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DLN: 93493043002445

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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

		2013 ca applicable	C Name of organization	· · ·	ding 09-30-	-2014	D Emplo	yer iden	tification number
	lress cl		NEVADA STATE DEVELOPMENT CO	RPORATION			30-04	102070	
	me cha	_	Doing Business As						
_	nal retu minate		Number and street (or P O box if 1551 DESERT CROSSING COURT	mail is not delivered to street address NO 100) Room/suite	2	E Telepho (702)	one numb	
_		return n pending	LAS VEGAS, NV 89144	untry, and ZIP or foreign postal code					1,657,268
			F Name and address of portion of post			H(a) Is the substitute of the	ordinates?		for
I Ta	x-exen	npt statu:	s	(insert no)	527	ınclı	ıded?		see instructions)
J W	ebsite	e:► W	WW NSDC-LOANS COM			H(c) Gro	up exempt	ion num	nber ►
			n 🔽 Corporation 🗌 Trust 🦳 Associa	on Other ►	\\	L Year of fe	ormation 20	06 M	State of legal domicile NV
Pa	rt I		nmary describe the organization's miss						
s Governance	2	Check	OPMENT, CREATE JOBS, AND this box ► If the organization	discontinued its operations or d	isposed of	more than			
Activities &			r of voting members of the gove r of independent voting member:			3			
1			umber of individuals employed i					5	19
Ą	6	Total n	umber of volunteers (estimate if	necessary)				6	0
			nrelated business revenue from ^r elated business taxable income					7a	0
	В	Net um	erated business taxable income	110111 F01111 9 90 - 1 , 1111e 34 .	<u> </u>	1	or Year	7b 	Current Year
	8	Cont	ributions and grants (Part VIII,				0	0	
Rayenue	9		ram service revenue (Part VIII,			1,875,		1,649,222	
Вэуе	10		stment income (Part VIII, colur					319	-24
_	11 12		r revenue (Part VIII, column (A l revenue—add lines 8 through 1				•	279	8,046
		12)	<u> </u>	<u> </u>	•		1,875,		1,657,244
	13 14		ts and similar amounts paid (Pa fits paid to or for members (Part					0	0
	15		ries, other compensation, emplo						
Expenses		5-10	•			1,455,408			1,208,256
<u>≅</u>	16a		essional fundraising fees (Part I)					0	0
Δ	17		fundraising expenses (Part IX, column (r expenses (Part IX, column (A)	·· -			517,6	584	489,710
	18		l expenses Add lines 13–17 (m				1,973,0		1,697,966
	19	Reve	nue less expenses Subtract lin	e 18 from line 12			-97,	569	-40,722
१८६४ १८६४							ig of Curre Year	nt	End of Year
Not Assets or Fend Balances	20	Total	l assets (Part X, line 16)				1,800,8	319	1,723,488
et A Fed E	21		l liabilities (Part X, line 26)				683,		618,357
	22		assets or fund balances Subtrac	t line 21 from line 20			1,117,	576	1,105,131
Unde my ki	nowle	alties of dge and	nature Block f perjury, I declare that I have e I belief, it is true, correct, and co knowledge						
~ :-		I B —	**** nature of officer				015-02-11 Date		
	DEBRA ALEXANDRE PRESIDENT Type or print name and title								
Paid	۱		Print/Type preparer's name LAUREN SANKOVICH CPA	Preparer's signature	Dat 201	E 02 11 C"	eck if f-employed	PTIN P00497	754
	ر pare	er [Firm's name FIDE BAILLY LLP	Fin	m's EIN 🟲 4	5-025095	8		
	On		Firm's address ► 300 E 2ND ST STE 13	320		Pho	one no (775) 686-32	00
		·	RENO, NV 89501158	36					

May the IRS discuss this return with the preparer shown above? (see instructions) $\ \ .$

✓ Yes ☐ No

Total program service expenses ▶ 1,124,755

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	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 (see instructions)	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? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		Νo
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		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? <i>If "Yes," complete Schedule L, Part I</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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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		Νo
D	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νo
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? 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 11b and 19?	20	Yes	

Par				_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 22		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
•	gaming (gambling) winnings to prize winners?	1 c	Yes	
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			
h	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 (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
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?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			1
	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	~		140
•	74 Test, indicate the number of forms 6262 med during the year 1 1 1 1			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds 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?			1
		8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	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			
	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)			
L2a	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			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

Part VI
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.

