990, Part X?								[	Yes		No
c       Beginning balance       Id         d       Additions during the year       Id         f       Ending balance       Id         d       Joint build the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability?       Yes       No         Distributions during the year       IP       Int       Yes       No         Distributions during the year       IP       IP       Yes       No         Distributions during the year       IP       IP       Yes       No         Distributions during the year       IP       IP       Yes       No         Distributions       IP       IP       IP       Yes       No         Distributions       IP	b	If "Yes," explain the arrangement in	Part XIII and con	plete the fo	lowing tab	ole:							
d Additions during the year										Amount			
e       Distributions during the year	С	Beginning balance					1c						
f       Ending balance ,	d	Additions during the year					1d						
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       No         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         I a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1 a Beginning of year balance       173,354,901.       165,884,849.       154,403,327.       144,571,736.       138,084,434.         b Contributions       14,507,765.       7,470,052.       11,481,522.       9,831,591.       6,487,302.         c Ket investment earnings, gains, and bases       and programs       187,862,666.       173,354,901.       165,884,849.       154,403,327.       144,571,736.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶ 13.4000 %       134,600 %         b Permanent endowment ▶ 86,3000 %       Term endowment ▶ 86,3000 %       Secret here endowment ▶ 13.4000 %       Secret here endowment ▶ 13.400 %         b Permanent endowment ▶ 86,3000 %       Term endowment ▶ 86,3000 %       Secret here endowment ▶ 13.400 %       Secret here endowment ▶ 13.4000 %         b	е	Distributions during the year					1e						
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       No         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         I a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1 a Beginning of year balance       173,354,901.       165,884,849.       154,403,327.       144,571,736.       138,084,434.         b Contributions       14,507,765.       7,470,052.       11,481,522.       9,831,591.       6,487,302.         c Ket investment earnings, gains, and bases       and programs       187,862,666.       173,354,901.       165,884,849.       154,403,327.       144,571,736.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶ 13.4000 %       134,600 %         b Permanent endowment ▶ 86,3000 %       Term endowment ▶ 86,3000 %       Secret here endowment ▶ 13.4000 %       Secret here endowment ▶ 13.400 %         b Permanent endowment ▶ 86,3000 %       Term endowment ▶ 86,3000 %       Secret here endowment ▶ 13.400 %       Secret here endowment ▶ 13.4000 %         b	f	Ending balance					1f						
Part V         Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.           1a         Beginning of year balance	2a						or cu	stodial a	ccount lia	bility?	Yes		No
Part V         Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.           1a         Beginning of year balance	b	If "Yes," explain the arrangement ir	n Part XIII. Check	here if the e	xplanation	has be	en pr	ovided o	n Part XIII				1
Ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       173,354,901.       165,844,849.       154,403,327.       144,571,736.       138,084,434.         b       Contributions       14,507,765.       7,470,052.       11,481,522.       9,831,591.       6,487,302.         c       Net investment earnings, gains, and losses       14,507,765.       7,470,052.       11,481,522.       9,831,591.       6,487,302.         c       Other expenditures for facilities and programs       14,507,765.       11,3354,901.       165,884,849.       154,403,327.       144,571,736.         g       End of year balance       187,862,666.       173,354,901.       165,884,849.       154,403,327.       144,571,736.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment ▶ 13.4000 %         b       Permanent endowment ▶ 86.3000 %       The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organizations .       3a(ii) x       3a(ii) x         (i) Neelated organizations													
1a       Beginning of year balance			tion answered "\	'es" on For	m 990, F	Part IV,	line	10.					
14       Deginimity of your buildings       14,507,765.       7,470,052.       11,481,522.       9,831,591.       6,487,302.         c       Net investment earnings, gains, and losses.       14,507,765.       7,470,052.       11,481,522.       9,831,591.       6,487,302.         c       Net investment earnings, gains, and losses.       14,507,765.       7,470,052.       11,481,522.       9,831,591.       6,487,302.         c       Net investment earnings, gains, and losses.       14,507,765.       7,470,052.       11,481,522.       9,831,591.       6,487,302.         d       Grants or scholarships       1		-	(a) Current year	<b>(b)</b> Pric	r year	(c) Tw	o years	s back	(d) Three y	ears back	(e) Four	years l	back
b       Contributions       14,507,765.       7,470,052.       11,481,522.       9,831,591.       6,487,302.         c       Net investment earnings, gains, and losses	1a	Beginning of year balance	173,354,901.	165,8	84,849.	154,4	403,3	27.	144,57	1,736.	138,0	084,4	34.
a) both investment earnings, gains, and losses			14,507,765.	7,4	70,052.	11,-	481,5	22.	9,83	1,591.	6,4	187,3	02.
and losses													
d Grants or scholarships	U												
e       Other expenditures for facilities and programs	А												
and programs       image: status in the status in the possession of the organization that are held and administered for the organization by:       image: status in the status in the possession of the organization that are held and administered for the organization by:         i)       i)       iii) Related organizations       iiii) Related organizations         b       fif Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		-											
f       Administrative expenses       187,862,666.       173,354,901.       165,884,849.       154,403,327.       144,571,736.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶ 13,4000 %       b         b       Permanent endowment ▶ 86.3000 %       The percentages on lines 2a, 2b, and 2c should equal 100%.       3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i) Unrelated organizations.       (ii) X         (i)       Unrelated organizations.       3a(i) X       3b X       3b X         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b X       3b X         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       Description of property       (a) Cost or other basis       (b) Cost or other basis       (c) Accumulated degreciation         1a       Land.       90,063.       90,063.       90,063.         b       Buildings       1,307,335.       1,147,173.       160,162.         e       Other       102,855.       102,855.       102,855.	e	•											
g End of year balance       187,862,666.       173,354,901.       165,884,849.       154,403,327.       144,571,736.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶       13.4000 %         b Permanent endowment ▶       6.3000 %       *       *       *       *         c Term endowment ▶       6.3000 %       *       *       *       *         3a Are there endowment ▶       0.3000 %       *	4												
a Drovide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a Board designated or quasi-endowment ▶ 13.4000 %         b Permanent endowment ▶ 0.3000 %         c Term endowment ▶ 0.3000 %         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i) Unrelated organizations		-	187.862.666	173.3	54.901	165.8	884.8	49	154.40	3.327	144.5	571.7	36
a Board designated or quasi-endowment ▶ 13.4000 %         b Permanent endowment ▶ 86.3000 %         c Term endowment ▶ 0.3000 %         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations.</li> <li>(ii) Related organizations.</li> <li>(iii) Related organizations.</li> <li>(ii) ryes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>(iii) Part XIII the intended uses of the organization's endowment funds.</li> </ul> <li>Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis</li> <li>(b) Cost or other basis</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>depreciation</li> <li>(d) Book value</li> <li></li>		-						•					
b       Permanent endowment ▶ 86.3000 %         c       Term endowment ▶ 0.3000 %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(i) Unrelated organizations issted as required on Schedule R?</li> <li>(i) Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> Part VI     Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation         (d) Book value           1a Land         90,063.         90,063.           b         90,063. <ld>90,063.         <ld>90,063. <li>(c) Leasehold improvements.</li> <li>(c) Accumulated depreciation</li> <li>(c) Acqumulated deprec</li></ld></ld>					e (inte ig,	column	(a))	neiu as.					
c       Term endowment ▶ 0.3000 % The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations.</li> <li>(ii) Related organizations.</li> <li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> Part VI     Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           0         Description of property         (a) Cost or other basis (b) Cost or other basis (other)         (c) Accumulated depreciation           1a         Land.         90,063.         90,063.           b         Buildings         1,307,335.         1,147,173.           c         Leasehold improvements.         102,855.         102,855.           e         Other         102,855.         102,855.		<b>u</b>		<u> </u>									
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li><b>Part VI</b></li> <li><b>Land, Buildings, and Equipment.</b></li></ul>													
3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations.</li> <li>(ii) Related organizations.</li> <li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li><b>Yes</b> No</li> <li><b>3a(i)</b> X</li> <li><b>3a(ii)</b> X</li> <li><b>3a(ii)</b> X</li> <li><b>3a(ii)</b> X</li> <li><b>3b</b> X</li> </ul> 4         Describe in Part XIII the intended uses of the organization's endowment funds.           Part VI         Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           0         Description of property         (a) Cost or other basis (other)         (c) Accumulated depreciation           1         Land         90,063.         90,063.           5         Buildings         1,307,335.         1,147,173.         160,162.         102,855.         102,855.         102,855.         102,855.	Ŭ			100%									
organization by:       Yes No         (i)       Unrelated organizations.       3a(i)       x         (ii)       Related organizations.       3a(ii)       x         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       x         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land.       90,063.       90,063.       90,063.         b       Buildings       1,307,335.       1,147,173.       160,162.         c       Leasehold improvements.       102,855.       102,855.	3a				tion that	are hel	d and	ladmini	stered for	the			
(i) Unrelated organizations.       3a(i) x         (ii) Related organizations.       3a(ii) x         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b x         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (b) Cost or other basis (c) Accumulated (investment)       (c) Accumulated depreciation       (d) Book value         1a Land.       90,063.       90,063.       90,063.         b Buildings       1,307,335.       1,147,173.       160,162.         c Leasehold improvements.       102,855.       102,855.	Ju			the organize			u une			uic -	<b></b>	<b>Yes</b>	No
(ii) Related organizations       3a(ii) x         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b x         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land       90,063.       90,063.       90,063.         b Buildings       1,307,335.       1,147,173.       160,162.         e Other       102,855.       102,855.       102,855.		<b>.</b> .											
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?												25	v
4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land.       90,063.       90,063.       90,063.         b       Buildings       1,307,335.       1,147,173.       160,162.         c       Leasehold improvements.       102,855.       102,855.       102,855.	h	.,										v	
Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land       90,063.       90,063.       90,063.         b       Buildings       1,307,335.       1,147,173.       160,162.         e       Other       102,855.       102,855.	-		•									А	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land90,063.90,063.90,063.90,063.b Buildings </th <td></td> <td></td> <td></td> <td></td> <td>wittent tu</td> <td>103.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>					wittent tu	103.							
Ia         Land         (investment)         (other)         depreciation         (c)         depreciation           b         Buildings         90,063.         90,063.         90,063.         90,063.           c         Leasehold improvements         1,307,335.         1,147,173.         160,162.           e         Other         102,855.         102,855.         102,855.	ı a	Complete if the organization	ation answered "	Yes" on Fo	m 990,	Part IV	, line	11a. S	ee Form	990, Pa	art X, lin	e 10.	
1a Land		Description of property					asis			(c	<ol> <li>Book val</li> </ol>	ue	
b Buildings	12	Land		Sunch()		,	53	deprei	siation		۵	0 0	63
c         Leasehold improvements         Image: Constraint of the state of the st	-					20,00						5,00	
d Equipment         1,307,335.         1,147,173.         160,162.           e Other         102,855.         102,855.		-					-+						
e Other	-	•			1 2	07 22	5	1 1 /	7 172		16	0 14	52
	u A							<u> </u>	, , , , , , , , , , , , , , , , , , ,				
	Tota			rm 990. Part				c.)					

