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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization NORTHERN NEVADA DEVELOPMENT AUTHORITY		D Employer identification number 88-0184446
		Number and street (or P O box if mail is not delivered to street address) Room/suite 704 W NYE LANE 201		E Telephone number 775-883-4413
		City or town, state or country, and ZIP + 4 CARSON CITY, NV 89703		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		

G Website: ▶ **WWW.NNDA.ORG**

J Organization type (check only one) ▶ ☒ 501(c) (6) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

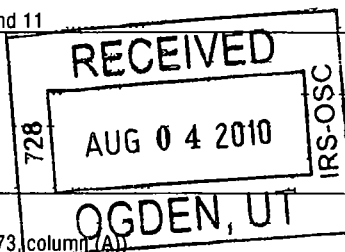
H and **I** are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) If "Yes," enter number of affiliates ▶ **N/A**
H(c) Are all affiliates included? **N/A** ☐ Yes ☐ No
 (If "No," attach a list)
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No
I Group Exemption Number ▶ **N/A**

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **607,875.**

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received			1e	497,349.
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	153,139.		
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d	344,210.		
	e Total (add lines 1a through 1d) (cash \$ 497,349. noncash \$)				
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	63,614.
	3 Membership dues and assessments			3	3,229.
	4 Interest on savings and temporary cash investments			4	
	5 Dividends and interest from securities			5	
	6 a Gross rents SEE STATEMENT 1	6a	32,318.		
	b Less rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a			6c	32,318.	
7 Other investment income (describe ▶)			7		
8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other			
b Less cost or other basis and sales expenses	8a				
c Gain or (loss) (attach schedule)	8b				
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c				
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			8d		
a Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	11,365.			
b Less direct expenses other than fundraising expenses	9b	2,032.			
c Net income or (loss) from special events. Subtract line 9b from line 9a		SEE STATEMENT 2	9c	9,333.	
10 a Gross sales of inventory, less returns and allowances	10a				
b Less cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c		
11 Other revenue (from Part VII, line 103)			11		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	605,843.	
Expenses	13 Program services (from line 44, column (B))		13		
	14 Management and general (from line 44, column (C))		14		
	15 Fundraising (from line 44, column (D))		15		
	16 Payments to affiliates (attach schedule)		16		
	17 Total expenses. Add lines 16 and 44, column (A)		17	892,557.	
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12		18	-286,714.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))		19	59,044.	
	20 Other changes in net assets or fund balances (attach explanation)		20	0.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21	-227,670.	



Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> •) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> •) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 133,073.			
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0.			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 144,133.			
27 Pension plan contributions not included on lines 25a, b, and c	27 5,757.			
28 Employee benefits not included on lines 25a - 27	28 6,845.			
29 Payroll taxes	29 20,407.			
30 Professional fundraising fees	30			
31 Accounting fees	31 16,304.			
32 Legal fees	32			
33 Supplies	33 14,796.			
34 Telephone	34 5,503.			
35 Postage and shipping	35			
36 Occupancy	36 70,023.			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 14,970.			
39 Travel	39 6,009.			
40 Conferences, conventions, and meetings	40 32,850.			
41 Interest	41 742.			
42 Depreciation, depletion, etc. (attach schedule)	42 3,321.			
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 3	43g 417,824.			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 892,557.			

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A,

(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► **SEE STATEMENT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)

a RESPONDED TO INQUIRIES AND RECRUITED BUSINESS CONSIDERING RELOCATING

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

b MAINTAINED RELATIONSHIPS WITH EXISTING BUSINESSES IN THE COMMUNITY TO AID THEIR CONTINUED SUCCESS AND ENCOURAGE PLANS TO EXPAND

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

c HOSTED VISITS FROM COMPANIES WANTING TO FURTHER INVESTIGATE THE AREA FOR POTENTIAL RELOCATION

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

d COMPLETED WEB PROJECT TO BRING WEB ACCESS TO RURAL NEVADA

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►

Form **990** (2007)