Check of Schedule O. contains a response or note to any line in this Part VI.

_	aller A. On a site Bod and Mark			
_Se	ction A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax		1 63	140
	year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	٣		
	more members of the governing body?	7a 7b	Yes	No No
	or persons other than the governing body?	70		NO
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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		No
_Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		Yes	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	11a 12a	Yes	
12a				
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Yes	No
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	Yes	No
12a b c	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c	Yes	No
12a b c 13	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13	Yes Yes	No
12a b c 13 14 15	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13	Yes Yes	No
12a b c 13 14 15	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13 14	Yes Yes Yes	No
12a b c 13 14 15	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13 14	Yes Yes Yes Yes	No
12a b c 13 14 15 a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13 14	Yes Yes Yes Yes	No
12a b c 13 14 15 a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	
12a b c 13 14 15 a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	
12a b c 13 14 15 a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	
12a b c 13 14 15 a b 16a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	
12a b c 13 14 15 a b 16a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	
12a b c 13 14 15 a b 16a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	
12a b c 13 14 15 a b 16a b See 17 18	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes	No

►NEVADA STATE DEVELOPMENT CORPORATION 1551 DESERT CROSSING COURT SUITE

LAS VEGAS, NV 89144 (702)473-6203

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) KEVIN SULLIVAN	1 00	×						0	0	0
DIRECTOR									_	
(2) KEN TEDFORD	1 00	x						0	0	0
DIRECTOR									_	
(3) BRAD TOPE	1 00	x						0	0	0
DIRECTOR									_	
(4) RACHELLE CRUPI	1 00	×						0	0	0
DIRECTOR								ŭ ,	J	
(5) BRUCE FORD	1 00	х						0	0	0
DIRECTOR		_^_						Ŭ	0	
(6) JAMES JOHNSON	1 00	х						0	0	0
DIRECTOR		_ ^						ŭ	0	
(7) ROD JORGENSEN	1 00	х						0	0	0
DIRECTOR								ŭ ,	<u> </u>	
(8) MATTHEW LUBAWY	1 00	x						0	0	0
DIRECTOR		_ ^						Ŭ	0	
(9) ROBERT POTTER	1 00	х						0	0	0
DIRECTOR										
(10) DEBRA ALEXANDRE	40 00			х				123,971	0	4,750
PRESIDENT										
(11) LENNY SEE	40 00			x				12,880	0	5,500
SENIOR VICE PRESIDENT								,		,
(12) KAREN SZACHARA	40 00			×				68,060	0	3,750
CORPORATE SECRETARY								,	_	
(13) ADRIEN BURNEY	40 00			x				103,524	0	9,947
SENIOR VICE PRESIDENT				Ĺ	<u> </u>			103,324	0	3,5 17
				_						
										Form 900 (2012)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (list any hours	more t	than o	one both	box, an d	heck unless officer stee)	į	(E Repor comper from organiza	table isation the tion (W-	(E) Reportable compensation from related organizations (W-	. '	(F) Estima mount of compens from t	ted f other ation he
		for related organizations below dotted line)	Individual trustie or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relate organiza	ed
												-		
1b	Sub-Total	<u> </u>				<u>. </u>		▶						
С	Total from continuation shee	ts to Part VII, S	ection A	Α.				F						
d	Total (add lines 1b and 1c) .				•			`		308,435		0		23,947
2	Total number of individuals (in \$100,000 of reportable comp						d abov	e) w	ho receive	d more tr	an			
													Yes	No
3	Did the organization list any f on line 1a? <i>If "Yes," complete</i> s						emplo	yee,	or highes	t compen	sated employee	3		N o
4	For any individual listed on lin organization and related organ	ne 1a, is the sum	of repo	rtabl	e co	mpe								No
5	Did any person listed on line 3 services rendered to the orga									anızatıon	or individual for	5		No No
												_		
1	Complete this table for your fi compensation from the organi	ıve hıghest comp											tax year	
	ı	(A) Name and business	address							Des	(B) cription of services		(C Comper	
												\pm		
												\pm		
2	Total number of Independent co	ontractors (inclu	dına but	t not	lımıt	ed to	thos	e list	ed above)	who rece	ived more than			