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#### Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<ul> <li>(1) Financial derivatives</li></ul>		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	196,666,337.	FMV
(B) COLLATERALIZED SECURITIES	37,184,493.	FMV
(C) INVESTMENT IN REAL ESTATE	10,650,000.	FMV
(D) INVESTMENT IN FIRST TRUST DEED	1,667,900.	FMV
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨	246,168,730.	

#### 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>(b)</b> Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

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

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

#### Part X Other Liabilities.

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

1. (a) Description of liability (b) Book value (1) Federal income taxes (2)SPLIT-INTEREST AGREEMENTS 836,142. (3)OTHER LIABILITIES 427,908 (4)CHARITABLE REMAINDER TRUSTS 36,484. (5) (6)(7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 1,300,534.

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

	ILE D (Form 990) 2021 UNIVERSITY OF NEVADA LAS VEGAS FOUNDATION	94-	-2790134 Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	20,684,685.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-36,114,653.
3	Subtract line <b>2e</b> from line <b>1</b>	3	56,799,338.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	1,040,173.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )	5	57,839,511.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	irn.	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	irn.	
Part		irn.	36,641,019.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		36,641,019.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		36,641,019.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements       Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       2a		36,641,019.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements		36,641,019.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements		36,641,019.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements		36,641,019.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	1	36,641,019.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	1 2e	
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	1 2e	
1 2 b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses.         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	
1 2 b c d 8 3 4 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b4a1,040,173.	1 2e 3	
1 2 d c 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b4a1,040,173.4b	1 2e 3 4c	36,641,019.

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

SEE SUPPLEMENTAL PAGE

SCHEDULE D, PART III, LINE 4:

THE ORGANIZATION'S ARTWORK CONSISTS OF SCULPTURES AND PAINTINGS THAT ARE PUT ON DISPLAY IN UNIVERSITY BUILDINGS. THE WORKS ARE NOT USED TO GENERATE INCOME. THE UNIVERSITY'S ART COLLECTION HELPS TO SUPPORT ITS MISSION OF TEACHING, RESEARCH, AND PUBLIC SERVICE BY ALLOWING BOTH STUDENTS AND MEMBERS OF THE WIDER COMMUNITY TO EXPLORE AND SHARE IDEAS, AS WELL AS ENHANCE THEIR CREATIVE EXPRESSIONS.

SCHEDULE D, PART V, LINE 4:

#### INTENDED USES OF ENDOWMENT FUNDS

THE UNLV FOUNDATION RECORDS THREE TYPES OF ENDOWMENTS. PERMANENT OR TRUE ENDOWMENTS ARE FUNDED BY GIFTS AND BEQUESTS. THE PRINCIPAL IS REPORTED IN RESTRICTED-NONEXPENDABLE AND ANY ACCUMULATED EARNINGS IS REPORTED IN RESTRICTED-EXPENDABLE ON THE STATEMENTS OF NET POSITION. RESTRICTED QUASI ENDOWMENTS ARE FUNDS DESIGNATED AS ENDOWMENTS BY UNLV FOR A SPECIFIC USE OR PROGRAM, AND BOTH THE PRINCIPAL AND ACCUMULATED EARNINGS ARE INCLUDED IN RESTRICTED-EXPENDABLE NET POSITION ON THE STATEMENTS OF NET POSITION. UNRESTRICTED QUASI-ENDOWMENTS ARE FUNDS DESIGNATED AS ENDOWMENTS BY THE UNLV FOUNDATION BOARD OF TRUSTEES, AND BOTH THE PRINCIPAL AND ACCUMULATED EARNINGS ARE INCLUDED IN UNRESTRICTED NET POSITION ON THE STATEMENTS OF NET POSITION.

