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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

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Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015, and ending 12-31-2015

Name of foundation NEVADA PARTNERS INC		A Employer identification number 88-0291463
Number and street (or P O box number if mail is not delivered to street address) Room/suite 710 WEST LAKE MEAD BLVD		B Telephone number (see instructions) (702) 924-2100
City or town, state or province, country, and ZIP or foreign postal code NORTH LAS VEGAS, NV 89030		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 5,183,509	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		Revenue and expenses per (a) books	Net investment (b) income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	2,175,212			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	498,734	0			
12 Total. Add lines 1 through 11	2,673,946	0			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	413,925	0		0
	14 Other employee salaries and wages	906,130	0		0
	15 Pension plans, employee benefits	278,571	0		0
	16a Legal fees (attach schedule).	3,820	0		0
	b Accounting fees (attach schedule).	30,851	0		0
	c Other professional fees (attach schedule)	181,059	0		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	135,547	0		0
	19 Depreciation (attach schedule) and depletion	297,113	0		0
	20 Occupancy	9,820	0		0
	21 Travel, conferences, and meetings.	30,383	0		0
	22 Printing and publications				
	23 Other expenses (attach schedule).	707,897	0		0
	24 Total operating and administrative expenses. Add lines 13 through 23	2,995,116	0		0
	25 Contributions, gifts, grants paid	0			0
26 Total expenses and disbursements. Add lines 24 and 25	2,995,116	0		0	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-321,170				
b Net investment income (if negative, enter -0-)		0			
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash—non-interest-bearing		564,731	369,482	369,482
	2	Savings and temporary cash investments				
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____				
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____				
	5	Grants receivable	309,668	347,301		
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions).				
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges	66,615	76,624		
	10a	Investments—U S and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)				
	c	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment basis ▶ _____ 8,095,309 Less accumulated depreciation (attach schedule) ▶ 3,287,595	5,104,826	4,807,714	4,814,027	
15	Other assets (describe ▶ _____)	11,152	9,570	0		
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	6,056,992	5,610,691	5,183,509		
Liabilities	17	Accounts payable and accrued expenses	247,404	118,008		
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule).				
	22	Other liabilities (describe ▶ _____)	12,255	16,520		
23	Total liabilities (add lines 17 through 22)	259,659	134,528			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted	5,797,333	5,476,163		
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
29	Retained earnings, accumulated income, endowment, or other funds					
30	Total net assets or fund balances (see instructions)	5,797,333	5,476,163			
31	Total liabilities and net assets/fund balances (see instructions)	6,056,992	5,610,691			

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1 5,797,333
2	Enter amount from Part I, line 27a	2 -321,170
3	Other increases not included in line 2 (itemize) ▶ _____	3 0
4	Add lines 1, 2, and 3	4 5,476,163
5	Decreases not included in line 2 (itemize) ▶ _____	5 0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6 5,476,163

Part IV Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)	How acquired	Date acquired	Date sold
	(b) P—Purchase D—Donation	(c) (mo, day, yr)	(d) (mo, day, yr)
1a			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		}	3

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
 If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	0	0	0 000000
2013	0	0	0 000000
2012	0	0	0 000000
2011	0	0	0 000000
2010	0	0	0 000000
2	Total of line 1, column (d).		2 0 000000
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years		3 0 000000
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.		4
5	Multiply line 4 by line 3.		5 0
6	Enter 1% of net investment income (1% of Part I, line 27b).		6 0
7	Add lines 5 and 6.		7 0
8	Enter qualifying distributions from Part XII, line 4.		8 0

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, domestic foundations, tax under section 511, and credits/payments. Total tax due and overpayment are calculated on lines 9 and 10.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political influence, political expenditures, changes in governing instruments, and substantial contributors. Includes Yes/No columns for responses.

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW NEVADAPARTNERS ORG	13	Yes	
14	The books are in care of JEFFREY MCMAHON Telephone no (702) 924-2100 Located at 710 W LAKE MEAD BLVD NORTH LAS VEGAS NV ZIP+4 89030			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	1b	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c	No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years 20 ____, 20 ____, 20 ____, 20 ____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20 ____, 20 ____, 20 ____, 20 ____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.</i>)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Yes No
 Organizations relying on a current notice regarding disaster assistance check here.