\$100,000 of compensation from the organization $\blacktriangleright 0$

Part V		Statement of R		nse or note to any lir	e in this Part VIII			_
	1a	Federated campai		ise of flote to any fi	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats nts								
ons, Giffs, Grants Similar Amounts	Ь	Membership dues						
Š, G Am	C	Fundraising events	s 1c					
Giffs, nilar An	d	Related organizati	ons 1d					
S, Œ	e	Government grants (co	ontributions) 1e					
Contributions, and Other Sim	f	All other contributions,	gifts, grants, and 1f					
tributic Other		similar amounts not in						
Ē Ģ	g	Noncash contributions 1a-1f \$	included in lines					
Coma	h	Total. Add lines 1	a-1f					
				Business Code				
Program Serwce Revenue	2a	SMALL BUSINESS LOAN	IS	531390	1,649,222	1,649,222		
£8 ₹	ь							
93	c							
Ē.	d							
Ø E	e							
្នាធិ	f	All other program	service revenue					
ج	g	Total Add lines 2:	a-2f		1,649,222			
	3		ie (including dividen		1,043,222			
		and other similar a	amounts)	•				
	4		ent of tax-exempt bond	` <u> </u>				
	5	Royalties	(·) D I					
	6a	Gross rents	(ı) Real	(II) Personal				
	Ь	Less rental						
	_c	expenses Rental income						
		or (loss)						
	d		or (loss)					
	7a	Gross amount from sales of assets other than inventory	(ı) Securities	(II) Other				
	b	Less cost or other basis and sales expenses		24				
	C	Gain or (loss)		-24				
	d				-24	-24		
Other Revenue	8a	Gross income from events (not includ \$ of contributions re See Part IV, line 1	ing _ ported on line 1c)					
herF	ь	Less direct exper	anses b					
ర	c		ss) from fundraising	events 🛌				
	9a	Gross income from See Part IV, line 1						
	ь	Less direct exper	nses b					
		Net income or (los Gross sales of inv returns and allowa		vities				
	ь	Less cost of good	а					
	_ c		ss) from sales of inve	entory				
		Miscellaneous R	evenue	Business Code				
	11a	MISELLANEOUS	INCOME	531390	8,046	8,046		
	Ь							
	С							
	d	All other revenue	–					
	e	Total. Add lines 1:	1a-11d	▶	8,046			
	12	Total revenue. See	e Instructions .	▶	1,657,244	1,657,244	C	