ENDOWMENT INVESTMENTS ARE MANAGED IN A UNITIZED INVESTMENT POOL. MONTHLY TRANSACTIONS WITHIN EACH INDIVIDUAL ENDOWMENT IN THE POOL ARE BASED ON THE UNIT MARKET VALUE AT THE END OF THE MONTH. THE UNLV FOUNDATION

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UNIVERSITY OF NEVADA LAS VEGAS FOUNDATION Part XIII Supplemental Information (continued)

ENDOWMENT FUND'S PRIMARY OBJECTIVE IS TO GENERATE A STREAM OF EARNINGS FOR FUNDING CURRENT PROGRAMS AND STUDENT SERVICES WITH THE STATED PAYOUT POLICY. A SECONDARY OBJECTIVE IS TO HAVE ITS ASSETS GROW IN VALUE TO PROVIDE FOR FUTURE NEEDS OF UNLV. THE UNLV FOUNDATION COMPLIES WITH THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UPMIFA) ADOPTED BY THE STATE OF NEVADA IN 2007. UPMIFA ABOLISHED THE HISTORIC DOLLAR VALUE LIMITATION ON ANNUAL SPENDING (PAYOUT), WHEREAS THE PRIOR ACT, THE UNIFORM MANAGEMENT OF INSTITUTIONAL FUNDS (UMIFA) DID NOT ALLOW SPENDING FROM A FUND THAT WAS BELOW HISTORIC DOLLAR VALUE. UPMIFA ENABLES TRUSTEES TO SPEND AS MUCH AS THEY DEEM PRUDENT, WHERE PRUDENCE IS PRESUMED TO NOT EXCEED 7 PERCENT OF THE FAIR MARKET VALUE, AS PERMITTED BY INDIVIDUAL DONOR AGREEMENTS. THE ANNUAL PAYOUT RATE IS DETERMINED BY THE UNLV FOUNDATION INVESTMENT COMMITTEE AND IS APPLIED TO THE AVERAGE FAIR MARKET VALUE OF THE ENDOWMENT INVESTMENT POOL ON A ROLLING TWELVE QUARTER BASIS.

SCHEDULE F	Statement of Activities Outside the United St	ates 📙	OMB No. 1545-0047	
(Form 990)	► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 1 ► Attach to Form 990.	5, or 16.	2021	
Department of the Treasury Internal Revenue Service		Open to Public Inspection		
Name of the organization	Employer ider	tification number		
UNIVERSITY OF NE	EVADA LAS VEGAS FOUNDATION	94-279	0134	
Part I General Information on Activities Outside the United States. Complete if the organization Form 990, Part IV, line 14b.				
•	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	0		

- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and	(d) Activities conducted in the region (by type) (such as, fundraising program services	(e) If activity listed in (d) is a program service,	(f) Total expenditures for and investments
			independent contractors in the region	fundraising, program services, investments, grants to recipients located in the region)	service(s) in the region	in the region
(1) NORTH AME	RICA	NONE	NONE	INVESTMENTS		35,061.
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
<u>(10)</u>						
<u>(11)</u>						
(12)						
<u>(13)</u>						
(14)						
<u>(</u> 15)						
(16)						
<u>(17)</u>	-1					
<b>b</b> Total	al from continuation to Port I	NONE	NONE			35,061.
<u>c Totals</u>	to Part I (add lines 3a and 3b)	NONE	NONE			35,061.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 1E1274 1.000 Schedule F (Form 990) 2021

(a) Name of

organization

Part II

1

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

(11)

(12)

(13)

(14)

2

(15)				
(16)				

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(c) Region

(d) Purpose of

grant

#### UNIVERSITY OF NEVADA LAS VEGAS FOUNDATION Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

(b) IRS code

section and EIN (if applicable)

94-2790134

(e) Amount of

cash grant

(f) Manner of

cash disbursement

(g) Amount of

noncash

assistance

(h) Description

of noncash

assistance

Page 2

(i) Method of

valuation (book, FMV,

appraisal, other)

Schedule F (Form 990) 2021

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 

Part III

94-2790134

Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of (g) Description (a) Type of grant or assistance (b) Region (f) Amount of (h) Method of cash disbursement noncash assistance valuation (book, FMV, recipients cash grant of noncash assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Schedule F (Form 990) 2021

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Schedule F (Form 990) 2021

**Foreign Forms** 

Part IV

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"         the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign         Corporation (see Instructions for Form 926)         X    No	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) Yes X No	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) Yes	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"         the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain         Foreign Partnerships (see Instructions for Form 8865)             Yes	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) Yes Yes	

Schedule F (Form 990) 2021

SCHEDULE G (Form 990)	Supplemental Information Regarding Fundraising or Gaming Activities       OMB No. 1545-         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.       OMB No. 1545-							
Department of the Treasury	Attach to Form 990 or Form 990-EZ. Open to Public							
Internal Revenue Service	G	o to www.irs.gov/Form	990 for instr	uctions and	the latest information.		Inspection	
Name of the organization		~ _ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				Employer identification		
UNIVERSITY OF N	evada LAS VEGA		ization ar	eworod "	Vos" on Form 00	94-279013		
	EZ filers are not re						1.	
	the organization rais		•		activities Check a	all that apply		
a X Mail solicita	0	e e		0	non-government g	,		
	l email solicitations	f			government grants			
c X Phone solici		g			ising events	5		
d X In-person so		5			ien greene			
<b>b</b> If "Yes," list the compensated at	es listed in Form 990 10 highest paid indiv least \$5,000 by the o	, Part VII) or entity viduals or entities	in connec (fundraise	tion with p	professional fundra nt to agreements	ising services? under which the (v) Amount paid to	X Yes No fundraiser is to be	
<b>(i)</b> Name and addr or entity (fu		(ii) Activity	custody o	or control of outions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. <b>(i)</b>	(or retained by) organization	
SEE SUPPLEMENT 1	INFORMATION		Yes	No				
2								
3								
4								
5								
6								
7								
8								
9								
10								
	CT,DC,FL,GA,HI	tion is registered o	or licensed			542,833 has been notified	. 190,520. it is exempt from	
OK, OR, PA, RI, SC,			,,-	.,, 0				

UNIVERSITY	OF	NEVADA	LAS	VEGAS	FOUNDATION

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

		giuss receipis greater than \$5,000	/.			
			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
~		_	(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
æ	2 3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Expe	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add line Net income summary. Subtract lin	es 4 through 9 in colur ne 10 from line 3, colu	mn (d) mn (d)	· · · · · · · · · ►	
Ра	rt I	Gaming. Complete if the orga	anization answered "	Yes" on Form 990, I	Part IV, line 19, or	reported more than
a)		\$15,000 on Form 990-EZ, line	<u> </u>	(b) Pull tabs/instant		(d) Total gaming (add
nue			<b>(a)</b> 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			1	
	6	Volunteer labor	└── Yes % └── No	Yes%	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colur	mn (d)	►	
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)	<b>&gt;</b>	
9 a b		Enter the state(s) in which the orga Is the organization licensed to cond If "No," explain:		in each of these state	es?	Yes No
10a b		Were any of the organization's gaming If "Yes," explain:	j licenses revoked, susp		uring the tax year?	Yes No

Sched	lule G (Form 990 or 990-EZ) 2021 UNIVERSITY OF NEVADA LAS VEGAS FOUNDATION 94	4-2790134	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility 13a		%
b	An outside facility 13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gamin	a	
	revenue?	- <u> </u>	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the second s	ne	
	amount of gaming revenue retained by the third party ► \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds	s to	
	retain the state gaming license?		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization		
	or spent in the organization's own exempt activities during the tax year 🕨 \$		
Par	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional in (see instructions).		

