

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

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

Open to Public Inspection

Name of the second of the seco	Doing Business As  Number and street (or P 0 box if mail is not deligrated by the point of the p	TIM CROWLEY  (insert no ) 4947(a)(1) or sociation Other  significant activities: TO FUF  (Part VI, line 1a) verning body (Part VI, line 1b) year 2011 (Part V, line 2a)  olumn (C), line 12 990-T, line 34	om/suite IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	88- Telephone num (77 Gross receipts \$ H(a) Is this a grou for affiliates? H(b) Are all affiliates If "No," attace H(c) Group exemptormation 1955 THE INTEL han 25% of its ne	75)829-2121 2,626, 1
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13	z – rotal revenue - add lines 8 through 11 (must equal			2,682,92	
14				•	0. $2,020,$ $0.$ $35,$
	• • •				0. 35,
9 1 10		(D. 4.1)(		538,50	
e l	<ul> <li>Salaries, other compensation, employee benefits (I</li> <li>Professional fundraising fees (Part IX, column (A), I</li> </ul>	Part IX, Column (A), III les 5-10/	ŋ		0.
au i	<b>b</b> Total fundraising expenses (Part IX, column (D), line		) -		
ă   <sub>17</sub>	7 OH (D. 4 IV I (A) I 44 - 44 -	446093	18	2,069,58	3. 1,746,
18		IX. column (A). line 25)6 2012		2,608,09	
19	P Revenue less expenses. Subtract line 18 from line	12	SS-0	74,83	
<u>-8</u>	The residences expenses. Coefficient and Te from the	OGDEN, UT		nning of Current Ye	
1 Balances 1 Balances 20	7 Total assets (Part X, line 16)			274,90	
열 21			,	149,26	
21	·	n line 20		125,64	
Part	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	enalties of perjury, I declare that I have examiped this return,	, including accompanying schedules a	nd stateme	nts, and to the best	of my knowledge and bel
rue, cor	rrect, and complete Declaration of preparer (other than office	er) is based on all information of which	h preparer h	as any knowledge	
	In town	M		8-13	-//
Sign	Signature of officer	//		Dáte	/
Here	MR. TIM CROWLEY, PRESI	DENT .			
	Type or print name and title			<del></del>	
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Paid	TODD N. FERGUSON	Lood N. Lugar	<b>N</b> 0	8 08 12   selfe	employed P001538
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	e IRS discuss this return with the preparer shown abo			<del></del>	X Yes
132001 0	D1-23-12 LHA For Paperwork Reduction Act Notice	ce, see the separate instruction	s.		Form <b>99</b> 0
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Form 990 (2011) NEVADA MINING ASS	
Part III Statement of Program Service Accomplis	िंग्र
Check if Schedule O contains a response to any quest	on in this Part III
Briefly describe the organization's mission:	
TO FURTHER THE INTERESTS OF TH	E MINING INDUSTRY IN NEVADA.
2 Did the organization undertake any significant program service	es during the year which were not listed on
the prior Form 990 or 990-EZ?	Yes X No
If "Yes," describe these new services on Schedule O.	
3 Did the organization cease conducting, or make significant cl	nanges in how it conducts, any program services?
	langes in now it conducts, any program services?
If "Yes," describe these changes on Schedule O.	
	s for each of its three largest program services, as measured by expenses.
	47(a)(1) trusts are required to report the amount of grants and allocations to
others, the total expenses, and revenue, if any, for each prog	ram service reported.
	uding grants of \$) (Revenue \$)
··	D TO IMPROVE THE ASSOCIATION'S PUBLIC
IMAGE THROUGH ADVERTISEMENTS A	ND MEDIA EVENTS.
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BOARD ACTIVITIES - ESTABLISHED INTEREST OF MINING AND THE MIN  4c (Code) (Expenses \$ inc PROJECT OUTREACH - PUBLIC RELA MINING AND THE MINERAL PROCESS	TO PROVIDE PROGRAMS TO FURTHER THE  ERAL PROCESSING INDUSTRY IN NEVADA.    Outling grants of \$   (Revenue \$   ) (Tons Program To Further the Interest of \$   ) (Tons P
### BOARD ACTIVITIES — ESTABLISHED INTEREST OF MINING AND THE MIN  ### Ac (Code) (Expenses \$	TO PROVIDE PROGRAMS TO FURTHER THE ERAL PROCESSING INDUSTRY IN NEVADA.
BOARD ACTIVITIES - ESTABLISHED INTEREST OF MINING AND THE MIN  4c (Code) (Expenses \$ inc PROJECT OUTREACH - PUBLIC RELA MINING AND THE MINERAL PROCESS	TO PROVIDE PROGRAMS TO FURTHER THE  ERAL PROCESSING INDUSTRY IN NEVADA.    Outling grants of \$   (Revenue \$   ) (Tons Program To Further the Interest of \$   ) (Tons P

