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Form 990

Department of the Treasury Internal Revenue Service

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

2009

Open to Public Inspection

A Fo	r the	2009 ca	lendar yea	r, or tax year beginning 07-01-200	9 and ending 06-30-201	0		
B Ch	eck ıf a	pplicable	Please	C Name of organization UNLV Research Foundation			D Employer ider	ntification number
┌ Add	iress ch	nange	use IRS				88-0501398	
┌ _{Na}	me cha	nge	label or print or	Doing Business As			E Telephone nu	mber
┌ Init	al retu	rn	type. See Specific	Number and street (or P O box if ma	ulus not doluvorod to etroot addro	cs) Doom/suito	(702)895-2	833
_	mınate		Instruc- tions.	4505 S Maryland Parkway No 452036		ss) Room/suite	G Gross receipts \$	5 4,636,358
_	ended		tions.	City or town, state or country, and ZII	D + 4		-	
_				Las Vegas, NV 891549900	7 + 4			
J Api	olication	pending]	
				ne and address of principal officer H Strouse			is a group return	
			•	Maryland Parkway Box 452036		affilia 	ates?	ΓYes Γ Nο
			Las Ve	gas,NV 89154		H(b) Are a	ll affiliates include	ed?
						If"N	o," attach a list	(see instructions)
I Ta	x-exem	npt status	✓ 501(c)	(3) ◀ (insert no)	527	H(c) Grou	up exemption nur	nber 🟲
J W	ebsite	: 🟲 rese	earch unlv	edu/foundation				
K For	n of or	nanization	✓ Cornorat	ion		L Year of fo	ormation 2000 M	State of legal domicile NV
_	rt I	Sumr		ion, mast, mastering other p		L rear or re	Milation 2000 11	State of legal doffficie 144
				e organization's mission or most s	significant activities			
				organized and shall be operated e				
				niversity of Nevada, Las Vegas, a and commercialization opportunit				
<u>≥</u>			ment in Ne		ties tilat illay be created as	s a result of re	esearch activities	s to enhance economic
Σ								
ē								
Governance	_							
	2		,	if the organization discontinued				
Activities &	3		_	nembers of the governing body (P				10
乬	4	Number	ofindepen	dent voting members of the gover	rning body (Part VI, line 1t)	. 4	10
হু	5	Total nu	ımber of en	nployees (Part V , line 2a)			5	4
•	6	Total nu	ımber of vo	lunteers (estimate if necessary)			6	0
		-		ted business revenue from Part V	, , , , , , , , , , , , , , , , , , , ,		7a	0
	ь	Net unre	elated busi	ness taxable income from Form 9	90-T, line 34		7b	0
						Pric	or Year	Current Year
-	8	Contrib	butions and	d grants (Part VIII, line 1h) .			5,524,000	4,533,611
Ravenue	9	Progra	m service	revenue (Part VIII, line 2g) .				0
9.6	10	Invest	ment incor	ne (Part VIII, column (A), lines 3	, 4 , and 7 d)		-68,400	0
立	11	Other	revenue (P	art VIII, column (A), lines 5, 6d,	8c, 9c, 10c, and 11e)		343,275	102,747
	12			dd lines 8 through 11 (must equal		e	5,798,875	4 6 2 6 2 5 9
	42			· · · · · · · · · · · · · · · · · · ·			5,798,875	4,636,358
	13			er amounts paid (Part IX, column (2,656,460
	14			r for members (Part IX, column (A		_		0
88	15	Salarie 10)	es, other co	empensation, employee benefits (I	Part IX, column (A), lines 5	5-	436,464	386,778
ž	16a	•	sional fund	raising fees (Part IX, column (A),	line 11e)		,	
Expenses	ь			enses (Part IX, column (D), line 25) $\blacktriangleright 0$				
Ð	17			Part IX, column (A), lines 11a-1	1d 11f-24f)		6,050,443	
	18			Add lines 13–17 (must equal Part			6,486,907	522,077 3,565,315
	19			penses Subtract line 18 from line			-688,032	
_ 97	19	Revent	ue iess exp	Jenses Subtract fine 10 from fine	12	Reginnin	· · · · · · · · · · · · · · · · · · ·	1,071,043
Not Assets or Fund Balances						_	g of Current Year	End of Year
9 4 4 E	20	Totala	assets (Par	t X, line 16)			2,412,235	5,602,959
Ž	21	Total I	ıabılıtıes (F	Part X, line 26)			605,552	2,725,233
žĒ	22	Netas	sets or fun	d balances Subtract line 21 from	line 20		1,806,683	2,877,726
Pai	t II		ature Blo				, ,	<u> </u>
				gury, I declare that I have examined this	s return, including accompanying	schedules and s	statements, and to th	ne best of my knowledge
		and belie	ef, it is true, o	correct, and complete Declaration of prej	parer (other than officer) is base	d on all informat	tion of which prepare	r has any knowledge
C:~~		l				1		
Sigr Here		**** Signa	*** ature of office	er .		2011 Date	-05-13	
	_	'				Date		
			cy H Strouse I	Executive Director e and title				
		 	<u> </u>		Dete	Charle of	Dec	
		Preparer' signature		A Schimick		Check if self-	Preparer's identify (see instructions)	
Paid	_		F			empolyed 🕨 🦵		
•	arer's		nme (or yours	KAFOURY ARMSTRONG & CO			EIN Þ	
Use (Only		and ZIP + 4	8329 WEST SUNSET ROAD SUITE 21	.0			
				LAS VEGAS, NV 891132202			Phone no 🕨 (70	02) 384-7717
May	the IR	S discus	s this retu	rn with the preparer shown above?	(see instructions)			▼ Yes