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No
 If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
 If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
YVETTE THOMAS 710 WEST LAKE MEAD BLVD Las Vegas, NV 89030	HR DIRECTOR 40 00	51,665	0	0

Total number of other employees paid over \$50,000. 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services. ▶		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 JOB READINESS TRAINING, JOB PLACEMENT, HOUSING, TUTORING, YOUTH EDUCATION AND COMPUTER TRAINING FOR NEVADA INDIVIDUALS	2,695,476
2 _____	
3 _____	
4 _____	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 _____ _____	
2 _____ _____	
All other program-related investments See instructions	
3 _____ _____	
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	482,403
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	482,403
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	482,403
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) <input checked="" type="checkbox"/>	4	482,403
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5.	6	0

Part XI Distributable Amount

(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	0
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	0
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	0
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	0

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	0
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	0

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				0
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010.				
b From 2011.				
c From 2012.				
d From 2013.				
e From 2014.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ _____ 0				
a Applied to 2014, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2015 distributable amount.				0
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2015 <i>(If an amount appears in column (d), the same amount must be shown in column (a).)</i>	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2011.				
b Excess from 2012.				
c Excess from 2013.				
d Excess from 2014.				
e Excess from 2015.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling.

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Total ▶ 3a				0
b <i>Approved for future payment</i>				
Total ▶ 3b				0

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MONICA FORD 710 WEST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030	Chief Executive Officer 40 00	152,736	0	0
TIFFANY TYLER 710 WEST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030	Chief operating officer 40 00	115,346	0	0
JODI MOBLEY 710 WEST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030	DIRECTOR OF HOUSING 40 00	68,475	0	0
JANICE Rael 710 WEST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030	DIRECTOR OF WORKFORCE DEVELOP 40 00	61,214	0	0
JEFFREY MCMAHON 710 WEST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030	DIRECTOR OF FINANCE 40 00	16,154	0	0
STEVEN HORSFORD 710 WEST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030	boaRD MEMBER 1 00	0	0	0
DOROTHEA GRAHAM-EASLER 710 WEST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030	BOARD MEMBER 1 00	0	0	0
CHRIS BROOKS 710 WEST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030	BOARD MEMBER 2 00	0	0	0
SHAUNDELL NEWSOME 710 WEST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030	BOARD MEMBER 2 00	0	0	0
ZACHARY LARSON 710 WEST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030	BOARD MEMBER 1 00	0	0	0
VINETTA DE LA CRUZ 710 WEST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030	BOARD MEMBER 1 00	0	0	0
ROSE MCKINNEY-JAMES 710 WEST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030	CHAIR 2 00	0	0	0

TY 2015 Accounting Fees Schedule

Name: NEVADA PARTNERS INC

EIN: 88-0291463

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	30,851	0		0

TY 2015 Cash Deemed Charitable Explanation Statement

Name: NEVADA PARTNERS INC

EIN: 88-0291463

Explanation: NEVADA PARTNERS, DEEMS ITS MINIMUM CASH NEEDS ARE AN AMOUNT EQUAL TO APPROXIMATELY THIRTY DAYS OF CASH OPERATING EXPENSES AND CHARITABLE PURPOSES. THIS AVERAGE FOR 2015 WAS APPROXIMATELY \$500,000. ITS CASH BALANCES AND LIQUID INVESTMENTS DID NOT EXCEED THIS REQUIREMENT.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2015 Depreciation Schedule