88-0038700 NEVADA MINING ASSOCIATION, INC. Page 3 Form 990 (2011) Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 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 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Х 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide Х credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX 11e X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a Schedule D, Parts XI, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? X 12h If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization Х or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16

17

16

19

20a

20b

Х

X

X

X

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

located outside the United States? If "Yes," complete Schedule F, Parts III and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form **990** (2011)

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Form	990 (2011) NEVADA MINING ASSOCIATION, INC. 88-0038	3700	Р	age 4
Pai	t IV Checklist of Required Schedules (continued)			
_			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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? If "Yes," complete			
	Schedule J	23	Х	
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	}		l
	Schedule K. If "No", go to line 25	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b				
	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	ĺ	ĺ _
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
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	}	ļ	]
	of any of these persons? If "Yes," complete Schedule L, Part III	27	<u></u>	X
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		X
, b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			1
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ĺ	ĺ	1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	<del> </del>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of		1	
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	—
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		,,	İ
	Note. All Form 990 filers are required to complete Schedule O	38	X	(2011
				10044

Page 5

· -	Check if Schedule O contains a response to any question in this Part V			
	,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ĭ	(gambling) winnings to prize winners?	1c		
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 2a 4			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь	Х	
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		X
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		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible?	6a_		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	١		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a		7a 7b	<del> </del>	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		<del></del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c		
	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year			
. d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	i '	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	the state of the s	79	1	
h	1000 CO	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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		ļ
10	Section 501(c)(7) organizations. Enter:			
а	· · · · · · · · · · · · · · · · · · ·	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
а		-		
b	· · · · · · · · · · · · · · · · · · ·			
	amounts due or received from them.)	٠,		1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<del> </del>	
_	of If "Yes," enter the amount of tax-exempt interest received or accrued during the year	┨		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	<del> </del>	<del> </del>
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.	.50	1	<b>†</b>
	Enter the amount of reserves the organization is required to maintain by the states in which the	1		
0	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Forn	n <b>990</b>	(2011)

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

	Check if Schedule O contains a response to any question in this Part VI					X				
Sect	ion A. Governing Body and Management									
000	ion A. Governing body and management		<u> </u>	T	Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21							
	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									
ь	Enter the number of voting members included in line 1a, above, who are independent	1b	21							
2										
	officer, director, trustee, or key employee?	•	•	2	]	X				
3	Did the organization delegate control over management duties customarily performed by or under th	e direc	t supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?		·	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	s filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X				
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or							
	more members of the governing body?			7a		<u>X</u>				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or							
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following							
а	The governing body?			8a	X					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<del></del>	9		X				
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	Pevenu	e Code )							
					Yes	No				
	Did the organization have local chapters, branches, or affiliates?			10a		X				
Ь	b 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?									
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990									
	12a Did the organization have a written conflict of interest policy? If "No," go to line 13									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risk			12b	-					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	res, a	escribe	12c		<u> </u>				
12	In Schedule O how this was done			13		Х				
13	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?			14		X				
14 15	Did the process for determining compensation of the following persons include a review and approve	al by u	ndenendent							
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		посрености							
а	The organization's CEO, Executive Director, or top management official			15a	Х	•				
	Other officers or key employees of the organization			15b	X	ļ				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			T						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a							
	taxable entity during the year?			16a		Х				
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic									
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			<del> </del>						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only)	avaılab	le					
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict	of interest policy, ar	d finar	ncıal					
	statements available to the public during the tax year.									
20										
	NEVADA MINING ASSOCIATION, INC 775 829-2121		<del></del>							
75555		3950	<i>l</i>							
13200 01-23	201 W. Liberry St, Suire 300			Form	990	(2011)				