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The Foundation is organized and shall be operated exclusively for the purposes of supporting, promoting, and reporting on research activities at the University of Nevada, Las Vegas, as an entity of the Board of Regents of the University and Community College System of Nevada and commercialization opportunities that may be created as a result of research activities to enhance economic development in Nevada

2	Did the organization undertake any si the prior Form 990 or 990-EZ? .				┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conducting services?			nducts, any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	chedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and 501(c)(4) orga allocations to others, the total expens	anizations and section	on 4947(a)(1) trusts a	re required to report the am	
4a	(Code) (Expenses \$	3,445,642	ıncludıng grants of \$	2,656,460) (Revenue \$	102,747)
_	To encourage entrepreneurship, the potentia		,		, , ,
4b	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program services (Describe i	n Schedule O) including grants of	*\$) (Revenue \$)
4e	Total program service expenses►\$	3,445,64			·
	· · · · · · · · · · · · · · · · · · ·	- / /	_		

Part IV	Check	dist 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ	ĺ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Ì	N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
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	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		N o
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
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			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b	Yes	
Ba	Instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
L	return?	3a 3b		Νο
la	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		Νο
b	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			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
1	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?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		Νο
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L	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)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

4505 S Maryland Parkway No 452036

Las Vegas, NV 891549900

(702) 895-2833

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

Se	ction A. Governing Body and Management			
			Yes	No
1_	Enter the number of voting members of the governing body 1a 10			
1a b	Enter the number of voting members of the governing body			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
_	other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		N o
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	Let the Chates with which a convertible Form 000 to required to be filed.			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nızatıor	.
	Nancy H Strouge			-

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

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. Use Schedule J-2 if additional space is needed.

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did no		te any o	urre	nt or	forr	nerofi	fıcer	, dırector, trustee o	r key employee	
(A) Name and Title	(B) A verage hours	Posi t	((tion (hat a	(che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MARK FINE CHAIRMAN	1 00	х						0	0	0
JOHN MIDBY VICE CHAIRMAN	1 00	х						0	0	0
GERRY BOMOTTI SECRETARY/TREASURER	1 00	Х						0	0	0
TED QUIRK DIRECTOR	1 00	Х						0	0	0
DON SNYDER DIRECTOR	1 00	х						0	0	0
BUCK WONG DIRECTOR	1 00	Х						0	0	0
DAVID ASHLEY DIRECTOR	1 00	Х						0	0	0
NEAL SMATRESK DIRECTOR	1 00	Х						0	0	0
RON SMITH DIRECTOR	1 00	х						0	0	0
STEVE COMER DIRECTOR	1 00	Х						0	0	0
ELIZABETH DICKSON ACTING EXECUTIVE DIRECTOR	40 00			х		Х		134,684	0	14,647

