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Form **990-EZ**Department of the Treasury  
Internal Revenue Service

# Short Form 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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No 1545-1150

**2008**Open to Public  
Inspection**A** For the **2008** calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization**NORTHERN NEVADA DEVELOPMENT AUTHORITY**

Number and street (or P O box, if mail is not delivered to street address)

**704 W. NYE LANE**

City or town, state or country, and ZIP + 4

**CARSON CITY, NV 89703****D** Employer identification number**88-0184446****E** Telephone number**7758834413****F** Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method ☐ Cash ☒ Accrual  
Other (specify) ▶

**I** Website: ▶ **NNDA.ORG****J** Organization type (check only one) — ☒ 501(c) ( 6 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**H** Check ▶ ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check ▶ ☐ if the organization is not a section 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.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **870,940.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	697,442.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	111,099.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	46,610.
	6b	Less direct expenses other than fundraising expenses	6b	31,150.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	15,460.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ SEE STATEMENT 4 )	8	15,789.	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	839,790.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	0.
	12	Salaries, other compensation, and employee benefits	12	276,319.
	13	Professional fees and other payments to independent contractors	13	161,454.
	14	Occupancy, rent, utilities, and maintenance	14	88,762.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ SEE STATEMENT 1 )	16	122,254.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	648,789.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	191,001.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	-180,995.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	10,006.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

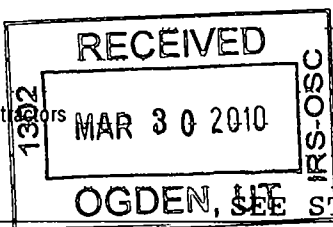
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	1,335.	22 67,085.
23 Land and buildings		23
24 Other assets (describe ▶ SEE STATEMENT 2 )	11,694.	24 12,070.
25 Total assets	13,029.	25 79,155.
26 Total liabilities (describe ▶ SEE STATEMENT 3 )	194,024.	26 69,149.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-180,995.	27 10,006.

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

Form **990-EZ** (2008)

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**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>	X
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<b>34</b>	X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>	X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>35b</b>	N/A
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N	<b>36</b>	X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions	<b>37a</b>	0.
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>37b</b>	X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	<b>38a</b>	X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b>	N/A
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>	N/A
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	N/A
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911		N/A
<b>b</b> Section 501(c)(3) and (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," complete Schedule L, Part I	<b>40b</b>	N/A
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization		0.
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed		NONE
<b>42a</b> The books are in care of	NORTHERN NEVADA DEVELOPMENT AUTHORITY Telephone no	
Located at	704 NYE LANE STE 201, CARSON CITY, NV ZIP + 4	
<b>b</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)?	<b>42b</b>	X
If "Yes," enter the name of the foreign country		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ?	<b>42c</b>	X
If "Yes," enter the name of the foreign country		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	<b>43</b>	N/A
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44</b>	X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>45</b>	X

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**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

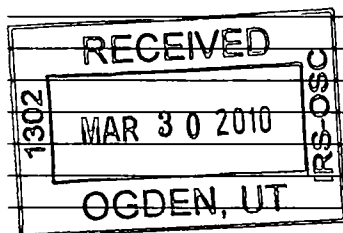
	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000		



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

Sign Here: Signature of officer: *Ceresa M. Wayne* Date: *3/17/2010*

Paid Preparer's Use Only: Preparer's signature: *Paul M. Wayne* Date: *3/17/2010* Check if self-employed: ☐ Preparer's Identifying Number (See instr): *775-786-6141*

Firm's name (or yours if self-employed): *BARNARD, VOGLER & CO., CPA'S* EIN: *775-786-6141*

address, and ZIP + 4: *100 W LIBERTY STREET, SUITE 1100 RENO, NV 89501-1959* Phone no: *(775) 786-6141*

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

Form 990-EZ (2008)

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
MARKETING		65,470.	
ADMIN		52,425.	
INTEREST		4,359.	
TOTAL TO FORM 990-EZ, LINE 16		122,254.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEPOSITS	4,175.	1,531.	
ACCOUNTS RECEIVABLE	3,933.	5,459.	
OTHER DEPRECIABLE ASSETS	3,586.	5,080.	
TOTAL TO FORM 990-EZ, LINE 24	11,694.	12,070.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS AND NOTES PAYABLE	145,051.	64,887.	
DEFERRED REVENUE	48,973.	4,262.	
TOTAL TO FORM 990-EZ, LINE 26	194,024.	69,149.	