### Form 990 (2011)

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

Check if Schedule O contains a response to any question in this Part VII

### 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and 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.

(A) Name and Title	(B) Average hours per	Average Position (do not check more than one					one h an	(D) Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RANDY BURGGRAFF	1.00	Х						0.	0.	0.
DIRECTOR	1.00	Λ						0.		
(2) GARY HALVERSON DIRECTOR	1.00	x						0.	0.	0.
(3) TRENT ANDERSON										
DIRECTOR	1.00	x						0.	0.	0.
(4) TOM KERR										
DIRECTOR	1.00	X						0.	0.	0.
(5) MICHAEL BROWN										
DIRECTOR	1.00	X						0.	0.	0.
(6) MARY KAYE CASHMAN									_	
DIRECTOR	1.00	X						0.	0.	0.
(7) DON DEINES										
DIRECTOR	1.00	Х	<u> </u>			<u> </u>		0.	0.	0.
(8) CINDY JONES	1 00	١,,							0.	
DIRECTOR	1.00	X				├		0.	0.	0.
(9) TONY SANCHEZ	1 00	U						0.	0.	0.
DIRECTOR	1.00	X	_			├	-	0.	0.	<u> </u>
(10) JOE DRISCOLL	1.00	X						0.	0.	0.
DIRECTOR	1.00	<u> </u>	├		$\vdash$	$\vdash$				•
(11) BILL ZISCH DIRECTOR	1.00	x					1	0.	0.	0.
(12) RANDY GRIFFIN	1.00	<del> </del>	-							
DIRECTOR	1.00	X		X				0.	0.	0.
(13) JAMES T. O'NEIL, JR										
DIRECTOR	1.00	X						0.	0.	0.
(14) DUANE A. PECK										
VICE CHAIR	1.00	X		Х			<u> </u>	0.	0.	0.
(15) PAUL THOMSEN									_	_
DIRECTOR	1.00	X	<u> </u>	_	ļ	<u> </u>	_	0.	_ 0.	0.
(16) MARY BETH DONNELLY	1 22									
DIRECTOR	1.00	X	<u> </u>	<u> </u>	<u> </u>	_	₩	0.	0.	0.
(17) DOUG TAYLOR	1 00	U	1					0.	0.	0.
DIRECTOR 132007 01-23-12	1.00	A	<u> </u>	<u> </u>		1		<u> </u>	<u> </u>	Form <b>990</b> (2011)

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Form **990** (2011)