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME: RUFFALO NOEL LEAVITIS ACTIVITY : PHONE & DIGITAL CUSTODY OR CONTROL OF CONTRIBUTION? NO GROSS RECEIPTS FROM ACTIVITY : 190,520. AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 542,833. AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : 190,520.

#### STATEMENT 1

SCHEDULE I       Grants and Other Assistance to Organizations,         (Form 990)       Governments, and Individuals in the United States         Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information.									
Internal Revenue Service Name of the organization	► Go	to www.irs.gov	//Form990 for the l	atest information	າ.	Employer identificat	Inspection ion number		
UNIVERSITY OF NEVADA LAS VEGAS F	FOUNDATION					94-2790134			
Part I General Information on Grants									
<ol> <li>Does the organization maintain records to the selection criteria used to award the gr</li> <li>Describe in Part IV the organization's pro</li> </ol>	ants or assistand cedures for mor	e? nitoring the use	of grant funds in th	e United States.			X Yes No		
Part II Grants and Other Assistance to Part IV, line 21, for any recipien		-			• •		'es" on Form 990,		
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) UNIVERSITY OF NEVADA, LAS VEGAS							EDUCATION PROGRAM		
4505 S MARYLAND PWKY LAS VEGAS, NV 89154	94-2790134	501(C)(3)	26,436,797.				FUNDING SCHOLARSHIP		
_(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
<ul><li>2 Enter total number of section 501(c)(3) at</li><li>3 Enter total number of other organizations</li></ul>	-	-					1		

Schedule I (Form 990) 2021

94-2790134

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance			
1								
2								
3								
4								
5								
6								
7								
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.								

SCHEDULE I, PART I, LINE 2:

THE OFFICE OF SPONSORED PROGRAMS (OSP) HOLDS INSTITUTIONAL AUTHORITY AND RESPONSIBILITY AT UNLV TO ACCEPT, MONITOR, AND COMPLY WITH ALL FEDERAL, STATE, AND UNIVERSITY REQUIREMENTS FOR ALL SPONSORED PROGRAM GRANTS AND CONTRACTS. IN ORDER TO FULFILL THIS RESPONSIBILITY, OSP ESTABLISHES SEPARATE AND UNIQUE ACCOUNTS FOR EACH PROJECT IN OUR FINANCIAL SYSTEM WITH A CORRESPONDING BUDGET. MAINTAINING SEPARATE ACCOUNTS ALLOWS US TO SEGREGATE GRANT AND CONTRACT FUNDS SO WE CAN TRACK COSTS FOR EACH AWARD SEPARATELY, ASSURE ALL COSTS ARE ALLOWABLE FOR EACH AWARD, AND THAT ALL

Schedule I (Form 990) (2021)

94-2790134

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					
Dout IV Complemental Information Dravida the	information	a avvince al las Dont I	line O. Dert III.		, Albert e delitiere el

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

EXPENSES FALL WITHIN THE APPROVED BUDGET PARAMETERS. THIS PRACTICE

ENSURES INTERNAL CONTROL OVER BOTH THE SOURCE AND APPLICATION OF FUNDS

AND IS IN LINE WITH FEDERAL REQUIREMENTS FOUND IN 2 CFR CHAPTER I, AND

CHAPTER II, PART 200 UNIFORM ADMINISTRATIVE REQUIREMENTS, STATE

REGULATIONS, AND UNIVERSITY POLICY. UNLV IS ALSO AUDITED ANNUALLY TO

CONFIRM THAT WE CONTINUE TO MAINTAIN ADEQUATE FINANCIAL CONTROLS AND

SURVEILLANCE PROCEDURES TO ASSURE ONGOING COMPLIANCE.A FEW OF THE TASKS

UNLV PERFORMS TO ASSURE FINANCIAL COMPLIANCE INCLUDE:

1. REGULARLY MONITORING AWARD EXPENDITURES TO MAKE SURE COSTS ARE

APPROPRIATELY PROCESSED AND CLASSIFIED WITHIN THE APPROVED

94-2790134

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the	information re	equired in Part I,	line 2, Part III, c	olumn (b); and any c	other additional

```
information.
```

OBJECT/SUB-OBJECT CATEGORIES.

2. MAINTAINING AN ENCUMBRANCE SYSTEM OF EXPECTED FUTURE EXPENDITURES

THROUGH THE MUNIS PURCHASING SYSTEM.

3. RECONCILING AWARDS MONTHLY, AND PROCESSING ANY NECESSARY CORRECTIONS.

4. PROVIDE ASSISTANCE TO DEPARTMENTAL ADMINISTRATIONS, PRINCIPLE

INVESTIGATORS, AND OTHER CAMPUS STAFF FOR THEIR SPONSORED PROGRAMS AND

RELATED FINANCIAL TRANSACTIONS.

5. PROVIDE OVERSIGHT AND CORRECTIVE ACTION ON SPONSORED AWARD FINANCIAL

ISSUES.

6. SUBMIT REGULAR INVOICES AND FINANCIAL REPORTS TO SPONSORS.

94-2790134

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information Broyida the	information r	auirod in Part I	ling 2 Dort III (	olumn (b): and any (	ther additional

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

7. REVIEW ALL COSTS THAT POST TO A SPONSORED PROJECT WITHIN THE FINAL 90

DAYS OF THE AWARD TO DETERMINE IF, AND HOW, COSTS BENEFITED AN AWARD.

8. CONDUCT A FINAL REVIEW WHEN THE AWARD IS ENDING TO DETERMINE IF ALL

COSTS WERE INCURRED WHILE THE AWARD WAS ACTIVE AND ALL COSTS WERE

ALLOWABLE.

	EDULE J n 990)	For certain Officers, Dire Cor	Sation Information ctors, Trustees, Key Employees, and Highest npensated Employees on answered "Yes" on Form 990, Part IV, line 2	23	мв No. 7 20	21	
Departm	ent of the Treasury		Attach to Form 990.	C	pen to		
	Revenue Service	Go to www.irs.gov/Forms	990 for instructions and the latest information.		Insp		n
	of the organization			Employer identification		r	
		NEVADA LAS VEGAS FOUNDATIO	DN	94-279013	4		
Part	Question	s Regarding Compensation				Yes	No
1a	990, Part VII, First-cla		vided any of the following to or for a pers provide any relevant information regarding Housing allowance or residence for Payments for business use of perso	g these items. personal use		163	
	Tax inde	emnification and gross-up payments	Health or social club dues or initiation	on fees			
		onary spending account	Personal services (such as maid, ch	auffeur, chef)			
b 2	If any of the or reimburse explain Did the orga	boxes on line 1a are checked, did th ment or provision of all of the ex anization require substantiation prior	e organization follow a written policy re penses described above? If "No," com to reimbursing or allowing expenses	egarding payment plete Part III to incurred by all	1b		
		-	D/Executive Director, regarding the items	checked on line			
3		n, if any, of the following the organization	on used to establish the compensation of	the	2		
	related organi Compen Indepen		at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P Written employment contract Compensation survey or study Approval by the board or compensation	art III.			
4	During the year organization of	ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а	Receive a sev	verance payment or change-of-control pa	ayment?		4a		X
b	Participate in	or receive payment from a supplemen	tal nonqualified retirement plan?		4b	Х	
C	Participate in	or receive payment from an equity-bas	ed compensation arrangement?		4c		X
			rovide the applicable amounts for each it	em in Part III.			
5	For persons compensation	listed on Form 990, Part VII, Sectin contingent on the revenues of:	ganizations must complete lines 5-9. on A, line 1a, did the organization pa				
					5a		X
b	-	rganization? e 5a or 5b, describe in Part III.			5b		X
6	For persons compensation	listed on Form 990, Part VII, Section contingent on the net earnings of:	on A, line 1a, did the organization pa				
					6a		X
b	-	rganization? e 6a or 6b, describe in Part III.			6b		X
7	For persons	listed on Form 990, Part VII, Sectio	n A, line 1a, did the organization prov		_		
8	Were any am	ounts reported on Form 990, Part VII,	escribe in Part III paid or accrued pursuant to a contract the Regulations section 53.4958-4(a)(3)? It	at was subject	7		X
		-			8		x
9	If "Yes" on I	ine 8, did the organization also foll	low the rebuttable presumption proced	lure described in	9		
For Pa		ction Act Notice, see the Instructions for Fo			ule J (Fo	orm 990	0) 2021

