



FRANCISCO V. AGUILAR  
 Secretary of State  
 401 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: [www.nvsos.gov](http://www.nvsos.gov)  
[www.nvsilverflume.gov](http://www.nvsilverflume.gov)

# Annual or Amended List and State Business License Application

**ANNUAL**  **AMENDED** (check one)

**List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:**

**GREAT BASIN COLLEGE FOUNDATION**

**NV19821001555**

NAME OF ENTITY

Entity or Nevada Business  
Identification Number (NVID)

**TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT**

**IMPORTANT:** Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- Corporation
  - This corporation is publicly traded, the Central Index Key number is:
- Nonprofit Corporation (see nonprofit sections below)
- Limited-Liability Company
- Limited Partnership
- Limited-Liability Partnership
- Limited-Liability Limited Partnership
- Business Trust
- Corporation Sole

Filed in the Office of  Secretary of State State Of Nevada	Business Number <b>C679-1982</b>
	Filing Number <b>20243854547</b>
	Filed On <b>02/26/2024 15:03:57 PM</b>
	Number of Pages <b>3</b>

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

**CHECK ONLY IF APPLICABLE**

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

- 001 - Governmental Entity
- 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

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**For nonprofit entities formed under NRS chapter 80:** entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

- Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption Code 002

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**For nonprofit entities formed under NRS Chapter 81:** entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

- Unit-owners' Association
- Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. §501(c)

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**For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box**

Does the Organization intend to solicit charitable or tax deductible contributions?

- No - no additional form is required
- Yes - the "Charitable Solicitation Registration Statement" is required.
- The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

**\*\*Failure to include the required statement form will result in rejection of the filing and could result in late fees.\*\***



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# Annual or Amended List and State Business License Application - Continued

**Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:**

CORPORATION, INDICATE THE <u>Secretary</u> :			
<b>JOYCE HELENS</b>		<b>USA</b>	
Name		Country	
<b>PO BOX 2056</b>	<b>ELKO</b>	<b>NV</b>	<b>89803</b>
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>Treasurer</u> :			
<b>JAMES GLENNON</b>		<b>USA</b>	
Name		Country	
<b>PO BOX 2056</b>	<b>ELKO</b>	<b>NV</b>	<b>89803</b>
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>President</u> :			
<b>ROBERT COLON</b>		<b>USA</b>	
Name		Country	
<b>PO BOX 2056</b>	<b>Elko</b>	<b>NV</b>	<b>89803</b>
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>Director</u> :			
<b>Leslie Maple</b>		<b>USA</b>	
Name		Country	
<b>P.O. Box 2056</b>	<b>Elko</b>	<b>NV</b>	<b>89803</b>
Address	City	State	Zip/Postal Code

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

**X** **Leslie Maple**  
 Signature of Officer, Manager, Managing Member,  
 General Partner, Managing Partner, Trustee,  
 Subscriber, Member, Owner of Business,  
 Partner or Authorized Signer *FORM WILL BE RETURNED IF*

<b>Director</b>	<b>02/26/2024</b>
Title	Date

UNSIGNED



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\*280103\*

## Charitable Solicitation Registration Statement

(PURSUANT TO NRS CHAPTER 82)

*Required for any corporation that intends to solicit charitable/tax deductible contributions. To be filed with Initial/Annual List Forms.*