Part VII Section A. Officers, Directors,		mple	yee			High	est				<i>(</i> C)	
(A)	(B) (C) Average Position							(D)	(E)	F-	(F)	
Name and title	hours per			heck	more	than		Reportable compensation	Reportable compensation		timate nount	
	week					is bot or/trus		from	from related	a.	other	
	(describe	ğ						the	organizations	com	pensa	ation
	hours for	ğ	۱.			夏		organization	(W-2/1099-MISC)	fr	om th	е
	related	SE SE	nal trustee		_	Demos		(W-2/1099-MISC)			anızat	
	organizations in Schedule	量	Pag 1		8	15 8 E 25	١.			l	d relat anızat	
	0)	Individual trustee or director	Institution	Officer	Key employee	Highest compensated employee	Former			Orga	ailizat	0115
(18) JOHN BURROWS	1 00	v						0.	0.			0.
DIRECTOR	1.00	^	-			+	┢	<u> </u>	<u> </u>			0.
(19) STEVE ANTONINI	1.00	X						0.	0.			0.
DIRECTOR (20) DEBORAH LASSITER	1.00	^	<del> </del>	-	-	<del> </del>	-	0.				<u> </u>
DIRECTOR	1.00	x	ļ					0.	0.			0.
(21) BRUCE HANSEN	1.00	<u> </u>	<del> </del>	<del> </del>	-	+						
CHAIRMAN	1.00	$ _{\mathbf{X}}$		x				0.	0.			0.
(22) DENNIS BRYAN	1.00	1.		1		† -						
DIRECTOR	1.00	X		İ	ļ			0.	0.			0.
(23) DAN FERRITER		<u> </u>			1	1	$\vdash$					
DIRECTOR	1.00	X					ļ	0.	0.			0.
(24) BRIAN MORRIS				1								
DIRECTOR	1.00	X						0.	0.			0.
(25) DAVE RESELICA												
DIRECTOR	1.00	X						0.	0.			، 0 ،
(26) AARON LANKA						ł						
DIRECTOR	1.00	X		<u>L</u>	<u>L</u>	<u>L</u>	<u>                                     </u>	0.	0.			0.
1b Sub-total								0.	0.			0.
c Total from continuation sheets to Par	t VII, Section A							245,005.	0.	8	$\frac{5}{5}, \frac{7}{5}$	73.
d Total (add lines 1b and 1c)						<u> </u>		245,005.	0.	8	5,/	73.
2 Total number of individuals (including bi		hose	list:	ed a	bov	/e) w	ho r	eceived more than \$100	,000 of reportable			1
compensation from the organization	· · · · · · · · · · · · · · · · · · ·								/		Yes	No
3 Did the organization list any former office	er director or tr	uete	ما م	av a	mol	OVAC	or	highest compensated e	molovee on			1.00
line 1a? If "Yes," complete Schedule J f			.C, K	cy c	mpi	oyee	,, 01	mgnest compensated e	mployee on	3	İ	x
4 For any individual listed on line 1a, is the			omr	ens	atio	n an	d of	her compensation from	the organization	<u> </u>		1
and related organizations greater than \$	•		-							4	Х	1
5 Did any person listed on line 1a receive									idual for services			1
rendered to the organization? If "Yes," o								· ·		5	<u> </u>	X
Section B. Independent Contractors												
1 Complete this table for your five highest	•	-								sation	from	
the organization. Report compensation	for the calendar	<u>/ear</u>	end	ing '	with	or v	vithi		year.			
(A) Name and busin			~~~	_				(B) Description of s	200,000	)) Compe	C)	20
Name and busin	ess address	IN	ON	ᆫ				Description of s	Sel Vices	Jonipe	au	
									Ì			
2 Total number of independent contracto	rs (including but	not l	ımıte	ed to	o the	ose I	iste	d above) who received r	nore than			
\$100,000 of compensation from the org						0		-				
SEE PART VII, SECT	ON A CON	ΤI	NU	ΑT	IO	N	SH	EETS		Form	990	(2011)

	,	at   Statement of Never	iue .		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	c e f	Membership dues	1c 1d ons) 1e s, and re 1f	621,390.				
ပြုံ	ŀ	Total. Add lines 1a-1f			1,621,390.		***************************************	
Program Service Revenue	2 a			Business Code 900099	5,700.		5,700.	
e a	c	d						
<u>5</u>	•	e						
<u>-</u>	f	All other program service reve	nue		F 700			
$\dashv$	3	Total. Add lines 2a-2f Investment income (including	alsual analas indone	<u>▶</u>	5,700.			
	4	other similar amounts) Income from investment of tax	•	•	5,316.			5,316.
ļ	5	Royalties		<u> </u>				
	6 a	a Gross rents	(i) Real	(II) Personal				
		b Less: rental expenses						
-		c Rental income or (loss)	<u> </u>	<u> </u>				
		d Net rental income or (loss)	() 0	(4) (24)				
	/ 6	a Gross amount from sales of assets other than inventory	(i) Securities	(II) Other	•			
	ı	b Less: cost or other basis						
		and sales expenses		1				
	•	c Gain or (loss)		,				
	•	d Net gain or (loss)		<b>&gt;</b>	-	,		
venue	8 6	a Gross income from fundraising including \$	of					
Other Reven		contributions reported on line Part IV, line 18	а					
ಕ		<ul><li>b Less: direct expenses</li><li>c Net income or (loss) from fund</li></ul>	b Iraising events	<b></b>	1		:	
		a Gross income from gaming ac Part IV, line 19	-					
	ı	b Less: direct expenses	b	f				
		c Net income or (loss) from gam	ing activities	<b></b>				
į	10 a	a Gross sales of inventory, less	returns					
İ		and allowances	а					
		<b>b</b> Less: cost of goods sold	b				:	
ŀ	9	c Net income or (loss) from sale		<u>▶</u>				
}	11	Miscellaneous Revenu a SPECIAL ASSESSM		Business Code 900099	466,755.	466,755.		
	11 a	b SPECIAL WORKSHO		900099	282,173.	282,173.		
		CONVENTION INCO		900099	236,803.	236,803.		
		d All other revenue		900099	8,406.	8,406.		
		e Total. Add lines 11a-11d		<b></b>	994,137.		. , , -, - , -	
	12	Total revenue. See instructions		<u> </u>	2,626,543.	994,137.	5,700.	5,316.
13200 01-23	9 -12							Form <b>990</b> (2011)