Form	990 (2013)				Page 10
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	ions must comp	lete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and				
	key employees	339,127	161,617	177,510	
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	766,908	766,908		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,853	15,853		
9	Other employee benefits				
10	Payroll taxes	86,368	86,368		
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,722		1,722	
c	Accounting	25,385		25,385	
d	Lobbying				_
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				_
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,348		3,348	
12	Advertising and promotion	63,763		63,763	
13	Office expenses	14,474		14,474	
14	Information technology				
15	Royalties				
16	Occupancy	20,368		20,368	
17	Travel	26,147		26,147	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,183		4,183	
20	Interest	28,778		28,778	
21	Payments to affiliates				_
22	Depreciation, depletion, and amortization	78,173		78,173	
23	Insurance	34,383	24,489	9,894	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DUES AND MAINTENANCE	33,601		33,601	
b	COMPUTER SOFTWARE	31,223	31,223		
c	DUES AND SUBSCRIPTIONS	21,637		21,637	
d	TELEPHONE	19,331		19,331	
e	All other expenses	83,194	38,297	44,897	
25	Total functional expenses. Add lines 1 through 24e	1,697,966	1,124,755	573,211	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in t	hıs Par	t X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			50,966		14,390
	2	Savings and temporary cash investments			96,509	2	85,095
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			14,977	4	6,782
	5	Loans and other receivables from current and former officers, d					
		employees, and highest compensated employees Complete Pa Schedule L	rt II of			5	
s	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and cand sponsoring organizations of section $501(c)(9)$ voluntary erorganizations (see instructions) Complete Part II of Schedule l	ontribi nploye	ıtıng employers		3	
ळू						6	
Assets	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,912	9	10,540
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D $$	10a	2,277,934			
	Ь	Less accumulated depreciation	10b	789,653	1,518,055	10 c	1,488,281
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			118,400	15	118,400
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			1,800,819	16	1,723,488
	17	Accounts payable and accrued expenses			58,814	17	70,964
	18	Grants payable				18	
	19	Deferred revenue				19	_
	20	Tax-exempt bond liabilities				20	_
φ.	21	Escrow or custodial account liability Complete Part IV of Sche	dule D			21	
Liabilitie	22	Loans and other payables to current and former officers, directors, employees, highest compensated employees, and disqualif		stees,			
qе		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	5.	•	499,428	23	424,743
	24	Unsecured notes and loans payable to unrelated third parties				24	_
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pai	t X of S	Schedule			
		D			125,001	25	122,650
	26	Total liabilities. Add lines 17 through 25			683,243	26	618,357
ces		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	and o	complete			
<u>a</u>	27	Unrestricted net assets				27	
<u>В</u>	28	Temporarily restricted net assets		•		28	
골	29	Permanently restricted net assets				29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check he	ere 🕨 [✓ and			
5		complete lines 30 through 34.					
Assets or Fund Balance	30	Capital stock or trust principal, or current funds			0		0
SSE	31	Paid-in or capital surplus, or land, building or equipment fund			0		0
₫	32	Retained earnings, endowment, accumulated income, or other for			1,117,576		1,105,131
Met	33	Total net assets or fund balances			1,117,576		1,105,131
	34	Total liabilities and net assets/fund balances		•	1,800,819	34	1,723,488

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1.6	557,244
2	Total expenses (must equal Part IX, column (A), line 25)				
_		2		1,6	97,966
3	Revenue less expenses Subtract line 2 from line 1	3		•	-40,722
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1 1	.17,576
5	Net unrealized gains (losses) on investments	-		1,1	.17,370
		5			
6	Donated services and use of facilities	6			
7	Investment expenses				
•	Duran named advictoranta	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			28,277
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,1	.05,131
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved or	۱		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both	rate			
	▼ Separate basis				1
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
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?	!	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

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DLN: 93493043002445

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

icinai i ici	reflue Scivice			Inspection
	of the organization A STATE DEVELOPMENT CORPORATION			oloyer identification number
Part	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990,			
		(a) Donor advised funds		(b) Funds and other accounts
1 To	otal number at end of year			
2 A	ggregate contributions to (during year)			
3 A (ggregate grants from (durıng year)			
4 A	ggregate value at end of year			
	id the organization inform all donors and donor adviso inds are the organization's property, subject to the org	_	onor adv	rsed Yes No
us	id the organization inform all grantees, donors, and do sed only for charitable purposes and not for the benefi onferring impermissible private benefit?			
	Conservation Easements. Complete if	the organization answered "Yes"	" to Forn	. ,
1 P F	urpose(s) of conservation easements held by the orga Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space omplete lines 2a through 2d if the organization held a	anization (check all that apply) or education) Preservation of Preservation of	an histor a certifie	rically important land area d historic structure
ea	asement on the last day of the tax year			
_				Held at the End of the Year
_	otal number of conservation easements		2a	
	otal acreage restricted by conservation easements		2b	
_	umber of conservation easements on a certified histo	• •	2c	
hi	umber of conservation easements included in (c) acq storic structure listed in the National Register		2d	
3 N	umber of conservation easements modified, transferr	ed, released, extinguished, or termina	ated by th	ne organization during
th	ne tax year 🗠			
1 N	umber of states where property subject to conservati	on easement is located 🛌		
	oes the organization have a written policy regarding t nforcement of the conservation easements it holds?	he periodic monitoring, inspection, ha	andling of	f violations, and Yes No
5 S [.] ►	taff and volunteer hours devoted to monitoring, inspect.	cting, and enforcing conservation eas	ements o	during the year
'	mount of expenses incurred in monitoring, inspecting	, and enforcing conservation easeme	nts durın	g the year
	oes each conservation easement reported on line 2(d nd section 170(h)(4)(B)(ii)?	i) above satisfy the requirements of s	section 1	70(h)(4)(B)(ı)
ba	n Part XIII, describe how the organization reports con alance sheet, and include, if applicable, the text of the ne organization's accounting for conservation easeme	e footnote to the organization's financ		
art I	Organizations Maintaining Collections Complete if the organization answered "Ye		s, or Ot	her Similar Assets.
w	the organization elected, as permitted under SFAS 1 orks of art, historical treasures, or other similar assetervice, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, educatio	n, or rese	earch in furtherance of public
W	the organization elected, as permitted under SFAS 1 orks of art, historical treasures, or other similar assetervice, provide the following amounts relating to these	ts held for public exhibition, educatio		
(i	Revenues included in Form 990, Part VIII, line 1			- \$
(i	i) Assets included in Form 990, Part X			► \$
2 If	the organization received or held works of art, historial owning amounts required to be reported under SFAS			
a R	evenues included in Form 990, Part VIII, line 1			► \$