Forr	n 990 (2009)			Page 8
1b	Total	0		14,647
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1			
_			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
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		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If</i> " <i>Yes,"</i> complete Schedule J for such person	5		No
S	ection 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			
	(A) Name and business address (B) Description of services		(C Compen	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0			(2006)
			orm 990	1 (2009

Form 99								Page 9
Part	2411	Statement of Rev	venue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
nts nts	1a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues .	1b					
s, (С	Fundraising events .	1c					
g ≅	d	Related organizations	s 1d	95,934				
m, rs	e	Government grants (contr	ibutions) 1e	4,383,227				
ntíol er s	f	All other contributions, gift similar amounts not includ	s, grants, and 1f led above	54,450				
iş €	g	Noncash contribution						
nd in		lines 1a-1f \$		_	4 522 611			
ठल	h	Total. Add lines 1a-1	f	•	4,533,611			
an				Business Code				
ven	2a							
윤	b							
МСе	C .							
Ser	d							
Program Service Revenue	e							
₽Do.	f	All other program ser	vice revenue					
	g	Total. Add lines 2a-2	2f					
	3	Investment income (
	_	and other similar amo						
	4 5	Income from investment of Royalties						
	•		(ı) Real	(II) Personal				
	6a	Gross Rents	(i) Kedi	(ii) i cisonai				
	ь	Less rental						
	l c	expenses Rental income						
	d	or (loss) Net rental income or	(loss)	-				
			Securities	(II) O ther				
	7a	Gross amount from sales of assets other		, ,				
	ь	than inventory Less cost or						
		other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss) .						
ıne	8a	Gross income from fu events (not including \$						
Other Revenue		of contributions repor See Part IV, line 18						
ř	ь	Less direct expense	a sb					
₹	С	Net income or (loss)	l l	events 🗠				
	9a	Gross income from ga See Part IV, line 19						
	b	Less direct expense Net income or (loss)						
	10a	Gross sales of invent	ory, less	vities				
	b	Less cost of goods s	a old b					
	С	Net income or (loss)						
	11-	Miscellaneous Reve	enue	Business Code 900,099	102,747	102,747		
	11a b	Management Fees		500,039	102,747	102,747		
								
	c d	All other revenue .						
	e	Total. Add lines 11a-	ı					
	12	Total revenue. See Ir			102,747	10	_	
	I				4,636,358	102,747	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Il other organizations must complete column (A) but are not required to t include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,656,460	2,656,460		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	134,684	134,684		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	156,787	121,239	35,548	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	95,307	79,578	15,729	
LO	Payroll taxes				
L1	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	11,049		11,049	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	104,278	104,278		
2	Advertising and promotion				
3	Office expenses	125,636	105,500	20,136	
4	Information technology				
5	Royalties				
6	Occupancy	75,272	73,485	1,787	
7	Travel				
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	149,019	113,595	35,424	
23 24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of				
	total expenses shown on line 25 below)				
а	Construction	56,823	56,823		
Ь					
C					
d					
e					
f -	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,565,315	3,445,642	119,673	
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of vear End of year 120.636 342.034 1 1 Cash—non-interest-bearing 2 2 491,141 3 845,978 3 4 100.920 4 48.241 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 7 Inventories for sale or use 8 18,437 15,272 Prepaid expenses and deferred charges 9 Land, buildings, and equipment cost or other basis Complete 6.535.747 10a 10a Part VI of Schedule D 10b 2.184.313 1.642.944 4.351.434 b Less accumulated depreciation 10c 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 38.157 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 2,412,235 16 5,602,959 534,542 17 954,556 17 Accounts payable and accrued expenses 18 18 3,721 19 79,046 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 67.289 25 Other liabilities Complete Part X of Schedule D 25 1,691,631 26 Total liabilities. Add lines 17 through 25 605,552 26 2,725,233 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 1.806.683 2.877.726 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 📂 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets Paid-in or capital surplus, or land, building or equipment fund 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 2,877,726 33 Total net assets or fund balances 1,806,683 34 Total liabilities and net assets/fund balances 2.412.235 34 5,602,959