Name: NEVADA PARTNERS INC

EIN: 88-0291463

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
LAND		268,543		L		0	0		
BUILDING	1996-01-01	2,452,994	1,256,010	SL	39 000000000000	62,897	0		
ADDITION	2004-12-31	272,093	69,769	SL	39 000000000000	6,977	0		
ADDITION	2008-02-21	2,107,911	369,335	SL	39 000000000000	54,049	0		
ADDITION	2008-05-15	431,741	73,339	SL	39 000000000000	11,070	0		
SITE IMPROVEMENT	2008-02-21	284,676	129,684	SL	15 000000000000	18,978	0		
SITE IMPROVEMENT	2008-05-15	1,889,909	834,666	SL	15 000000000000	125,994	0		
SHADE STRUCTURE	2010-09-24	18,717	5,304	SL	15 000000000000	1,248	0		
COMPUTERS	2008-05-15	9,194	9,194	SL	3 000000000000	0	0		
PHONE SYSTEM	2008-05-15	35,098	35,098	SL	5 000000000000	0	0		
PRIVACY BOOTHS	2008-05-15	1,979	1,979	SL	5 000000000000	0	0		
BANQUET ROOM EQUIPMENT	2008-02-21	68,619	66,987	SL	7 000000000000	1,632	0		
RESTAURANT EQUIPMENT	2008-05-15	46,933	44,420	SL	7 000000000000	2,235	0		
PORTABLE STAGE	2008-02-21	10,291	10,291	SL	5 000000000000	0	0		
ROLLING TABLES	2008-02-21	8,720	8,720	SL	5 000000000000	0	0		
150 CHAIRS MTS SEATING	2008-02-21	10,897	10,897	SL	5 000000000000	0	0		
INFOR GENESIS	2008-05-15	32,928	32,928	SL	5 000000000000	0	0		
40 SIDE CHAIRS	2008-05-15	3,930	3,930	SL	5 000000000000	0	0		
TABLE BASES	2008-05-15	2,418	2,287	SL	7 000000000000	115	0		
TABLE TOPS	2008-05-15	11,655	11,031	SL	7 000000000000	555	0		

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
SHADE STRUCTURE	2012-10-01	19,341	2,900	SL	15 0000000000000	1,289	0		
BACKFLOW REPLACEMENT	2012-03-10	6,111	1,154	SL	15 0000000000000	407	0		
FIBER OPTICS - TRAILER	2012-08-31	2,459	819	SL	7 0000000000000	351	0		
AZTECH REPLACEMENTS	2012-10-31	2,073	299	SL	15 0000000000000	138	0		
AZTECH REPLACEMENTS	2012-11-30	85	12	SL	15 0000000000000	6	0		
HOUSING WINDOW REPAIR	2012-11-23	2,218	1,922	SL	1 2500000000000	0	0		
FIXTURE REPAIR	2012-12-19	1,461	198	SL	15 0000000000000	97	0		
WORKSTATION MONITOR CPU	2012-08-31	1,046	814	SL	3 0000000000000	232	0		
Fixture repair	2013-02-08	6,448	824	SL	15 0000000000000	430	0		
software	2013-06-30	4,375	2,187	SL	3 0000000000000	1,458	0		
Building	2014-01-01	80,446	2,063	SL	39 0000000000000	2,063	0		

TY 2015 Land, Etc. Schedule

Name: NEVADA PARTNERS INC

EIN: 88-0291463

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
LAND	268,543	0	268,543	268,543
BUILDING	2,452,994	1,318,907	1,134,087	1,134,087
ADDITION	272,093	76,746	195,347	195,347
ADDITION	2,107,911	423,384	1,684,527	1,684,527
ADDITION	431,741	84,409	347,332	347,332
SITE IMPROVEMENT	284,676	148,662	136,014	136,014
SITE IMPROVEMENT	1,889,909	960,660	929,249	929,249
SHADE STRUCTURE	18,717	6,552	12,165	12,165
COMPUTERS	9,194	9,194	0	0
PHONE SYSTEM	35,098	35,098	0	0
PRIVACY BOOTHS	1,979	1,979	0	0
BANQUET ROOM EQUIPMENT	68,619	68,619	0	0
RESTAURANT EQUIPMENT	46,933	46,655	278	278
PORTABLE STAGE	10,291	10,291	0	0
ROLLING TABLES	8,720	8,720	0	0
150 CHAIRS MTS SEATING	10,897	10,897	0	0
INFOR GENESIS	32,928	32,928	0	0
40 SIDE CHAIRS	3,930	3,930	0	0
TABLE BASES	2,418	2,402	16	16
TABLE TOPS	11,655	11,586	69	69
SHADE STRUCTURE	19,341	4,189	15,152	15,152
BACKFLOW REPLACEMENT	6,111	1,561	4,550	4,550
FIBER OPTICS - TRAILER	2,459	1,170	1,289	1,289
AZTECH REPLACEMENTS	2,073	437	1,636	1,636
AZTECH REPLACEMENTS	85	18	67	67
HOUSING WINDOW REPAIR	2,218	1,922	296	296
FIXTURE REPAIR	1,461	295	1,166	1,166
WORKSTATION MONITOR CPU	1,046	1,046	0	0
Fixture repair	6,448	1,254	5,194	5,194
software	4,375	3,645	730	730