Schedule J (Form 990) 2021

94-2790134

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
TIFFANY VICKERS	(i)	224,913.	NONE	NONE	33,766.	90,227.	348,906.	NONE
1 SAVP, FINANCE & ADMIN & CFO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CINDY RIVELLI	(i)	173,873.	NONE	NONE	30,895.	64,240.	269,008.	NONE
2 ASSOCIATE VP FOR DEVELOPMENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
GOCE MUSOVSKI	(i)	152,803.	NONE	NONE	27,481.	58,207.	238,491.	NONE
3 CHIEF INFORMATION OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONI
STEPHANIE BALZER	(i)	106,269.	NONE	NONE	NONE	NONE	106,269.	NONE
4 SPECIAL ASSISTANT TO VP	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BLAKE DOUGLAS	(i)	121,926.	NONE	NONE	20,774.	49,714.	192,414.	NONE
5 ASSOCIATE VP FOR ALUMNI ENGAGE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BUD BEEKMAN	(i)	124,639.	NONE	NONE	22,264.	48,855.	195,758.	NONE
6 DIRECTOR OF GIFT PLANNING	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOAKIM NYONI	(i)	114,535.	NONE	NONE	20,320.	44,334.	179,189.	NONE
7 ASSOCIATE VP, DEVELOPMENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RICKEY MCCURRY	(i)	311,805.	NONE	NONE	50,667.	38,353.	400,825.	NONE
8 PRESIDENT, UNLV FOUNDATION	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KEITH WHITFIELD	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 PRESIDENT, UNLV	(ii)	513,239.	NONE	NONE	30,102.	138,785.	682,126.	NONE
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
-	(i)							
16	(ii)							

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

#### Part ||| Supplemental Information

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

SCHEDULE J, PART I, LINE 3:

ESTABLISH COMPENSATION

THE UNLV FOUNDATION EMPLOYEES ARE COMPENSATED THROUGH A COMMON PAYMASTER

BY A RELATED ORGANIZATION (UNLV). THE UNLV FOUNDATION REIMBURSES THE

RELATED ORGANIZATION FOR ITS ALLOCATED SALARY EXPENSE. THE PARENT

ORGANIZATION OF THE RELATED ORGANIZATION USED THE FOLLOWING TO ESTABLISH

COMPENSATION FOR THE UNLV FOUNDATION'S TOP MANAGEMENT OFFICIAL:

COMPENSATION COMMITTEE, FORM 990 OF OTHER ORGANIZATIONS, COMPENSATION

SURVEY OR STUDY, APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

SCHEDULE J, PART I, LINE 4B:

415(M) DISCLOSURE

UNLV, A RELATED ORGANIZATION, PROVIDES A 415(M) SUPPLEMENTAL EXECUTIVE

RETIREMENT PLAN TO CERTAIN EXECUTIVES. THE FOLLOWING INDIVIDUALS

PARTICIPATE IN THE PLAN:

Schedule J (Form 990) 2021

#### 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.

-TIFFANY VICKERS

-GOCE MUSOVSKI

-KEITH WHITFIELD

NO AMOUNTS WERE VESTED OR PAID OUT DURING CALENDAR YEAR 2021.