Form **990** (2011)

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the United States See Part IV, line 21	35,852.								
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		- <u>-</u> -		· · · · · · · · · · · · · · · · · · ·					
5	Compensation of current officers, directors,									
	trustees, and key employees			_						
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	473,862.		<u> </u>						
7	Other salaries and wages									
8	Pension plan accruals and contributions (include	40 510								
	section 401(k) and section 403(b) employer contributions)	42,519. 60,850.			·					
9	Other employee benefits	60,850.								
10	Payroll taxes	26,487.								
11	Fees for services (non-employees):									
a	Management	35,990.								
b	Legal	26,350.								
C	Accounting	20,330.								
d	Lobbying									
. е	Professional fundraising services See Part IV, line 17									
f	Investment management fees Other	··								
9 12	Advertising and promotion	85,700.								
13	Office expenses	41,837.								
14	Information technology			-						
15	Royalties									
16	Occupancy	49,880.								
17	Travel	37,822.								
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	260,834.								
20	Interest	7.								
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	11,068.								
23	Insurance	3,509.								
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)	460 061								
а	SPECIAL ASSESSMENT	460,261.		ļ <u> </u>						
b	SPECIAL WORKSHOP EXPENS	235,103.								
C	COMMUNITY RELATIONS	134,009.								
đ		126,359.								
	All other expenses	238,181.								
25	Total functional expenses. Add lines 1 through 24e	2,386,480.			<del>                                     </del>					
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)									
	Check hereif following SOP 98-2 (ASC 958-720)	<u></u>	L	<del></del>						

,				(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash - non-interest-bearing		14,741.	1	136,918.
		Savings and temporary cash investments	ŀ	217,472.	2	290,204.
- 1		Pledges and grants receivable, net	·		3	
	4	Accounts receivable, net	The state of the s		4	<del> </del>
		Receivables from current and former officers, di		-		
- [ '			•			
-		employees, and highest compensated employee	es. Complete Part II		5	
		of Schedule L	defined weder coeffice			<del>,, ,</del>
	6	Receivables from other disqualified persons (as				
		4958(f)(1)), persons described in section 4958(c)	· · · · ·			
		employers and sponsoring organizations of sect				
2	_	employees' beneficiary organizations (see instru	ctions)		6	
2	7	Notes and loans receivable, net	-		7	
₹	8	Inventories for sale or use	-		8	
	9	Prepaid expenses and deferred charges	, , <u>}</u>		9	<del></del>
1	0a	Land, buildings, and equipment: cost or other	104 640			
		basis. Complete Part VI of Schedule D	10a 104,640. 10b 60,834.	20 121		12 006
	b	Less: accumulated depreciation	10b 60,834.	20,121.		43,806
1	1	Investments - publicly traded securities	-		11	<del></del>
1	2	Investments · other securities. See Part IV, line			12	
1	3	Investments - program-related. See Part IV, line	11		13	
1	4	Intangible assets	ļ.	22 572	14	0 150
1	5	Other assets. See Part IV, line 11		22,573.	15	9,152
_   1	6	Total assets. Add lines 1 through 15 (must equ	al line 34)	274,907.	16	480,080
`   1	7	Accounts payable and accrued expenses	23,099.	17	33,981	
·  1	8	Grants payable		<del></del>	18	
1	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
ဖ္တ 2	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, director	rs, trustees, key employees,			
<u>a</u>		highest compensated employees, and disqualifi	ed persons Complete Part II			
_		of Schedule L			22	
2	23	Secured mortgages and notes payable to unrela	ated third parties		23	
2	24	Unsecured notes and loans payable to unrelate	d third parties		24	
2	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of			
		Schedule D		126,166.	25	73,800
_   2	26	Total liabilities. Add lines 17 through 25		149,265.	26	107,781
		Organizations that follow SFAS 117, check he	ere 🕨 🗓 and complete			
တ္က		lines 27 through 29, and lines 33 and 34.				
Ž   2	27	Unrestricted net assets		125,642.	27	<u>372,299</u>
	28	Temporarily restricted net assets			28	
8   2	29	Permanently restricted net assets			29	
5		Organizations that do not follow SFAS 117, c	heck here 🕨 🔲 and			
<u>.</u>		complete lines 30 through 34.				
<u>ي</u> ا	30	Capital stock or trust principal, or current funds			30	
SS	31	Paid-in or capital surplus, or land, building, or ea			31	
⋖∣	32	Retained earnings, endowment, accumulated in			32	
ž   ,	33	Total net assets or fund balances		125,642.		372,299
- 1	34	Total liabilities and net assets/fund balances		274,907.	<del>,                                      </del>	480,080