Part IV Balance Sheets (See the instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	63,174.	45	1,335.
	46 Savings and temporary cash investments	63,019.	46	
	47 a Accounts receivable	4,314.		
	b Less: allowance for doubtful accounts		47c	4,314.
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	2,861.	53	2,861.
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment basis				
b Less: accumulated depreciation		55c		
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	45,477.			
b Less: accumulated depreciation STMT 5	41,979.	6,819.	57c	3,498.
58 Other assets, including program-related investments (describe DEPOSITS)		1,531.	58	1,531.
59 Total assets (must equal line 74). Add lines 45 through 58		144,907.	59	13,539.
Liabilities	60 Accounts payable and accrued expenses	5,866.	60	159,428.
	61 Grants payable		61	
	62 Deferred revenue	78,057.	62	34,953.
	63 Loans from officers, directors, trustees, and key employees		63	46,500.
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	1,940.	64b	
	65 Other liabilities (describe ACCRUED PAYROLL)	0.	65	328.
66 Total liabilities. Add lines 60 through 65		85,863.	66	241,209.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	3,066.	67	-80,429.
	68 Temporarily restricted	55,978.	68	-147,241.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	59,044.	73	-227,670.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	144,907.	74	13,539.

Form 990 (2007)

Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	967,304.
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify): <u>SEE STATEMENT 6</u>	b4	361,461.	
	Add lines b1 through b4		b	361,461.
c	Subtract line b from line a		c	605,843.
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
	Add lines d1 and d2		d	0.
e	Total revenue (Part I, line 12). Add lines c and d		e	605,843.

c. Total revenue (Part I, line 12). Add lines c and d.			
Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			

a	Total expenses and losses per audited financial statements		a	894,589.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) <u>SPECIAL EVENT/FUND RAISING EXPENSE</u>	b4	2,032.	
	Add lines b1 through b4		b	2,032.
c	Subtract line b from line a		c	892,557.
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17). Add lines c and d		e	892,557.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes	No
-----	----

<p>75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ <u>24</u></p>			
<p>b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)</p>	75b		X
<p>c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."</p>	75c		X
<p>If "Yes," attach a statement that includes the information described in the instructions.</p>			
<p>d Does the organization have a written conflict of interest policy?</p>	75d	X	

<p>Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other</p>		102
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Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]**Part VI** **Other Information** (See the instructions)

Yes	No
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76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization N/A			
	_____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a	Enter direct and indirect political expenditures. (See line 81 instructions)	81a	0.	
b	Did the organization file Form 1120-POL for this year?	81b		X

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Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	2,175.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	X
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	N/A
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed ▶ NV		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	4
91 a	The books are in care of ▶ THE ORGANIZATION Telephone no ▶ 775-883-4413 Located at ▶ 704 W NYE LANE, CARSON CITY, NV ZIP + 4 ▶ 89703		
b	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)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a SEE STATEMENT 8				40,510.	23,104.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments			14	3,229.	
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	16,318.	
98 Net rental income or (loss) from personal property			17	16,000.	
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	9,333.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		85,390.	23,104.
105 Total (add line 104, columns (B), (D), and (E))					108,494.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 9

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

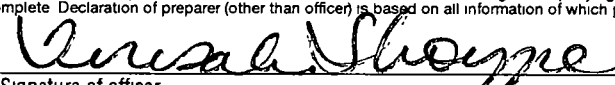
Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

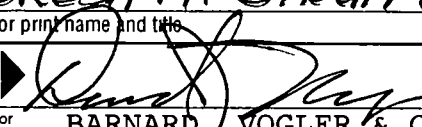
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
-----	----

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

Please Sign Here:  Date: 7/30/10

Type or print name and title: TERESA A. SHUPPE, President

Paid Preparer's Use Only: Preparer's signature:  Date: JUL 26 2010 Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen. Inst. X): EIN

Firm's name (or yours if self-employed), address, and ZIP + 4: BARNARD, VOGLER & CO., CPAs
100 W LIBERTY STREET, SUITE 1100
RENO, NV 89501-1959

Phone no: (775) 786-6141

Form 990 (2007)