			Yes	No			
1	Accounting method used to prepare the Form 990						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes				
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both						
	▼ Separate basis						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
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 in Schedule O and describe any steps taken to undergo such audits	3b	Yes				

Form **990** (2009)

Employer identification number

SCHEDULE A Public

(Form 990 or 990EZ)

Name of the organization UNIV Research Foundation

Department of the Treasury Internal Revenue Service

h

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. See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

88-0501398 Reason for Public Charity Status (All organizations must complete this part.) See instructions organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type II Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) No Yes and (III) below, the governing body of the the supported organization? 11g(i) Nο (ii) a family member of a person described in (i) above? 11g(ii) Νo (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Νo

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ted in rning	(v) Did you not organizat col (i) of suppor	ion in your	(vi) Is the organizat col (i) org	e ıon ın anızed	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No]
university of nevada las vegas	886000024	6	Yes						2,119,365
Total									2,119,365

Provide the following information about the supported organization(s)

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation

Schedule A, Part IV, Supplemental Information PART 1, LINE 11h, COLUMN vII - THE AMOUNT OF SUPPORT LISTED WAS PROVIDED IN THE FORM OF SUBRECIPIENT AWARDS FROM VARIOUS FEDERAL R&D GRANTS

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493133055031

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

	me of the organization LV Research Foundation	Empl	Employer identification number				
ON	LV Research Foundation		88-0	501398			
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99						
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the		nor advis	sed Yes No			
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit						
Pa	rt II Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form	990, Part IV, line 7.			
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualice easement on the last day of the tax year	on or pleasure) Preservation of ar Preservation of a	certified	historic structure			
	casement on the last day of the tax year			Held at the End of the Year			
а	Total number of conservation easements		2a				
Ь	Total acreage restricted by conservation easements		2b				
c	Number of conservation easements on a certified his	toric structure included in (a)	2c				
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d				
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	ed by the	e organization during			
	the taxable year 🗠						
4	Number of states where property subject to conserva	ation easement is located ►					
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of	violations, and Yes No			
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easen	nents du	ırıng the year ►			
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s during	the year 🕨 \$			
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	ction	┌ Yes			
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financia					
Pa	rt IIII Organizations Maintaining Collectio Complete If the organization answered "		or Oth	ier Similar Assets.			
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resear	ch ın fur				
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research i		•			
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$			
	(ii) Assets included in Form 990, Part X			▶ \$			