Form **990** (2011)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2011)

## **SCHEDULE C** (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

_	organizations: Complete Part III.	Proxy Tax), or Form 990-E2	, Part v, line 35c (Proxy 18	ax), then
Name of organization	•	<del> </del>	Emple	oyer identification number
	JADA MINING ASSOCIA			88-003 <u>87</u> 00
Part I-A Complete if	the organization is exempt	under section 501(c)	or is a section 527 o	rganization.
<ol> <li>Provide a description of the</li> <li>Political expenditures</li> <li>Volunteer hours</li> </ol>	ne organization's direct and indirect p	political campaign activities in	n Part IV. ▶\$	
Part I-B Complete if	the organization is exempt	under section 501(c)(	31	·
	xcise tax incurred by the organization		<u>&gt;,.</u> ▶\$	
	xcise tax incurred by organization m			
<u>-</u>	d a section 4955 tax, did it file Form	•	Ψ Ψ	Yes No
4a Was a correction made?	a a section 4900 tax, did it like form	4720 for this year:		Yes No
<b>b</b> If "Yes," describe in Part IV	V			
	the organization is exempt	under section 501(c),	except section 501(	c)(3).
	expended by the filing organization f			
•	ing organization's funds contributed	•	•	
exempt function activities			<b>▶</b> \$	,
•	enditures. Add lines 1 and 2. Enter h	nere and on Form 1120-POL.	•	
line 17b			<b>▶</b> s	
	file Form 1120-POL for this year?		• •	Yes No
	es and employer identification numb	er (FIN) of all section 527 no	litical organizations to which	
	organization listed, enter the amour	· · ·	•	~ ~
• •	it were promptly and directly delivere	,		•
political action committee	(PAC). If additional space is needed	, provide information in Part	IV.	
( <b>a</b> ) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

132041 01-27-12

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Schedule C (Form 990 or 990-EZ) 2011 N	IEVAD?	A MINI	NG ASSOCIAT	ION, INC.	88-0	0038700 Page 2
Part II-A Complete if the orga	anizatio	n is exer	npt under section	n 501(c)(3) and file		
(election under sect	ion 501	(h)).				
A Check ► if the filing organizati	on belong	gs to an affil	ated group (and list in	Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share	of exces	s lobbying e	expenditures).			
B Check 🕨 🔲 if the filing organizati	on check	ed box A an	d "limited control" pro	visions apply		
Limite	s on Lobb	ying Exper	·		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influ	ence pub	lic oninion (	arass roots lobbying)			-
b Total lobbying expenditures to influ	·=		-	İ	· ·	
c Total lobbying expenditures (add lin	•	•	., (ccoco.)g,			
d Other exempt purpose expenditure		<i>3</i> 10,				
e Total exempt purpose expenditures		s 1c and 1d	N .			
f Lobbying nontaxable amount. Enter	-		•	h columns		
If the amount on line 1e, column (a) or			bying nontaxable ame			
Not over \$500,000	(b) is.		the amount on line 1e.	11		
Over \$500,000 but not over \$1,000	000		0 plus 15% of the exc			
	Over \$1,000,000 but not over \$1,500,000       \$175,000 plus 10% of the excess over \$1,000         Over \$1,500,000 but not over \$17,000,000       \$225,000 plus 5% of the excess over \$1,500,000					
• •				ss over \$1,500,000		
Over \$17,000,000		\$1,000,0	J00.			
g Grassroots nontaxable amount (ent		=				
h Subtract line 1g from line 1a. If zero				-		
i Subtract line 1f from line 1c. If zero				L		
j If there is an amount other than zer	o on eithe	er line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this y	ear?					Yes No
		at made a s		Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lobb	ying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) :	2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) Total
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures				<u> </u>		