b Assets included in Form 990, Part X

Part	IIII Organizations Maintaining Co	llections of Art, H	listori	ical Treas	sures, or Othe	r Similar Ass	e ts (continued)
	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other records,	check	•	_	_	fits
a	Public exhibition	d	ı 「	Loan or ex	xchange programs	5	
ь	Scholarly research	e	• 「	Other			
c	Preservation for future generations						
	Provide a description of the organization's co Part XIII	ollections and explain h	now the	y further th	e organızatıon's e	xempt purpose in	
	During the year, did the organization solicit o						
Part	assets to be sold to raise funds rather than t Escrow and Custodial Arrang	· ·				<u> </u>	Yes No
rait	Part IV, line 9, or reported an an				on answered	les to rollings	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermedıa	ary for o	contribution	s or other assets		Yes No
b :	If "Yes," explain the arrangement in Part XII	I and complete the fol	lowing	table		,	
						Amo	unt
	Beginning balance				1c		
	Additions during the year				1d		
_	Distributions during the year				1e		
	Ending balance				1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	1?			ı	Yes No
	If "Yes," explain the arrangement in Part XII				<u> </u>		<u>'</u>
Part	Endowment Funds. Complete		nswer (b)Pnor		o Form 990, Pa		e)Four years back
1a	Beginning of year balance	(a)curient year	(D)FIIOI	year b (c	.jrwo years back (u	Tillee years back (eji odi yedis back
	Contributions						
c	Net investment earnings, gains, and losses						_
d	Grants or scholarships						
	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the curi	ent year end balance (line 1g	, column (a)) held as		
а	Board designated or quasi-endowment ►						
b	Permanent endowment ►						
	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c shot	uld equal 100%					
	Are there endowment funds not in the posses	ssion of the organization	n that	are held and	d administered for	the	
	organization by (i) unrelated organizations					3a(i)	Yes No
	(ii) related organizations					3a(ii)	
	If "Yes" to 3a(II), are the related organization		- . n Sche	dule R?		3b	
4	Describe in Part XIII the intended uses of th						· · · · · · · · · · · · · · · · · · ·
Part	VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line 3		orgar	nization an	swered 'Yes' to	Form 990, Part	IV, line
	Description of property) Cost or othe		(c) Accumulated depreciation	(d) Book value
1a L:	and				345,643		345,643
b B	uildings				1,621,369	508,033	1,113,336
c Lo	easehold improvements						
d E	quipment				221,704	193,135	28,569
e 0	quipment				89,218	·	28,569 733 1,488,281