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

						•				onemaca)
		А	г	Loan	oravel	hange prog	rame			
<u> </u>		u	<u>'</u>			nange prog	iaiiis			
Scholarly research		е	ļ	Other	•					
Preservation for future generations										
Provide a description of the organization's co	ollections and expla	ain hov	w the	/ furthe	rthe o	organization	ı's ex	empt purpose	ın	
									┌ Yes	┌ No
						n answere	d "Y	es" to Form 9	990,	
	ıan or other ınterm	edıary	for c	ontrıbu	tions o	or other ass	ets		Г Yes	☐ No
If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ing t	able		Г		An	nount	
Beginning halance							1c			
						<u> </u>	1d			
,						<u> </u>				
- '						F				
	000 D+ V I					L				
-		ie ZI?							i res) NO
		n and	wor	od "Vo	c" to I	Form 000	Dar	+ IV line 10		
Endowment Funds. Complete									(e)Four \	/ears Back
Beginning of year balance	(,				(-,		(=)		(-,-	
Contributions										
Grants or scholarships										
Other expenditures for facilities										
, ,							+			
•							+			
·	r end halance held	as								
, ,	r end balance held	43								
, ,										
Are there endowment funds not in the posses	ssion of the organiz	ation	that a	re held	d and a	dmınıstere	d for	the	Ves	No
								3a(,
If "Yes" to $3a(II)$, are the related organization	ns listed as require	d on S	ched	ule R?				31	b	
Describe in Part XIV the intended uses of th	e organızatıon's en	dowm	ent fu	nds						
VI Investments—Land, Building	s, and Equipme	nt. S	ee F	orm 9	90, Pa	art X, line	10.			
Description of investment) Cost or is (invest		(b) Cost or o		(c) Accumulated depreciation	d (d) B	ook value
			-					 	-	
and						4,300	0,167			4,300,167
and			-			4,300	0,167			4,300,167
Buildings	· · · · · · · · · · · · · · · · · · ·	•				,		33,78	84	
Buildings	· · · · · · · · · · · · · · · · · · ·	•				49	9,427	,		15,643
Buildings	· · · · · · · · · · · · · · · · · · ·					2,067		2,060,19	99	
	Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's concent of the programment of the organization solicition assets to be sold to raise funds rather than the testing of the organization solicition assets to be sold to raise funds rather than the testing of the organization and agent, trustee, custod included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV Beginning balance Additions during the year Distributions during the year Ending balance Did the organization include an amount on Form of the organization include an amount on Form of the organization include and in Part XIV The temperature of the organization of the expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year and of year balance Provide the estimated percentage of the year and organization by (i) unrelated organizations If "Yes" to 3a(II), are the related organization describe in Part XIV the intended uses of the organization of the	Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collections and explaint assets to be sold to raise funds rather than to be maintained as IV Escrow and Custodial Arrangements. Complete IV, line 9, or reported an amount on Form 9 Is the organization an agent, trustee, custodian or other interm included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the Beginning balance Additions during the year Distributions during the year Ending balance Did the organization include an amount on Form 990, Part X, lir If "Yes," explain the arrangement in Part XIV **Endowment Funds**. Complete If the organization general ge	Public exhibition d Scholarly research e Preservation for future generations Provide a description of the organization's collections and explain how Part XIV During the year, did the organization solicit or receive donations of an assets to be sold to raise funds rather than to be maintained as part of the organization and an anount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the follow Beginning balance Additions during the year Distributions during the year Ending balance Did the organization include an amount on Form 990, Part X, line 21? If "Yes," explain the arrangement in Part XIV **Endowment Funds.** Complete if the organization and Beginning of year balance	Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they Part XIV During the year, did the organization solicit or receive donations of art, his assets to be sold to raise funds rather than to be maintained as part of the Part IV, line 9, or reported an amount on Form 990, Part X Is the organization an agent, trustee, custodian or other intermediary for cincluded on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following to did to organization include an amount on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following to did the organization include an amount on Form 990, Part X, line 21? If "Yes," explain the arrangement in Part XIV Vendowment Funds. Complete if the organization answere the following of year balance Investment earnings or losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization that a organization by (i) unrelated organizations If "Yes" to 3a(ii), are the related organizations listed as required on Sched Describe in Part XIV the intended uses of the organization's endowment funds and Equipment. See F	Public exhibition Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they furthe Part XIV During the year, did the organization solicit or receive donations of art, historical assets to be sold to raise funds rather than to be maintained as part of the organization to be maintained as part of the organization and explain how they furthe Part XIV puring the year of the organization and the organization and agent, trustee, custodian or other intermediary for contributionation of principles of the organization and agent, trustee, custodian or other intermediary for contributional donor form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following table Beginning balance Additions during the year Distributions during the year Distributions during the year Distributions during the year Ending balance If "Yes," explain the arrangement in Part XIV V Endowment Funds. Complete if the organization answered "Ye endowment Funds. Complete if the organization answered "Ye endowment Funds or losses (a) (a) Current Year (b) Prior Year Beginning of year balance (a) (a) Current Year (b) Prior Year (b) Prior Year (c) Prior Year (Public exhibition	Public exhibition	ritems (check all that apply) Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's ever Part XIV During the year, did the organization solicit or receive donations of art, historical treasures or other sim assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **EV** Escrow and Custodial Arrangements.** Complete if the organization answered "Yeart IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following table ### Ending balance Did the organization include an amount on Form 990, Part X, line 21? If "Yes," explain the arrangement in Part XIV ### Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part X, line 21? ### Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part X, line 21? #### Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part X, line 21? ###################################	teems (check all that apply) Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose Part XIV During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **EV** Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form SP art IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following table **Ending balance** If "Yes," explain the arrangement in Part XIV **EV** Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10. **Beginning of year balance** If "Yes," explain the arrangement in Part XIV **EV** Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10. **Gontributions** Investment earnings or losses.** Grants or scholarships.** Other expenditures for facilities and programs.** Administrative expenses.** End of year balance.** Permanent endowment I** **Term endowment Funds** **Te	Public exhibition