Schedule C (Form 990 or 990-EZ) 2011

# Schedule C (Form 990 or 990-EZ) 2011 NEVADA MINING ASSOCIATION, INC. 88-003870 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, local legislation, including any attempt to influence public opinion on a legislative				<u>(t</u>	
	,	res l	No	Amo	unt
	state or				
	t t				
or referendum, through the use of:					
a Volunteers?			]		
b Paid staff or management (include compensation in expenses reported on lines	c through 1i)?				
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative b	ody?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar	r means?				
i Other activities?					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 5	01(c)(3)?	,,,,,,,,, <u>  , , , , , , , , , , , , , ,</u>			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under s	ection 4912				····
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this	year?				
Part III-A Complete if the organization is exempt under section	501(c)(4), section (	501(c)(5),	or se	ction	
501(c)(6).			- 1	Yes	No
1 More substantially all (00% or more) dues received condeductible by members?			1		X
<ul> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less</li> </ul>	2		2		X
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less</li> <li>Did the organization agree to carry over lobbying and political expenditures from</li> </ul>			2	_	X
answered "Yes."  1 Dues, assessments and similar amounts from members			1	1 60	2,998.
	e amounts of political			1,004	
<ol> <li>Section 162(e) nondeductible lobbying and political expenditures (do not included)</li> </ol>	o dimedime of permitter		· ·	1,002	2,770.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include expenses for which the section 527(f) tax was paid).			•		2,330.
expenses for which the section 527(f) tax was paid).					
expenses for which the section 527(f) tax was paid).  a Current year			2a		5,063.
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year			2a 2b	12!	5,063.
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total	ction 162(e) dues		2a	12!	
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible sec			2a 2b 2c	12!	5,063. 5,063.
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible self notices were sent and the amount on line 2c exceeds the amount on line 3, where the section 6033(e)(1)(A) notices were sent and the amount on line 2c exceeds the amount on line 3, where the section 6033(e)(1)(A) notices were sent and the amount on line 2c exceeds the amount on line 3, where the section 6033(e)(1)(A) notices were sent and the amount on line 2c exceeds the amount on line 3, where the section 6033(e)(1)(A) notices were sent and the amount on line 2c exceeds the amount on line 3.	at portion of the excess		2a 2b 2c	12!	5,063. 5,063.
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible selection for the section of th	at portion of the excess		2a 2b 2c	12! 12! 43:	5,063. 5,063. 2,809.
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible self notices were sent and the amount on line 2c exceeds the amount on line 3, where the section 6033(e)(1)(A) notices were sent and the amount on line 2c exceeds the amount on line 3, where the section 6033(e)(1)(A) notices were sent and the amount on line 2c exceeds the amount on line 3, where the section 6033(e)(1)(A) notices were sent and the amount on line 2c exceeds the amount on line 3, where the section 6033(e)(1)(A) notices were sent and the amount on line 2c exceeds the amount on line 3.	at portion of the excess		2a 2b 2c 3	12! 12! 43:	5,063. 5,063.