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

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Asset No	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	CHAIR	03/14/95	SL	7.00			HYL6	587.			587.	587.		0.	587.
2	VACUUM	07/10/96	SL	7.00			HYL6	117.			117.	117.		0.	117.
3	DISPLAY RACK	07/17/96	SL	7.00			HYL6	330.			330.	330.		0.	330.
4	MODULAR FURNITURE	08/20/96	SL	7.00			HYL6	5,686.			5,686.	5,686.		0.	5,686.
5	ELECTRONIC WORK STATION	09/18/96	SL	7.00			HYL6	216.			216.	216.		0.	216.
6	OAK TABLE	09/18/96	SL	7.00			HYL6	86.			86.	86.		0.	86.
7	MODULAR OFFICE FURNITURE	07/20/98	SL	7.00			HYL6	2,888.			2,888.	2,888.		0.	2,888.
8	OFFICE FURNITURE	01/28/99	SL	7.00			HYL6	375.			375.	375.		0.	375.
9	PHONE EQUIPMENT	03/19/99	SL	7.00			HYL6	218.			218.	218.		0.	218.
10	COMPUTER	07/01/99	SL	5.00			HYL6	1,600.			1,600.	1,600.		0.	1,600.
11	LAPTOP COMPUTER	03/07/01	SL	5.00			HYL6	2,842.			2,842.	2,842.		0.	2,842.
12	COMPUTER (RECEPTIONIST)	04/10/01	SL	5.00			HYL6	2,344.			2,344.	2,344.		0.	2,344.
13	VOICE MAIL SYSTEM	05/14/01	SL	5.00			HYL6	1,588.			1,588.	1,588.		0.	1,588.
14	CONFERENCE TABLE & CHAIRS	05/29/01	SL	7.00			HYL6	4,046.			4,046.	3,516.		530.	4,046.
15	RECEPTION STATION	06/13/01	SL	7.00			HYL6	1,204.			1,204.	1,046.		158.	1,204.
16	WORK STATION	06/12/01	SL	7.00			HYL6	1,867.			1,867.	1,622.		245.	1,866.
17	SIGNS	06/20/01	SL	7.00			HYL6	358.			358.	306.		52.	357.
18	TELEPHONE SYSTEM	03/14/95	SL	7.00			HYL6	3,508.			3,508.	3,508.		0.	3,508.

728111
08-23-07

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2007 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	MISC. SOFTWARE	02/28/94		60M		HY43	667.				667.	667.		0.	667.
20	LASER PRINTER	12/06/99	SL	5.00		HY16	1,556.				1,556.	1,556.		0.	1,556.
21	ROOM PANELS	07/17/01	SL	7.00		HY16	266.				266.	225.		38.	263.
22	COMPUTER	09/09/01	SL	5.00		HY16	783.				783.	783.		0.	783.
23	PRINTER	05/21/02	SL	5.00		HY16	200.				200.	200.		0.	200.
24	PALM PILOT	05/26/02	SL	5.00		HY16	109.				109.	109.		0.	109.
25	COMPUTER	08/08/02	SL	5.00		HY16	1,070.				1,070.	1,052.		18.	1,070.
26	GESTETNER COPIER	01/16/04	SL	5.00		HY16	5,460.				5,460.	3,822.		1,092.	4,914.
27	SERVER	03/15/06	SL	5.00		HY16	4,179.				4,179.	1,114.		836.	1,950.
28	COMPUTER	03/15/06	SL	5.00		HY16	648.				648.	173.		130.	303.
29	COMPUTER	04/07/06	SL	5.00		HY16	679.				679.	170.		136.	306.
	* TOTAL 990 PAGE 2 DEPR & AMORT						45,477.				45,477.	38,746.		3,235.	41,979.

728111
06-23-07

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990	RENTAL INCOME	STATEMENT	1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
OFFICE SPACE	1	16,318.
WEB SITE	2	16,000.
TOTAL TO FORM 990, PART I, LINE 6A		32,318.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
GOLF-A-THON	11,365.		11,365.	2,032.	9,333.
TO FM 990, PART I, LINE 9	11,365.		11,365.	2,032.	9,333.

FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	3,720.			
AUTO ALLOWANCE	15,054.			
BANK CHARGES	3,729.			
COMPUTER MAINTENANCE	2,397.			
CONTRACT SERVICES	359,429.			
DUES & SUBSCRIPTIONS	1,783.			
INSURANCE	4,088.			
MEALS AND ENTERTAINMENT	13,946.			
MISCELLANEOUS	7,457.			
PAYROLL PROCESSING FEES	983.			
UTILITIES	5,238.			
TOTAL TO FM 990, LN 43	417,824.			

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

TO ENCOURAGE THE EXPANSION AND RELOCATION OF BUSINESSES TO THE NORTHERN NEVADA RURAL COUNTIES IN ORDER TO ENHANCE ECONOMIC ACTIVITY IN THE AREA.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
CHAIR	587.	587.	0.
VACUUM	117.	117.	0.
DISPLAY RACK	330.	330.	0.
MODULAR FURNITURE	5,686.	5,686.	0.
ELETRONIC WORK STATION	216.	216.	0.
OAK TABLE	86.	86.	0.
MODULAR OFFICE FURNITURE	2,888.	2,888.	0.
OFFICE FURNITURE	375.	375.	0.
PHONE EQUIPMENT	218.	218.	0.
COMPUTER	1,600.	1,600.	0.
LAPTOP COMPUTER	2,842.	2,842.	0.
COMPUTER (RECEPTIONIST)	2,344.	2,344.	0.
VOICE MAIL SYSTEM	1,588.	1,588.	0.
CONFERENCE TABLE & CHAIRS	4,046.	4,046.	0.
RECEPTION STATION	1,204.	1,204.	0.
WORK STATION	1,867.	1,867.	0.
SIGNS	358.	358.	0.
TELEPHONE SYSTEM	3,508.	3,508.	0.
MISC. SOFTWARE	667.	667.	0.
LASER PRINTER	1,556.	1,556.	0.
ROOM PANELS	266.	263.	3.
COMPUTER	783.	783.	0.
PRINTER	200.	200.	0.
PALM PILOT	109.	109.	0.
COMPUTER	1,070.	1,070.	0.
GESTETNER COPIER	5,460.	4,914.	546.
SERVER	4,179.	1,950.	2,229.
COMPUTER	648.	303.	345.
COMPUTER	679.	306.	373.
TOTAL TO FORM 990, PART IV, LN 57	45,477.	41,981.	3,496.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	6
DESCRIPTION		AMOUNT	
RELEASE FROM RESTRICTED FUNDS		359,429.	
SPECIAL EVENT/FUND RAISING EXPENSE		2,032.	
TOTAL TO FORM 990, PART IV-A		361,461.	

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	7
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RON WEISINGER 704 WEST NYE LANE, SUITE 201 CARSON CITY, NV 89703	EXECUTIVE DIRECTOR 40.00	98,500.	27,373.	7,200.
RAFAEL CAPPUCCI 11370 PERMA COUT RENO, NV 89521	PRESIDENT 0.00	0.	0.	0.
TERESA SHOUPPE 4267 SOUTH CARSON STREET CARSON CITY, NV 89701	VICE-PRESIDENT 0.00	0.	0.	0.
PAUL TIBMA 3470 GS RICHARDS BLVD CARSON CITY, NV 89703	TREASURER 0.00	0.	0.	0.
ROB HOOPER 2568 KINGSVIEW WAY CARSON CITY, NV 89706	SECRETARY 0.00	0.	0.	0.
LARRY RODRIGUEZ 5340 KIETZKE LANE SUITE 102 RENO, NV 89511	PAST PRESIDENT 0.00	0.	0.	0.
GARY BACOCK 595 SILVER LACE BLVD FERNELY, NV 89408	DIRECTOR 0.00	0.	0.	0.
T. MICHAEL BROWN P.O. BOX 218 MINDEN, NV 89423	DIRECTOR 0.00	0.	0.	0.