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	d of valuation f-year market value
Financial derivatives		
Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		d of valuation
(a) Description of investment type	(b) Book value	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount	
Federal Income Taxes	(=)	
O ther current liabilities	3,226	
Notes payable	182,999	
Special Assessment Levy	1,450,893	
Capital Lease Obligation	48,942	
Other Long term liabilities	5,571	
·		

	XII Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,636,358
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,565,315
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,071,043
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,071,043
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	4,636,358
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	4,636,358
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	4,636,358
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial	1	3,565,315
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	3,565,315
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b	1	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,565,315
Par	t XIV Supplemental Information	•	

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier Return Reference | Explanation efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

Part I General Information on Grants and Assistance

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

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and OMB No 1545-0047

DLN: 93493133055031

Inspection

Internal Revenue Service Name of the organization

UNLV Research Foundation

(Form 990)

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury Attach to Form 990

Employer identification number 88-0501398

Form 990, Part I	V, line 21 for any i	o Governments and recipient that received 0) if additional space	d more than \$5,000	. Check this box if no	one recipient rec	ceived more than \$5,	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Univeristy of Nevada Las Vegas4505 South Maryland Parkway Las Vegas, NV 89154	886000024	501(c)(3)	2,119,365				SUBAWARD OF THE DEPARTMENT OF ENERGY INFRASTRUCTURE GRANT TO SUPPORT THE UNLV HARRY REID RESEARCH AND TECHNOLOGY PARK DEVELOPMENT
Commercial Development & Management Corporation 8311 W Sunset Road Suite 200 Las Vegas, NV 89113	262650489	501(c)(3)	537,095				SUBAWARD OF THE DEPARTMENT OF ENERGY INFRASTRUCTURE GRANT TO SUPPORT THE UNLV HARRY REID RESEARCH AND TECHNOLOGY PARK DEVELOPMENT

	· · · · · · · · · · · · · · · · · · ·	
Part III	Grants and Other Assistance to Individuals in the United States. Comp	plete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
				<u> </u>	·

Part IV	Supplemental Informa	ation. Complete this j	part to provide the infor	mation required in Part	t I, line 2, and any other a	additional information.	
Ident if ier	Return Referen	nce Exp	planation				