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

Open to Public Inspection

Name of the organization

# UNIVERSITY OF NEVADA LAS VEGAS FOUNDATION

Employer identification number 94-2790134

(a) check if applicable         (b) number of contribution items contribution         Number of contribution amounts reported on proceed contribution amounts reported on proceed contribution amounts reported on proceed contributions reported on proceed contributions reported on proceed contributions reported on proceed contributions reported on procentribution amounts reported on proceed contribution re	Par	t I Types of Property			· · · ·		
2       Art - Historical treasures       x       142,397.       PMV         3       Art - Fractional interests       x       142,397.       PMV         5       Cothing and household goods       x       132,397.       PMV         6       Cars and other vehicles,       x       1       19,347.       PMV         7       Boats and planes       x       1       19,347.       PMV         8       Securities - Publicky traded,       x       3       3,207,031.       PMV         9       Securities - Closely held stock,			Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determ	
3       Art - Fractional interests       X       142,397.       PMV         4       Books and publications       X       142,397.       PMV         5       Cothing and household       3       435.       PMV         6       Cars and other vehicles       X       1       19,347.       PMV         6       Intellectual property       X       3       3,207,031.       PMV         9       Securities - Publicly traded       X       3       3,207,031.       PMV         10       Securities - Publicly traded       X       3       3,207,031.       PMV         11       Securities - Publicly traded       X       3       3,207,031.       PMV         11       Securities - Publicly traded       X       3       3,207,031.       PMV         12       Securities - Publicly traded       X       3       3,207,031.       PMV         13       Securities - Publicly traded       X       3       3,207,031.       PMV         13       Qualified conservation       Contribution - Historic       X       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1<	1	Art - Works of art	X	3	1,311,750.	APPRAISAL	
4         Books and publications         X         142,397.         PMV           5         Clothing and household goods         435.         FMV         -           6         Cars and other vehicles         1         19,347.         FMV         -           7         Boats and planes         X         1         19,347.         FMV         -           9         Securities - Publicly traded         X         3         3,207,031.         FMV         -           10         Securities - Closely held stock         -	2						
4         Books and publications         X         142,397.         PMV           5         Clothing and household goods         435.         FMV         -           6         Cars and other vehicles         1         19,347.         FMV         -           7         Boats and planes         X         1         19,347.         FMV         -           9         Securities - Publicly traded         X         3         3,207,031.         FMV         -           10         Securities - Closely held stock         -	3	Art - Fractional interests					
5       Clothing and household goods       x       435.       PMV         6       Cars and other vehicles       x       1       19,347.       FMV         7       Boats and planes       x       1       19,347.       FMV         9       Securities - Publicly traded       x       3       3,207,031.       PMV         10       Securities - Publicly traded       x       3       3,207,031.       PMV         11       Securities - Publicly traded       x       3       3,207,031.       PMV         11       Securities - Rathreship, ILC, or trust interests	4	Books and publications	Х		142,397.	FMV	
goods     X     435. FMV       6 Cars and other vehicles     X     1     19,347.       7 Boats and planes     X     1     19,347.       8 Intellectual property     X     1     19,347.       9 Securities - Publicy traded     X     3     3,207,031.       10 Securities - Publicy traded     X     3     3,207,031.       11 Securities - Publicy traded     X     3     3,207,031.       12 Securities - Naisellaneous	5	•					
6       Cars and other vehicles.       X       1       19, 347.       FMV         7       Boats and planes       X       1       19, 347.       FMV         9       Securities - Publicly traded       X       3       3, 207, 031.       FMV         10       Securities - Pathership, LLC, or trust interests       -       -       -       -         12       Securities - Miscellaneous       -       -       -       -       -         13       Qualified conservation contribution - Other       -		-	x		435.	FMV	
7       Boats and planes       X       1       19,347.       FMV         8       Intellectual property       X       3       3,207,031.       FMV         0       Securities - Publicky traded X       3       3,207,031.       FMV         10       Securities - Publicky traded X       3       3,207,031.       FMV         11       Securities - Publicky traded	6						
8       Intellectual property       x       3       3,207,031.       FMV         9       Securities - Partnership, LLC, or trust interests       x       3       3,207,031.       FMV         11       Securities - Nationarity, LLC, or trust interests       x	7			1	19,347.	FMV	
9       Securities - Publicly traded X       3       3, 207, 031.       PMV         10       Securities - Obsely held stock	8						
10       Securities - Closely held stock	-			3	3,207,031.	FMV	
11       Securities - Partnership, LLC, or trust interests	-	-					
or trust interests		-					
12       Securities - Miscellaneous	••	•					
13       Qualified conservation contribution - Historic structures	12						
contribution - Historic structures,							
structures							
14       Qualified conservation contribution - Other							
contribution - Other,	14						
15       Real estate - Residential	•••						
16       Real estate - Commercial	15						
17       Real estate - Other	-						
18       Collectibles       X       11       53,960.       FMV         19       Food inventory       X       3       1,884.       FMV         20       Drugs and medical supplies       X       3       1,884.       FMV         20       Drugs and medical supplies       X       3       1,884.       FMV         21       Taxidermy       X       26       25,850.       APPRAISAL         23       Scientific specimens       X       26       25,850.       APPRAISAL         24       Archeological artifacts       X       26       25,850.       APPRAISAL         25       Other ►(       SEE SUPP PAGE       21.       1,653,259.	-						
X       3       1,884.       FMV         20       Drugs and medical supplies				11	53,960,	FMV	
20       Drugs and medical supplies							
21       Taxidermy							
22       Historical artifacts							
23       Scientific specimens				26	25,850.	APPRAISAL	
24       Archeological artifacts							
25       Other ►(SEE SUPP PAGE)       21.       1,653,259.         26       Other ►()       27       Other ►()         27       Other ►()       28       Other ►()         28       Other ►()       29       29         Yes No         Summer of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement         29         Yes No         30a         During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       30a       X         b If "Yes," describe the arrangement in Part II.       30a       X         31 X         32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?         b If "Yes," describe in Part II.         b If "Yes," describe in Part II.		-					
26       Other ▶()				21.	1,653,259.		
27       Other ▶()					1,000,200,		
28       Other ▶(       )							
<ul> <li>29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement</li></ul>							
<ul> <li>which the organization completed Form 8283, Part V, Donee Acknowledgement</li></ul>		· · · · · · · · · · · · · · · · · · ·	by the ora	anization during the tax v	ear for contributions for		
Yes       No         30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       30a       X         b       If "Yes," describe the arrangement in Part II.       30a       X         31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a       X         b       If "Yes," describe in Part II.       32a       X						29	
<ul> <li>28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?</li> <li>30a X</li> <li>31 X</li> <li>31 X</li> <li>32a X</li> <li>32a X</li> <li>b If "Yes," describe in Part II.</li> </ul>			0 0200,			Y	es No
<ul> <li>28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?</li> <li>30a X</li> <li>31 X</li> <li>31 X</li> <li>32a X</li> <li>32a X</li> <li>b If "Yes," describe in Part II.</li> </ul>	30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through	
to be used for exempt purposes for the entire holding period?       30a       X         b       If "Yes," describe the arrangement in Part II.       Image: Contribution of the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a       X         b       If "Yes," describe in Part II.       Image: Contribution of the part II.       Image: Contrite part II.       Image: Contribution						-	
b       If "Yes," describe the arrangement in Part II.         31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?         32a       If "Yes," describe in Part II.			-				Х
31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       31       X         b       If "Yes," describe in Part II.       X       X	b						
contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a       X         b       If "Yes," describe in Part II.       4       4       4				tance policy that require	s the review of any	nonstandard	
<ul> <li>32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?</li> <li>b If "Yes," describe in Part II.</li> </ul>		-			-		х
contributions?         32a         X           b         If "Yes," describe in Part II.         a         a         a         a	32a						
b If "Yes," describe in Part II.		-	-	-			x
	b						
	33		amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,	

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

describe in Part II.

Schedule M (Form 990) 2021

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

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED

THE UNLV FOUNDATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

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

SCHEDULE M, PART	I - OTHER NO	NCASH CONTRIBUTIONS	5	
DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	- (C) REVENUES REPORTED	(D) METHOD OF DETERMINING
MISCELLANEOUS O	X	21	1,653,259.	 FMV
TOTALS		21.	1,653,259.	

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 990-EZ.



Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs	s.gov/form990.	Inspection
Name of the organization		Employer identif	ication number
UNIVERSITY OF NEVA	DA LAS VEGAS FOUNDATION	94-2790	0134

#### FORM 990, PART I, LINE 1:

ORGANIZATION'S MISSION, CONTINUED

THE UNLV FOUNDATION RAISES AND MANAGES PRIVATE FUNDS FOR THE BENEFIT OF

THE UNIVERSITY.

#### FORM 990, PART III, LINE 1:

ORGANIZATION'S MISSION, CONTINUED

FOR LONG-TERM FINANCIAL STABILITY OF THE FOUNDATION AND THE FUTURE GROWTH AND ENHANCEMENT OF THE UNIVERSITY OF NEVADA, LAS VEGAS. THE FOUNDATION, THROUGH ITS BOARD OF TRUSTEES, ALSO STRIVES TO BE PRINCIPAL COMMUNITY AMBASSADORS AND ADVOCATES IN ITS EFFORTS TO ADVANCE THE UNIVERSITY.

#### FORM 990, PART V LINE 2:

UNLV FOUNDATION STAFF ARE ALL EMPLOYEES OF THE STATE OF NEVADA, REPORTED THROUGH THE UNIVERSITY OF NEVADA LAS VEGAS. THE FOUNDATION FUNDS THESE SALARIES IN PART THROUGH FOUNDATION ACTIVITIES, THE REMAINDER OF WHICH ARE COVERED BY THE STATE OF NEVADA.

#### FORM 990, PART VI, LINE 1A:

THE EXECUTIVE COMMITTEE IS ESTABLISHED TO SUPERVISE AND MANAGE THE OPERATIONS AND AFFAIRS OF THE CORPORATION. EXCEPT TO THE EXTENT LIMITED BY RESOLUTION OF THE BOARD OF TRUSTEES, THE BOARD OF TRUSTEES DELEGATES TO THE EXECUTIVE COMMITTEE ALL OF THE POWER OF THE BOARD OF TRUSTEES WHENEVER THE BOARD OF TRUSTEES IS NOT IN SESSION. ALL ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE WITHIN THE SCOPE OF ITS AUTHORITY SHALL BE VALID

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.ira	s.gov/form990.	Open to Public Inspection
Name of the organization		Employer identif	ication number
UNIVERSITY OF NEVA	ADA LAS VEGAS FOUNDATION	94-2790	0134

AND BINDING UPON THE CORPORATION FOR ALL PURPOSES.