NORTHERN NEVADA DEVELOPMENT AUTHORITY

88-0184446

ROBERT CROWELL 510 WEST 4TH STREET CARSON CITY, NV 89703	DIRECTOR 0.00	0.	0.	0.
CHUCK DAVIES P.O. BOX 2087 SPARKS, NV 89432	DIRECTOR 0.00	0.	0.	0.
LEROY GOODMAN P.O. BOX 1154 FERNELY, NV 89408	DIRECTOR 0.00	0.	0.	0.
KATHY HALBARDIER 1477 US HWY 395 N MINDEN, NV 89410	DIRECTOR 0.00	0.	0.	0.
HARV HORNUNG 12 INDUSTRIAL PKWY UNIT C CARSON CITY, NV 89706	DIRECTOR 0.00	0.	0.	0.
ALAN JURKONIS 2155 MERDIAN BLVD MINDEN, NV 89423	DIRECTOR 0.00	0.	0.	0.
RONELE KLINGENSMITH 328 CALIFORNIA AVE. #4 RENO, NV 89509	DIRECTOR 0.00	0.	0.	0.
CAROL LANGE 2201 WEST COLLEGE PKWY CARSON CITY, NV 89703	DIRECTOR 0.00	0.	0.	0.
DWIGHT MILLARD 2989 HWY 50E CARSON CITY, NV 89701	DIRECTOR 0.00	0.	0.	0.
BONNIE PARNELL 804 SARATOGA WAY CARSON CITY, NV 89703	DIRECTOR 0.00	0.	0.	0.
MIKE RIGGS 4825 CONVAIR DRIVE, SUITE 14 CARSON CITY, NV 89706	DIRECTOR 0.00	0.	0.	0.
LINDA RITTER 4250 HOBART LANE CARSON CITY, NV 89701	DIRECTOR 0.00	0.	0.	0.
RUSS ROMINE 1095 SPICE ISLANDS DRIVE #100 SPARKS, NV 89431	DIRECTOR 0.00	0.	0.	0.

CHRISTINA SLADE 1929 NORTH CARSON STREET CARSON CITY, NV 89701	DIRECTOR 0.00	0.	0.	0.
DENNIS STARK 27 SOUTH MAIN STREET YERINGTON, NV 89447	DIRECTOR 0.00	0.	0.	0.
LARRY WERNER 201 NORTH CARSON STREET, SUITE 2 CARSON CITY, NV 89701	DIRECTOR 0.00	0.	0.	0.
PAT WHITTEN P.O. DRAWER D VIRGINIA CITY, NV 89440	DIRECTOR 0.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

98,500.	27,373.	7,200.
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FORM 990	PROGRAM SERVICE REVENUE	STATEMENT	8
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DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME
BREAKFAST PROGRAM					11,610.
GOVERNOR'S LUNCHEON					6,982.
TRADE SHOW			07	40,510.	
MIXERS					892.
BITE OF KNOWLEDGE					1,065.
E-WEEK					2,555.
TO FORM 990, PART VII, LINE 93				40,510.	23,104.

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT	9
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	BREAKFAST MEETINGS ALLOW THE BOARD TO INFORM MEMBERS OF ECONOMIC ACTIVITIES IN THE REGION.
93B	GOVERNOR'S INDUSTRY APPRECIATION LUNCHEON RECOGNIZES MEMBERS OF INDUSTRY WHO HAVE CONTRIBUTED TO GROWTH IN THE PAST YEAR.
93D	MIXERS PROVIDE AN OPPORTUNITY FOR MEMBERS OF THE BUSINESS COMMUNITY TO NETWORK AND SHARE INFORMATION.
93E	THIS WAS A PROGRAM OF SMALL WORKSHOPS WHERE MEMBERS SHARED THEIR AREAS OF EXPERTISE.
93F	E*WEEK BROUGHT TOGETHER RESOURCE PROVIDERS WITH MEMBERS OF THE BUSINESS COMMUNITY TO EXPLAIN HOW THEY CAN HELP.