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Building	80,446	4,126	76,320	76,320

TY 2015 Legal Fees Schedule

Name: NEVADA PARTNERS INC

EIN: 88-0291463

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Legal Services	3,820	0		0

TY 2015 Other Assets Schedule

Name: NEVADA PARTNERS INC

EIN: 88-0291463

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCOUNTS RECEIVABLE - CTA	11,152	9,570	

TY 2015 Other Expenses Schedule

Name: NEVADA PARTNERS INC

EIN: 88-0291463

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Advertising	884	0		0
Contract labor	4,144	0		0
EQUIPMENT RENTAL	7,921	0		0
INSURANCE	27,106	0		0
LICENSES & DUES	5,534	0		0
MEALS	3,510	0		0
OFFICE SUPPLIES	37,971	0		0
REPAIRS & MAINTENANCE	2,957	0		0
SUPPORT SERVICES	577,045	0		0
TELEPHONE	33,361	0		0
TRAINING SUPPLIES	7,464	0		0

TY 2015 Other Income Schedule

Name: NEVADA PARTNERS INC

EIN: 88-0291463

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
CONTRACT REVENUE	430,772		430,772
other income	67,962		67,962

TY 2015 Other Liabilities Schedule

Name: NEVADA PARTNERS INC

EIN: 88-0291463

Description	Beginning of Year - Book Value	End of Year - Book Value
DUE TO CTA	12,255	16,520

TY 2015 Other Professional Fees Schedule

Name: NEVADA PARTNERS INC

EIN: 88-0291463

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Other professional fees	181,059	0		0

TY 2015 Taxes Schedule

Name: NEVADA PARTNERS INC

EIN: 88-0291463

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
payroll taxes	135,547	0		0

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No 1545-0047

2015

▶ Attach to Form 990, 990-EZ, or 990-PF.

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

Name of the organization
NEVADA PARTNERS INC

Employer identification number
88-0291463

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization NEVADA PARTNERS INC	Employer identification number 88-0291463
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MGM RESORTS FOUNDATION	\$ 32,500	Person <input checked="" type="checkbox"/>
	840 GRIER DRIVE		Payroll <input type="checkbox"/>
	LAS VEGAS, NV 89119		Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
2	citibank	\$ 50,000	Person <input checked="" type="checkbox"/>
	100 citibank dr bulding 1 floor 2		Payroll <input type="checkbox"/>
	san antonio, TX 78245		Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
3	toyota financial savings bank	\$ 7,500	Person <input checked="" type="checkbox"/>
	2485 Village View Dr 200		Payroll <input type="checkbox"/>
	henderson, NV 89074		Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
4	toyota motor credit corporation	\$ 7,500	Person <input checked="" type="checkbox"/>
	2485 village view dr 200		Payroll <input type="checkbox"/>
	henderson, NV 89074		Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>

Name of organization
NEVADA PARTNERS INC

Employer identification number
88-0291463

Part II Noncash Property
(see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____	_____ \$	_____

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____	_____ \$	_____

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____	_____ \$	_____

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____	_____ \$	_____

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____	_____ \$	_____

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____	_____ \$	_____

Name of organization
NEVADA PARTNERS INC

Employer identification number
88-0291463

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.			

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____
--	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.			

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____
--	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.			

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____
--	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.			

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____
--	_____