FORM 990-EZ	OTHER REVENUE	STATEMENT	4
DESCRIPTION		AMOUNT	
RENTAL		15,788.	
INTEREST		1.	
TOTAL TO FORM 990-EZ, LINE 8		15,789.	

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FOOTNOTES

STATEMENT 5

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FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO



FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
TERESA SHOUPPE, NSB, 4267 S CARSON ST., CARSON CITY, NV 89701	PRESIDENT 4.00	0.	0. 0.
ALAN JURKONIS, AVK, 2155 MERIDIAN BLVD, MINDEN , NV 89423	VICE PRESIDENT 4.00	0.	0. 0.
ROB HOOPER 704 NYE LANE, CARSON CITY, NV 89703	EXECUTIVE DIRECTOR 50.00	50,000.	0. 4,257.
BONNIE BETTS 3208 GONI RD, CARSON CITY, NV 89706	TREASURER 4.00	0.	0. 0.
MIKE RIGGS, 4825 CONVAIR DR., CARSON CITY, NV 89706	SECRETARY 4.00	0.	0. 0.
RAFAEL CAPPUCCI 11370 PARMA CT, RENO, NV 89521	PAST PRESIDENT 4.00	0.	0. 0.
T MICHAEL BROWN P O BOX 218, MINDEN, NV 89423	DIRECTOR 4.00	0.	0. 0.
CHUCK DAVIES 405 CYPRESS CT, DAYTON, NV 89403	DIRECTOR 4.00	0.	0. 0.
GREG EVANGELATOS, 595 SILVER LACE BLVD, FERNLEYQ, NV 89408	DIRECTOR 4.00	0.	0. 0.
KATHY HALBARDIER, 1477 US HWY 395 N STE A, GARDNERVILLE, NV 89410	DIRECTOR 4.00	0.	0. 0.
HARV HORNING, 12 INDUSTRIAL PKWY, UNIT C, CARSON CITY, NV 89706	DIRECTOR 4.00	0.	0. 0.
RONELE KLINGENSMITH, 328 CALIFORNIA AVENUE, STE 3, RENO, NV 89509	DIRECTOR 4.00	0.	0. 0.
CAROL LANGE, 2201 WEST COLLEGE PKWY, CARSON CITY, NV 89703	DIRECTOR 4.00	0.	0. 0.
JOE MCCARTHY, 201 N CARSON ST.,STE2, CARSON CITY, NV 89701	DIRECTOR 4.00	0.	0. 0.

## NORTHERN NEVADA DEVELOPMENT AUTHORITY

88-0184446

BONNIE PARNEL, 804 SARATOGA WAY, CARSON CITY, NV 89703	DIRECTOR 4.00	0.	0.	0.
LINDA RITTER, 4250 HOBART LANE, CARSON CITY, NV 89701	DIRECTOR 4.00	0.	0.	0.
BRUCE ROBERTSON, 311 UP NORTH CARSON ST., CARSON CITY, NV 90701	DIRECTOR 4.00	0.	0.	0.
RUSS ROMINE, 1095 SPICE ISLAND DR #100, SPARKS, NV 89431	DIRECTOR 4.00	0.	0.	0.
CHRISTINA SLADE, 1929 N CARSON ST, CARSON CITY, NV 89701	DIRECTOR 4.00	0.	0.	0.
DENNIS STARK 27 SO MAIN ST, YERRINGTON, NV 89447	DIRECTOR 4.00	0.	0.	0.
EILEEN WEBB P O BOX 564, CARSON CITY, NV 89702	DIRECTOR 4.00	0.	0.	0.
PAT WHITTEN, P O DRAWER D, VIRGINIA CITY, NV 89440	DIRECTOR 4.00	0.	0.	0.
RON WEISINGER, 704 NYE LANE STE 201, CARSON CITY, NV 89701	EXECUTIVE DIRECTOR 40.00	76,533.	935.	820.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		<u>126,533.</u>	<u>935.</u>	<u>5,077.</u>

990-EZ PG 2

STATEMENT 8

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

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GENERAL EXPLANATION  
FORM AND LINE REFERENCES

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STATEMENT 9

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FORM/LINE IDENTIFIER

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DESCRIPTION/RETURN REFERENCE

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990 EZ 35A

STATEMENT FOR 35A

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GENERAL EXPLANATION

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STATEMENT 10

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ORGANIZATION HAS MEETINGS AND CHARGES MEMBERS FOR LUNCHOENS AND  
ADMISSIONS