#### FORM 990, PART VI, LINE 2:

JOYCE MACK AND MARILYNN MACK

-BUSINESS AND FAMILY RELATIONSHIP

JOYCE MACK, MARILYNN MACK, AND TOM THOMAS

-BUSINESS RELATIONSHIP

COROLYN SPARKS AND GREG MCKINLEY

-BUSINESS RELATIONSHIP

DALLAS HAUN

-BUSINESS RELATIONSHIP WITH MULTIPLE BOARD MEMBERS

#### FORM 990, PART VI, LINE 6:

THE NEVADA SYSTEM OF HIGHER EDUCATION'S (NSHE) BOARD OF REGENTS: ARTICLE VII- THE MEMBERS OF THE BOARD OF REGENTS OF THE UNIVERSITY OF NEVADA (SIC - THE SYSTEM OF HIGHER EDUCATION) DURING THE TERM OF THEIR OFFICE AS MEMBERS OF THE BOARD OF REGENTS OF THAT INSTITUTION, SHALL CONSTITUTE THE MEMBERSHIP OF THE CORPORATION. THE CORPORATION SHALL HAVE NO CAPITAL STOCK.

#### FORM 990, PART VI, LINE 7A:

THE COMMITTEE ON TRUSTEES OF THE UNLV FOUNDATION MEETS AND RECOMMENDS NEW TRUSTEES. THE FULL UNLV FOUNDATION BOARD OF TRUSTEES MEET AND VOTE ON THE APPROVAL OF ADDING THOSE MEMBERS. IT IS THEN TAKEN TO THE BOARD OF REGENTS OF NSHE ANNUALLY FOR THEIR APPROVAL.

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

94-2790134

#### FORM 990, PART VI, LINE 7B:

THE NSHE BOARD OF REGENTS HAS THE AUTHORITY TO APPROVE OR RATIFY DECISIONS OF THE UNLV FOUNDATION BOARD OF TRUSTEES.

#### FORM 990, PART VI, LINES 11A AND 11B:

UNLV FOUNDATION HAS DETERMINED THAT SCHEDULE B, WHICH LISTS INFORMATION CONCERNING CERTAIN DONATIONS MADE TO THE FOUNDATION DURING THE YEAR, WOULD NOT BE MADE AVAILABLE TO THE ENTIRE BOARD OF TRUSTEES. THIS DECISION WAS MADE PRIMARILY FOR CONFIDENTIALITY REASONS AND TO PROTECT LISTED DONOR'S PERSONAL INFORMATION (IN ACCORDANCE WITH NEVADA REVISED STATUTES). THEREFORE, BASED ON IRS INSTRUCTIONS, THE UNLV FOUNDATION ANSWERED "NO" TO THE QUESTION. IN ADDITION TO THE ABOVE REASON, IRS GUIDANCE ALSO INDICATES THAT POSTING A COPY OF THE FORM 990 ON A CENTRAL WEBSITE FOR MEMBERS OF ITS GOVERNING BODY, WHICH IS THE UNLV FOUNDATION'S PRACTICE, REQUIRES AN ANSWER OF "NO" TO THIS QUESTION.

#### FORM 990, PART VI, LINE 12C:

ANNUALLY, THE FULL BOARD OF TRUSTEES IS REQUIRED TO COMPLETE THE UNLV FOUNDATION CONFLICT OF INTEREST FORM. THE PRESIDENT, CORPORATE SECRETARY/DIRECTOR OF BOARD RELATIONS AND THE CFO REVIEW THE FORMS FOR ANY CONFLICTS. AS THEY PARTICIPATE IN EVERY BOARD AND/OR COMMITTEE MEETING, THOSE CONFLICTS ARE REPORTED TO THE BOARD AND/OR COMMITTEE IF THERE IS A CONFLICT RELATED TO THE VOTING MATTER ON THE TABLE.

#### Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

#### UNIVERSITY OF NEVADA LAS VEGAS FOUNDATION

Employer identification number

#### FORM 990, PART VI, LINES 15A AND 15B:

THE NSHE BOARD OF REGENTS PERIODICALLY UPDATES SALARY RANGES FOR PROFESSIONAL EMPLOYEES. RANGES ARE ADJUSTED BASED ON A REVIEW OF SALARIES AT OTHER INSTITUTIONS OF HIGHER LEARNING. ADDITIONALLY, RANGES ALSO ARE UPDATED TO REFLECT COST-OF-LIVING INCREASES WHEN GIVEN BY THE NEVADA LEGISLATURE AND APPROVED BY THE NSHE BOARD OF REGENTS.

NSHE, THE PARENT ORGANIZATION OF UNLV, DEVELOPS THE EXECUTIVE SALARY SCHEDULE, WHICH IS BASED ON THE 75TH PERCENTILE OF SALARIES OF PRINCIPAL LAND GRANT INSTITUTIONS FOR EACH POSITION AS REPORTED IN THE CUPA-HR SURVEY. THE EXECUTIVE SALARY SCHEDULE IS APPROVED BY THE BOARD OF REGENTS.

THE BOARD OF REGENTS HANDBOOK HAS SPECIFIC GUIDANCE REGARDING EXECUTIVE PAY.

#### FORM 990, PART VI, LINE 19:

THE UNLV FOUNDATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST, AND FINANCIAL STATEMENTS AVAILABLE ON THE ORGANIZATION'S WEBSITE.

#### FORM 990, PART VII, SECTION A:

UNLV ACTS AS COMMON PAYMASTER FOR ITSELF AND THE UNLV FOUNDATION. SEE TREAS. REG. SECTION 31.3121(S)-1(B)(2). CONSISTENT WITH FORM 990 INSTRUCTIONS, COMPENSATION REPORTED ON SCHEDULE J FOR THE PRESIDENTS OF

### Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.ir	s.gov/form990. Inspection
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UNIVERSITY OF NEVA	DA LAS VEGAS FOUNDATION	94-2790134

UNLV AND UNLV FOUNDATION REFLECT AMOUNTS ATTRIBUTABLE TO THE UNLV FOUNDATION UNDER THIS COMMON PAYMASTER ARRANGEMENT. EACH OF THESE OFFICERS IS A W-2 EMPLOYEE OF UNLV AND RECEIVES A SINGLE PAYCHECK FROM UNLV. HOWEVER, WAGES, BENEFITS, AND RELATED TAXES ARE ALLOCATED BETWEEN THE TWO ORGANIZATIONS BASED ON TIME DEDICATED TO EACH. NOTES TO THEIR COMPENSATION PACKAGES ARE AVAILABLE IN SCHEDULE J. COMPENSATION REPORTED ON SCHEDULE J AS WELL AS COMPENSATION FOR SHARED EMPLOYEES IS REPORTED SIMILARLY. FORM 990, PART III - PROGRAM SERVICE

#### LINE 4A, PROGRAM SERVICE

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UNLV IS AN INSTITUTION THAT ASPIRES TO BECOME ONE OF THE NATION'S BEST PUBLIC URBAN UNIVERSITIES FOR RESEARCH AND STUDENT ACHIEVEMENT. THE FOUNDATION WORKS DAILY TO IDENTIFY AND MANAGE PRIVATE GIFTS AND RESOURCES TO STRATEGICALLY SUPPORT THE NEEDS AND OPPORTUNITIES IDENTIFIED BY UNLV THAT WILL HELP BUILD ON AN ALREADY ROBUST CULTURE OF FACULTY-STUDENT RESEARCH, COMMUNITY PARTNERSHIP, AND EXPANDING OPPORTUNITIES FOR EXPERIENTIAL LEARNING THROUGH WORK IN THE LAB, STUDIO, AND FIELD. IN FY22, DONORS GAVE MORE THAN \$65 MILLION IN NEW GIFTS, PLEDGES AND SERVICES. THESE FUNDS ENHANCE THE QUALITY OF THE UNIVERSITY AND ITS MISSIONS OF EDUCATING STUDENTS, DRIVING RESEARCH AND INNOVATION, AND STIMULATING OUR COMMUNITY'S WELLBEING AND ECONOMIC DEVELOPMENT. THE COLLEGE OF EDUCATION LED DEVELOPMENT EFFORTS, RAISING NEARLY \$11 MILLION. THE KIRK KERKORIAN SCHOOL OF MEDICINE RAISED MORE THAN \$7.5 MILLION, ATHLETICS RAISED \$3.7 MILLION, AND THE COLLEGE OF FINE ARTS RAISED MORE THAN \$3.5 MILLION.