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DLN: 93493133055031

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open to Public Inspection

Name of the organization UNLV Research Foundation

Employer identification number

				(0)				3-05013				
Part I Excess Benefit Tra										40b		
1 (a) Name of disq				, .	(b) Description of transaction						rrected?	
	'	•			(5) 5 6 3 4			Yes	No			
2.5		i	<u> </u>									
2 Enter the amount of tax impos section 4958		ne orgai			r disqualified pers			_	r · \$			
3 Enter the amount of tax, If any	, on line	2, abo	ve, reimbursed	by th	ne organization .			🕨	\$			
Part II Loans to and/or	From	Intere	sted Person	ns.								
Complete if the organi					D, Part IV, line 26	or F	orm 990-E	Z, Part V	, line 38a			
	1 ' '	oan to					e) In	(f) Approv	,ed	(g) Writte	n n	
(a) Name of interested person and purpose		m the zation?	(c)O riginal principal amo		(d)Balance due		fault?	by board or		greemer		
F F	To	From	F			Yes	s No	committ Yes		Yes	No	
	10	110					1	1				
								1				
Total				\$.							
Part III Grants or Assistant Complete if the organization						/, lın	e 27.					
(a) Name of interested pers			b) Relationship b	betwe	een interested pe			ount of a	rant or type	ofassis	tance	
(a) Nume of interested pers			and th	he or	ganization		(6)///////					
Part IV Business Transac							- I					
Complete if the orga	anızatıc			n Fo	rm 990, Part I\	/, lın	e 28a, 28	b, or 28	С.	1,-> cı		
(a) Name of interested perso	_		Relationship Ween interested		(c) A mount of		(d) D				narıng of zatıon's	
(a) Name of interested perso	111		rson and the organization		transaction		(d) Descr	_	nues?			
COMMERCIAL DEVELOPMENT AN	1 D		RD MEMBERS	\perp	537.0	095	SUBA WA RI	OFTHE		Yes	No No	
MANAGEMENT CORPORATION (C		FORT	HE		,		DEPARTME	ENT OF E	NERGY			
		1	NIZATION SERVE AS				SUPPORT		GRANT TO V HARRY			
		BO A R	D MEMBERS			- 1	REID RESE TECHNOLO					
		TORG					DEVELOP					
COMMERCIAL DEVELOPMENT AN MANAGEMENT CORPORATION (C		3 BOA	RD MEMBERS		30,0		CONSULTI OFFER EXF		TRACT TO		Νo	
MANAGEMENT CONTONATION (C	. DIN C)	ORGA	NIZATION			ŀ	TO PROVI	DE SERV	ICES TO			
		1	SERVE AS D MEMBERS				SUPPORT [.] REID RESE					
		FORC					TECHNOL					
COMMERCIAL DEVELOPMENT AN MANAGEMENT CORPORATION (C		3 BOA	RD MEMBERS HE		56,0		CONTRAC [.] UNLV RESI		HEDULE		Νo	
·		1	NIZATION SERVE AS				FOUNDAT!					
		BOAR	O MEMBERS				MEETINGS BASIS	ONAQ	UARTERLY			
COMMERCIAL DEVELOPMENT AN	ID	FOR C	DMC RD MEMBERS	+	9.0 /	200	SUBLEASE	A CDEEN	1 E N T T O		No	
MANAGEMENT CORPORATION (C		FORT	HE		88,0		PAY 50% (FTHES	HARED		10	
		1	NIZATION SERVE AS				OFFICE O	CCUPAN	CY COSTS			
		1	O MEMBERS									

FOR CDMC

SCHEDULE M

Part I Types of Property

NonCash Contributions

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Employer identification number Name of the organization UNLV Research Foundation 88-0501398

		(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d) Method of dete revenue	_	
	A	applicable		1 g			
	Art—Works of art						
_	Art—Historical treasures .						
	Art—Fractional Interests						
4	Books and publications						
5	Clothing and household						
6	goods						
	Boats and planes						
	Intellectual property						
	Securities—Publicly traded .						
	Securities—Closely held stock .						
	Securities—Partnership, LLC,						
	ortrust interests						
	Securities—Miscellaneous						
13	Qualified conservation contribution—Historic structures						
14	Qualified conservation						
	contribution—Other						
15	Real estate—Residential .						
16	Real estate—Commercial						
17	Real estate—Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies .						
21	Taxıdermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► (Land Lease)	Х	1	54,450	Fair Market Value		
26	O ther ▶()						
27	O ther ▶()						
28	O ther ▶ ()						
29	Number of Forms 8283 received						
	for which the organization compl	eted Form 8	3283, Part IV, Donee Ackr	owledgement	29	1	
						Yes	No
30a	During the year, did the organiza						
	must hold for at least three year			on, and which is not require	d to be used		
	for exempt purposes for the enti	re holding p	eriod?		3	0a	No
b	If "Yes," describe the arrangeme	ent in Part 1	II				
31	Does the organization have a gif	tacceptand	ce policy that requires the i	review of any non-standard	contributions?	31	N o
32a	Does the organization hire or use contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell i		2a	N o_
b	If "Yes," describe in Part II						
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,		