(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of end-of-year market value
2)Closely-held equity interests		
ther		
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. C	omplete if the organizatio	n answered 'Yes' to Form 990, Part IV, line 11
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
		1
		+
	<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	•	O Deat IV line 11 d Car Farm 000 Deat V line 15
(a) Desc		0, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(1) LOSS RESERVE DEPOSIT		118,400
(-/		
Total. (Column (b) must equal Form 990, Part X, col.(B) line		118,40
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.	anization answered 'Yes' t	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes	+	
DEPOSITS	4,250	
RESERVE	118,400	
	110,400	
	i	
	 	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	► 122,650	

PART XI, LINE 4B - OTHER

PART XII, LINE 4B - OTHER

ADJUSTMENTS

ADJUSTMENTS

Pai		evenue per Audited Financial Stavered 'Yes' to Form 990, Part IV, line		nts With Revenue p	er R	eturn Complete ıf
1	_	er support per audited financial statements			1	1,658,899
2		it not on Form 990, Part VIII, line 12	•		_	1,030,033
a		ments	2a	1,681		
b		acılıtıes	2b	1,001		
		S	2c			
c d			2d			
	Add lines 2a through 2d .				20	1 601
e	•				2e 3	1,681
3		0, Part VIII, line 12, but not on line 1			3	1,657,218
4			ـه ا	I		
a	·	uded on Form 990, Part VIII, line 7b .	4a	26		
b			4b	26		2.6
- C					4c	26
5		d 4c. (This must equal Form 990, Part I, line xpenses per Audited Financial Sta			5	1,657,244
Par		swered 'Yes' to Form 990, Part IV, line			s per	Return. Complete
1		r audited financial statements			1	1,671,346
2	A mounts included on line 1 bu	t not on Form 990, Part IX, line 25				
а	Donated services and use of f	acılıtıes	2a			
ь			2b			
c			2c			
d			2d			
e			-		2e	0
3					3	1,671,346
4		0, Part IX, line 25, but not on line 1:				, ,
а		uded on Form 990, Part VIII, line 7b	4a			
b	•		4b	26,620		
С					4c	26,620
5		nd 4c. (This must equal Form 990, Part I, lir			5	1,697,966
Par	t XIII Supplemental Int				<u> </u>	, , , , , , , , , , , , , , , , , , ,
Pro Par	vide the descriptions required for	Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and				de any additional
	Return Reference	Explanation				
PAR	X, LINE 2	NEVADA STATE DEVELOPMENT CORPORTON FEDERAL INCOME TAX UNDER STHEREFORE, NO PROVISION FOR INCOME THE FINANCIAL STATEMS OF THE FINANCIAL ACCOUNTING STATEMS OF THE FINANCIAL ACCOUNTING STATEMS OF THE FINANCIAL ACCOUNTING STATEMENT OF A TAX POSITION TO THE TAX BENEFIT FROM AN UNCERTAL STATEMENT OF FINANCIAL POSITION BE SUSTAINED UPON AN EXAMINATION POSITION INTEREST AND PENALTIES STATEMENT OF ACTIVITIES AS OF SEUNCERTAIN TAX POSITIONS THAT QUEFINANCIAL STATEMENTS THE ORGAN	ECTIO DME T, ENTS NDAR ACCO TO TH AKEN IN TAX IF TH IN, BA , IF AN PTEM ALIFY	N 501(C)(4) OF THE IN AXES HAS BEEN INCLUTHE PROVISIONS OF DS BOARD (FASB) ACCUNTING FOR UNCERT E FINANCIAL STATEM OR EXPECTED TO BE TO POSITION IS ONLY R E TAX POSITION IS M SED ON THE TECHNIC NY, ARE INCLUDED IN BER 30, 2013, THE OR	NTERN JDED I THE IN TOUNT AINTY ENT R ECOG ORE L AL ME EXPEN GANIZ R DIS	IAL REVENUE CODE IN THE NCOME TAX TOPIC TING STANDARDS IN TAX POSITIONS ECOGNITION AND IN A TAX RETURN SNIZED IN THE IKELY THAN NOT TO ERITS OF THE NSES IN THE ZATION HAD NO

FEDERAL JURISDICTION THE ORGANIZATION IS NO LONGER SUBJECT TO U S FEDERAL

INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2009

DIFFERENCE BETWEEN BOOK LOSS AND TAX RETURN LOSS ON SALE OF ASSET 26

DEPRECIATION ADJUSTMENT FOR DIFFERENCE BETWEEN BOOK AND TAX 26620

•	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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OMB No 1545-0047