Schedule O (Form 990 or 990-EZ) 2021				
Name of the organization	Employer identification number			
UNIVERSITY OF NEVADA LAS VEGAS FOUNDATION	94-2790134			

FORM 990, PART VI, LINE 17 - STATES

CA, KY,MD,MA,MI, MN,NH,NJ,NY,NC,OR,PA, SC,UT,

Schedule O (Form 990 or 990-EZ) 2021		Page <b>2</b>
Name of the organization	Employer ic	lentification number
<u>UNIVERSITY OF NEVADA LAS VEGAS FOUND</u>	ATION 94-27	90134
FORM 990, PART VII-COMPENSATION OF THE 5 HIGHES		
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
RUFFALO NOEL LEVITZ		
P.O. BOX 718		
DES MOINES, IA 50303	SOLICITATION	542,832.
BLACKBAUD		
P.O. BOX 930256		
ATLANTA, GA 31193	DATABASE	207,458.
CALLAN, LLC		
600 MONTGOMERY STREET, SUITE 800		
SAN FRANCISCO, CA 94111	INVESTMENT ADVISORS	179,368.

Schedule O (Form 990 or 990-EZ) 2021			Page <b>2</b>
Name of the organization	Employer	identification number	
UNIVERSITY OF NEVADA LAS VEGAS FOUNDATION	94-2	790134	
FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES			
DESCRIPTION	ENDING BOOK VALUE	COST OR FMV	
INVESTMENTS	146,286,487.	FMV	
TOTALS	146,286,487.		

SCHEDULE R	
(Form 990)	

## **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY OF NEVADA LAS VEGAS FOUNDATION

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

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
						Yes	No
(1) NEVADA SYSTEM OF HIGHER EDUCATION 88-6000024							
4300 S. MARYLAND PKWY LAS VEGAS, NV 89119	EDU SYSTEM	NV	501(C)(3)	06	N/A		х
(2)							
(3)							
(4)							
(5)							
(6)							
	-						
(7)							
· · ·							

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

Schedule R (Form 990) 2021

OMB No. 1545-0047

Open to Public

Inspection

2

Employer identification number

94-2790134

JSA

Schedule R (Form 990) 2021

Part III

UNIVERSITY OF NEVADA LAS VEGAS FOUNDATION

94-2790134

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

	<b>`</b>			· · ·	o lan your.		1					
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	<b>(g)</b> Share of end-of- year assets	Disprop alloca	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging ther?	<b>(k)</b> Percentage ownership
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			Yes	No		Yes	No	
(1)												
	-											
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	<b>(g)</b> Share of end-of-year assets		, Sec 512(t cont ent	(i) ction b)(13 rolled tity?
(1) CLR AND KSR 1996 CHARITABLE REMAINDER UN								Yes	No
N/A N/A, NV 89119	N/A	NV	N/A	TRUST	NONE	NONE	c		x
(2) KAPLAN CHARITABLE REMAINDER UNITRUST DTD									
N/A N/A, NV 89119	N/A	NV	N/A	TRUST	NONE	NONE	3		x
(3)									
(4)									
(5)									
(6)									
(7)									

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more in	clated organizations lis	tod in Parts II-11/2				
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	5			1a		X
a h	Gift, grant, or capital contribution to related organization(s)				1b	Х	
c c	Gift, grant, or capital contribution from related organization(s)				1c	x	
d	Loans or loan guarantees to or for related organization(s)				1d		Х
					1e		X
e	Loans or loan guarantees by related organization(s)		• • • • • • • • • • • • • • • • • • • •		10		
f	Dividends from related organization(s)				1f		Х
	Dividends from related organization(s)				1g		X
g h	Sale of assets to related organization(s)				1h		X
n :	Purchase of assets from related organization(s)				1i		X
	Exchange of assets with related organization(s).				1j		X
J	Lease of facilities, equipment, or other assets to related organization(s).		•••••		- '		
	Lease of facilities, equipment, excepted and from related exception (a)				1k		Х
к	Lease of facilities, equipment, or other assets from related organization(s)				11	x	
I	Performance of services or membership or fundraising solicitations for related organization(s)						
	Performance of services or membership or fundraising solicitations by related organization(s).				1m	37	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X X	
0	Sharing of paid employees with related organization(s)		• • • • • • • • • • • • • • • • • • • •		10	X	
					4.4		37
р	Reimbursement paid to related organization(s) for expenses.				1p		<u>X</u>
q	Reimbursement paid by related organization(s) for expenses		•••••		1q		X
r	Other transfer of cash or property to related organization(s)		• • • • • • • • • • • • • • • • • • • •		1r	X	
	Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete t	hia lina, including acus	rad relationships and trans	action thro	1s		
2			•			5.	
	(a) Name of related organization	(b) Transaction	<b>(c)</b> Amount involved	Method	(d) of dete	rminin	ıg
		type (a-s)		amou	int invo	lved	-
		_					
(1)	UNIVERSITY OF NEVADA, LAS VEGAS	В	26,436,797.	FMV			
(0)							
(2)	UNIVERSITY OF NEVADA, LAS VEGAS	C	2,846,958.	FMV			
(0)							
(3)							
(1)							
(4)							
(=)							
(5)							
(-)							
(6)							

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(state or foreign inco country) unrelia	income (related, unrelated, excluded from tax under	organizations?		(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	, ,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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## **ESTIMATED TAX WORKSHEET FOR FORM 990-W**

A. 2022 Estimated Tax		A
B. Enter 100 % of Line A		
C. Enter 100 % of tax on 2021 FORM 990-T	851.	
D. Required Annual Payment (Smaller of lines B or C)	[	<b>D</b> 851.
E. Income tax withheld (if applicable)	🗖	E
F. Balance (As rounded to the nearest multiple of )		<b>F</b> 852.

## **Record of Estimated Tax Payments**

Payment number	(a) Date	<b>(b)</b> Amount	(c) 2021 overpayment credit applied	(d) Total amount paid and credited (add (b) and (c))
1	10/15/2022	213.		213.
2	12/15/2022	213.		213.
3	03/15/2023	213.		213.
4	06/15/2023	213.		213.
Total		852.		852.

ESTIMATED PAYMENTS MUST BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENTS SYSTEM (EFTPS). THIS WORKSHEET MERELY PROVIDES THE AMOUNTS WHICH NEED TO BE PAID VIA THE ABOVE METHOD.