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

<b>1. Names of Charitable Organization:</b> (please complete items a thru c; attach additional page(s) if necessary)	a) Name of charitable organization as filed with the Secretary of State's office: Great Basin College Foundation																																									
	b) Exact name of charitable organization as registered with the Internal Revenue Service. Great Basin College Foundation																																									
	c) Name or names under which charitable organization may or intends to solicit contributions: Great Basin College Foundation																																									
<b>2. Web Address:</b> (optional *)																																										
<b>3. USA PATRIOT ACT certification:</b> (optional)	<input checked="" type="checkbox"/> Check here to accept the following certification. <small>In compliance with the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism (USA PATRIOT) Act of 2001 and other counterterrorism laws, I hereby certify on behalf of the herein named entity that all funds and donations will be used in compliance with all United States of America anti-terrorist financing and asset control laws, statutes and executive orders.</small>																																									
<b>4. Places of Business:</b> (please complete items a and b; attach additional page(s) if necessary)	a) Address and telephone number of the principal place of business of the charitable organization: <table style="width: 100%; border: none;"> <tr> <td colspan="3"></td> <td style="text-align: right;">775-327-2382</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Telephone Number</td> </tr> <tr> <td style="width: 40%;">P.O.Box2056</td> <td style="width: 20%;">Elko</td> <td style="width: 10%;">NV</td> <td style="width: 10%;">89803</td> <td style="width: 10%;">USA</td> </tr> <tr> <td colspan="2">Address</td> <td>City</td> <td>State</td> <td>Zip Code</td> <td>Country</td> </tr> </table> b) Address and telephone number of any office in this state OR if none, name, address and telephone number of custodian of its financial records: <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">1025 Chilton Circle</td> <td style="width: 20%;">Elko</td> <td style="width: 10%;">NV</td> <td style="width: 10%;">89801</td> <td style="width: 10%;"></td> </tr> <tr> <td colspan="2">Address</td> <td>City</td> <td>State</td> <td>Zip Code</td> <td>Country</td> </tr> <tr> <td colspan="3">Name of Custodian: Leslie Maple</td> <td colspan="2">775-327-2382</td> </tr> <tr> <td colspan="3"></td> <td colspan="2">Telephone Number</td> </tr> </table>					775-327-2382				Telephone Number	P.O.Box2056	Elko	NV	89803	USA	Address		City	State	Zip Code	Country	1025 Chilton Circle	Elko	NV	89801		Address		City	State	Zip Code	Country	Name of Custodian: Leslie Maple			775-327-2382					Telephone Number	
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<b>5. Exempt Status and Federal Tax ID:</b>	Federal tax exempt status: 501(c)3      EIN - Federal Tax ID: 94-2861434																																									
<b>6. Names and Addresses of Executive Personnel:</b> (attach additional page(s) if necessary)	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Leslie Maple</td> <td style="width: 40%;">Director</td> </tr> <tr> <td>Name</td> <td>Title</td> </tr> <tr> <td>P.O. Box 2056</td> <td>Elko</td> <td>NV</td> <td>89801</td> <td>USA</td> </tr> <tr> <td colspan="2">Address</td> <td>City</td> <td>State</td> <td>Zip Code</td> <td>Country</td> </tr> </table>		Leslie Maple	Director	Name	Title	P.O. Box 2056	Elko	NV	89801	USA	Address		City	State	Zip Code	Country																									
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<b>7. Fiscal Year:</b>	Day and month of end of fiscal year of the charitable organization: Day: 31      Month: 6																																									
<b>8. Financial Information from IRS Form 990, 990EZ or if no Form 990, a good faith estimate for most recent fiscal year:</b>	<input type="checkbox"/> Check here if you file Form 990N or have not filed a Form 990 or 990EZ. If checked, please provide a good faith estimate for its current fiscal year. All others please provide the information from Form 990 or 990EZ for the most recent fiscal year.																																									
	<table style="width: 100%; border: none;"> <tr> <td>Total Revenue (line 12, Form 990; line 9, Form 990EZ).....</td> <td style="text-align: right;">\$1,345,241.00</td> </tr> <tr> <td>Total Expenses (line 18, Form 990; line 17, Form 990EZ).....</td> <td style="text-align: right;">\$2,517,450.00</td> </tr> <tr> <td>Revenue less Expenses (line 19, Form 990; line 18, Form 990EZ).....</td> <td style="text-align: right;">-\$1,172,209.00</td> </tr> <tr> <td>Total Assets (line 20, Form 990; line 25, Form 990EZ).....</td> <td style="text-align: right;">\$11,700,411.00</td> </tr> <tr> <td>Total Liabilities (line 21, Form 990; line 26, Form 990EZ).....</td> <td style="text-align: right;">\$48,952.00</td> </tr> <tr> <td>Net Assets or Fund Balances (line 22, Form 990; line 27, Form 990EZ).....</td> <td style="text-align: right;">\$11,651,459.00</td> </tr> </table>		Total Revenue (line 12, Form 990; line 9, Form 990EZ).....	\$1,345,241.00	Total Expenses (line 18, Form 990; line 17, Form 990EZ).....	\$2,517,450.00	Revenue less Expenses (line 19, Form 990; line 18, Form 990EZ).....	-\$1,172,209.00	Total Assets (line 20, Form 990; line 25, Form 990EZ).....	\$11,700,411.00	Total Liabilities (line 21, Form 990; line 26, Form 990EZ).....	\$48,952.00	Net Assets or Fund Balances (line 22, Form 990; line 27, Form 990EZ).....	\$11,651,459.00																												
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<b>9. Signature:</b> (must be signed by an officer of the nonprofit corporation)	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;"></td> <td style="width: 40%;"></td> </tr> <tr> <td>Officer Signature</td> <td>Director</td> </tr> <tr> <td></td> <td style="text-align: right;">11/27/2023</td> </tr> <tr> <td></td> <td style="text-align: right;">Date</td> </tr> </table>				Officer Signature	Director		11/27/2023		Date																																
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