Open to Public Inspection

Schedule J

Compensation Information (Form 990)

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

Employer identification number NEVADA STATE DEVELOPMENT CORPORATION 30-0402070 Part I Ouestions Regarding Compensation

	Questions Regarding compensation			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			165	140
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items				
	First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence	:			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part II	II			
	Compensation committee Written employment contract				
	Independent compensation consultant Compensation survey or study				
	Form 990 of other organizations Approval by the board or compensation committee	÷e			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organ or a related organization	nization			
а	Receive a severance payment or change-of-control payment?	<u> </u>	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	L'	4b		Νo
С		L'	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of				
а	The organization?	<u>_'</u>	5a	Yes	
b	Any related organization?	<u> </u>	5b		No
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of				
а	The organization?	<u>L</u>	6a		Νo
b	Any related organization?	<u> </u>	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		7		Νo
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," described	e			
	ın Part III		8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulation section $53.4958-6(c)$?		9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	• •	
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation			reported as deferred in prior Form 990	

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 5	THE ORGANIZATION PAYS INCENTIVE PAY WHICH IS DIRECTLY RELATED TO THE LOAN PROCESSING FEES OF THE COMPANY

Schedule J (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493043002445

Employer identification number

30-0402070

OMB No 1545-0047

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

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

Name of the organization

990 Schedule O. Supplemental Information

NEVADA STATE DEVELOPMENT CORPORATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS NON-DUES PAYING MEMBERS
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS ELECT THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION B, LINE 11	THE BOARD REVIEWS AND APPROVES THE 990 INFORMATIONAL RETURN BEFORE IT IS FILED
FORM 990, PART VI, SECTION B, LINE 15	ALL COMPENSATION IS REVIEWED PRIOR TO THE BEGINNING OF EACH FISCAL YEAR AND RECOMMENDED BY THE AUDIT COMMITTEE FOR APPROVAL BY THE FULL BOARD OF DIRECTORS THE BOARD OF DIRECTORS T HEN REVIEWS THE COMPENSATION PLAN AND THE RECOMMENDATIONS OF THE AUDIT COMMITTEE AND MUST APPROVE THE COMPENSATION PLAN BEFORE IT IS IMPLEMENTED
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION PROVIDES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANC IAL STATEMENTS TO THE PUBLIC UPON REQUEST INDIVIDUALS INTERESTED IN OBTAINING THE DOCUMEN TS LISTED CAN REQUEST BY TELEPONE OR IN WRITING
FORM 990, PART XI, LINE 9	DEPRECIATION ADJUSTMENT FOR BOOK TO TAX DIFFERENCE 26620 DIFFERENCE BETWEEN BOOK AND TAX LOSS ON SALE OF ASSET -26 UNREALIZED GAIN ON INVESTMENTS 1683