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: **Software Version:**

EIN: 88-0501398

Name: UNLV Research Foundation

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As Filed Data -

DLN: 93493133055031

OMB No 1545-0047

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SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Name of the organization UNLV Research Foundation

Employer identification number

88-0501398

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE FORM 990 IS REVIEWED BY THE ACCOUNTING MANAGER AND THEN APPROVED AND SIGNED BY THE ORGANIZATION'S EXECUTIVE DIRECTOR

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Annual statements are required

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The organization's employees are UNLV employees and compensation is consistent with the State of Nevada personnel practices

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		The records are available at the organization's official place of business

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization's governing documents, conflict of interest policy and financial statements are made available for public inspection at the organizations official place of business. They are also publicly disclosed at its Board meetings that are published and held under the open meeting laws of the State of Nevada.

ldentifier	Return Reference	Explanation				
Form 990, Part XI, Line 2C		No changes from the prior year				

DLN: 93493133055031

2009

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization
UNLV Research Foundation

88-0501398

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the		ne organization an	swered "Yes" or	n Form 990, Part	IV, line 34 because it had one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code secti	on Public charity sta (if section 501(c)	atus (f) Direct controlling entity
University of Nevada Las Vegas					
4505 South Maryland Parkway Las Vegas, NV 89154 88-6000024	public university located in Las Vegas, Nevada	NV	501(c)(3)	170(b)(1)(A)(vi) N/A
NTS Development Corporation 8311 W Sunset Road 200 Las Vegas, NV 89113 88-0348103	create sustainable jobs and commerce relating to technology in Southern NV	NV	501(c)(3)	170(b)(1)(A)(vi) N/A
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Cat No 5013!		I	Schedule R (Form 990) 2009

(a) Name, address, and EIN of related organization (b) Primary activity		(state or entity		(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	ncome Share of end- assets		(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(j Gener mana parti	al or Iging
								Yes	No			Yes	No
												+	
				s a Corporation on treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it flad offe t		elated organizations				(f))		(-)	(5)		
(a) Name, address, and EIN o	f related organization	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share o	f total	Sh end-	(g) nare of -of-year ssets	(h) Percentag ownership		
									1				

(5)

(6)

				ı u	gc J			
Par	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV,	line 34, 35, or 36.)						
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No			
1 Du	ring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-I	٧۶						
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No			
b	b Gift, grant, or capital contribution to other organization(s)							
С	c Gift, grant, or capital contribution from other organization(s)							
d	Loans or loan guarantees to or for other organization(s)		1d		No			
e	Loans or loan guarantees by other organization(s)		1e		No			
f	Sale of assets to other organization(s)		1f		No			
g	Purchase of assets from other organization(s)		1g		No			
h	Exchange of assets		1h		No			
i l	ease of facilities, equipment, or other assets to other organization(s)		1i	Yes				
j	ease of facilities, equipment, or other assets from other organization(s)		1j		No			
k	k Performance of services or membership or fundraising solicitations for other organization(s)							
I F	Performance of services or membership or fundraising solicitations by other organization(s)							
m Sharing of facilities, equipment, mailing lists, or other assets								
n	Sharing of paid employees		1n		No			
o	Reimbursement paid to other organization for expenses		10	Yes				
р	Reimbursement paid by other organization for expenses		1p		No			
q	O ther transfer of cash or property to other organization(s)		1 q		No			
	O ther transfer of cash or property from other organization(s)		1r		No			
2	f the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationshi	ps and transaction thres	holds					
	(a)	(b) Transaction		(c)				
	Name of other organization	type(a-r)	Amount	involve	ed			
(1) NTS	DEVELOPMENT CORPORATION	К		1	5,534			
(2) UN	VERSITY OF NEVADA LAS VEGAS	I			7,527			
(3) UN	VERSITY OF NEVADA LAS VEGAS	К		3	0,055			
(4) UN	VERSITY OF NEVADA LAS VEGAS	0		27	0 532			

379,532

0

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) eral or naging rtner?
			Yes	No		Yes	No		Yes	N
									+-	╁
										1
									_	+
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