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493043002445 OMB No 1545-0172 Depreciation and Amortization (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** FORM 990 PAGE 10 Name(s) shown on return NEVADA STATE DEVELOPMENT CORPORATION 30-0402070 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Total cost of section 179 property placed in service (see instructions) • • • • • • 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	<u>nd Other I</u>	<u>nforma</u>	tion (C	aution	: See	the i	nstruc	tions f	<u>for lim</u>	its f	or pa	isseng	er au	tomol	oiles.)
24a Doyou have evider	nce to support	the business/in	vestment ι	ıse claıme	d? F Yes	Гио		2	4b If "Y	es," is ti	he ev	idence	written?	Гүе	s F N	0
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost o	i) r other sıs	(busines	(e) r depreca ss/investr e only)		(f) Recover period	y Met	g) :hod/ :ention		(h Deprec dedud	iation/		(i) Electe section cost	179
25 Special depreciation allo 50% in a qualified busi	•		erty placed	in service (during the	tax year	and u	ısed mor	e than	25						
6 Property used more	e than 50%	ın a qualıfıed	business	use							•			<u> </u>		
		%														
		% %							1		\vdash					
7 Property used 50%	orless in a		siness us	<u> </u>	<u>I</u>				1		<u> </u>					
, ,		%							S/L -							
		% %							S/L - S/L -		-					
28 Add amounts in co	ı olumn (h), lır	,,,	jh 27 En	ter here	and on li	ne 21,	page	1	28							
29 Add amounts in co	olumn (ı), lın	e 26 Enterh	ere and c	n line 7,	page 1								29			
			ction B													
complete this section														o vobic	loc	
you provided vehicles to					a)		пеес а b)	Пехсер	(c)	Преш	g this (d		_	e)		f)
30 Total business/inv year (do not inclu			ring the •		cle 1	Vehi		V	ehicle 3	3 V	-	cle 4	Vehi	-		icle 6
31 Total commuting i	mıles drıven	during the ye	ear .													
32 Total other persor	nal(noncomn	nuting) miles	drıven													
33 Total miles driven	during the y	ear Add line	s 30													
34 Was the vehicle a	vailable for r	ersonal use	• •	Yes	No	Yes	No	Yes	. N	, Y	es	No	Yes	No	Yes	No
during off-duty ho					1	1	1	+	+	`					1	+
35 Was the vehicle up owner or related p	sed primarily	by a more t	han 5%													
36 Is another vehicle		r personal us	se? .													1
Section	on C—Que	stions for	Emplo	yers W	ho Pro	vide \	Vehi	cles f	or Us	e by	The	ir Er	nploy	ees		
nswer these questio % owners or related				eption to	comple	tıng Se	ction	B for v	ehicles	used	by e	mploy	ees wh	o are 1	not mo	re thar
37 Do you maintain a employees?	written poli	y statement	that prof	nibits all	personal	use of	vehi	cles, ın	cluding • •	comm	nutın	g, by	your	Y	es	No
														<u> </u>		
38 Do you maintain a employees? See t												your •				
39 Do you treat all us	se of vehicle	s by employe	es as pe	rsonal us	e?											
40 Do you provide movehicles, and reta				oyees, o	btaın ınfo	ormatio	n froi	m your	employ	ees ab	out	the us	se of			
41 Do you meet the r				automobi	le demor	nstratio	n us	e? (See	ınstru	ctions) .					
Note: If your answ	ver to 37.38	.39.40.or4	I1 ıs "Ye	s." do no	t comple	te Sect	tion E	· B for the	cover	ed veh	icles	6				
_ •	rtization	<u>, , , , , , , , , , , , , , , , , , , </u>		<u>, </u>	•											
		(b)			-\			(4)		(e)				(f)		
(a) Description of c	costs	Date amortizatio begins	n	A mort a mo	ızable			(d) Code ection	ļ	nortizat period d ercenta	or			rtızatı hıs ye		
42 A mortization of co	sts that bec		ur 2013	tax year	(see ins	truction	ns)									
	T	3,7-		<u> </u>	<u> </u>				\Box							
43 Amortization of co	sts that bec	an before yo	ur 2013 1	tax year						. 4	13					
44 Total Add amoun	_	•			ere to re	nort				_	и					

Additional Data

Software ID: Software Version:

EIN: 30-0402070

Name: NEVADA STATE DEVELOPMENT CORPORATION

Form 4562, Part III, Line 19, Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System:

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g)Depreciation deduction
b 5-year property		2,140	5 0	HY	200 DB	321
b 5-year property		361	5 0	HY	200 DB	54
b 5-year property		1,448	5 0	HY	200 DB	217
b 5-year property		477	5 0	HY	200 DB	72
b 5-year property		354	5 0	HY	200 DB	53
b 5-year property		354	5 0	HY	200 DB	53
b 5-year property		354	5 0	HY	200 DB	53
b 5-year property		354	5 0	HY	200 DB	53
b 5-year property		356	5 0	HY	200 DB	53
b 5-year property		557	5 0	HY	200 DB	84

Form 4562, Part III, Line 19, Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System:

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g)Depreciation deduction
d 10-year property		918	10 0	HY	200 DB	161
d 10-year property]	3,237	10 0	HY	200 DB	81