# **SCHEDULE D**

(Form 990) 1

Department of the Treasury Internal Revenue Service

# 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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	NEVADA MINING ASSOC				88-0038700	
Par			or Other Similar Fund	is or A	ccounts. Complete if the	
	organization answered "Yes" to Form 990, Part IV, line 6					
	<u></u>	(a) D	onor advised funds	(t	b) Funds and other accounts	
1	Total number at end of year			<u> </u>		
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in wr	iting that th	ne assets held in donor adv	rised fund		
•	are the organization's property, subject to the organization's ex				Yes	No
6	Did the organization inform all grantees, donors, and donor adv			ne used o		
	for charitable purposes and not for the benefit of the donor or o		•		•	
	Impermissible private benefit?	001101 QQVI	sor, or for any other purpos		Yes	No
Par	***************************************	nization an	swered "Yes" to Form 990	Part IV		<u> </u>
				, 1 (1111)	mie 7.	
1	Purpose(s) of conservation easements held by the organization			tomooli	he important land area	
	Preservation of land for public use (e.g., recreation or edu	ucation)			ly important land area	
	Protection of natural habitat		Preservation of a ce	erunea nis	storic structure	
_	Preservation of open space			_		
2	Complete lines 2a through 2d if the organization held a qualifier	d conserva	ition contribution in the fori	m of a co	nservation easement on the la	st
	day of the tax year.			1		
					Held at the End of the Tax	Year
а	Total number of conservation easements				2a	
	Total acreage restricted by conservation easements				2b	
- C	Number of conservation easements on a certified historic structure	cture includ	led in (a)		2c	
þ	Number of conservation easements included in (c) acquired aft	ter 8/17/06	, and not on a historic struc	cture		
	listed in the National Register -	-	_		2d	-
3	Number of conservation easements modified, transferred, release	ased, extin	guished, or terminated by t	he organ	ization during the tax	
	year ▶					
4	Number of states where property subject to conservation ease	ement is loc	cated 🕨	_		
5	Does the organization have a written policy regarding the perio	dic monito	ring, inspection, handling o	of		_
	violations, and enforcement of the conservation easements it h	nolds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, ar	nd enforcir	ng conservation easements	during th	he year 🕨	
7	Amount of expenses incurred in monitoring, inspecting, and en				_	
8	Does each conservation easement reported on line 2(d) above					
	and section 170(h)(4)(B)(ii)?				Yes	No
9	in Part XIV, describe how the organization reports conservation	n easemen	ts in its revenue and expen	se stater	ment, and balance sheet, and	
	include, if applicable, the text of the footnote to the organization					
	conservation easements.			_	-	
Pai	t III Organizations Maintaining Collections of	Art, Hist	orical Treasures, or	Other \$	Similar Assets.	
L	Complete if the organization answered "Yes" to Form 99					
1a	If the organization elected, as permitted under SFAS 116 (ASC	2 958), not	to report in its revenue stat	ement ar	nd balance sheet works of art.	
	historical treasures, or other similar assets held for public exhib					XIV.
	the text of the footnote to its financial statements that describe				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b	If the organization elected, as permitted under SFAS 116 (ASC			ent and h	palance sheet works of art, hist	orical
	treasures, or other similar assets held for public exhibition, edu	•	·			
		Jeanon, or	research in furtherance or p	Jubilo 30i	vice, provide the following and	ounto
	relating to these items:				<b>&gt;</b> ¢	
	(i) Revenues included in Form 990, Part VIII, line 1				► \$ ► \$	
_	(ii) Assets included in Form 990, Part X	•	(n n n n n n n n n n n n n n n n n n n			
2	If the organization received or held works of art, historical treas			ciai gain,	provide	
	the following amounts required to be reported under SFAS 116	ь (ASC 958	) relating to these items:		<b>.</b> .	
а	Revenues included in Form 990, Part VIII, line 1				► \$ ► \$	
b	Assets included in Form 990, Part X				<b>&gt;</b> \$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Sche	dule D (Form 990) 2011 NEVADA	MINING ASS	OCIA	TION,	INC.		88-	0038700	Page 2
Par	t III Organizations Maintaining C					or Other	Similar As	sets (continu	ed)
3	Using the organization's acquisition, accessi					•			
	(check all that apply):								
а	Public exhibition	,	d 🔲 i	Loan or exc	hange progra	ams			
b	Scholarly research	ı		Other	· · ·				
С	Preservation for future generations								
4	Provide a description of the organization's co	ellections and expla	un how th	ey further t	he organizati	on's exem	pt purpose in	Part XIV.	
5	During the year, did the organization solicit o	•		-	-		• • •		
	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par	_	lete if the	organizatio	on answered	'Yes" to F	orm 990, Part	IV, line 9, or	
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	ns or other as	sets not ir	ncluded .		
	on Form 990, Part X?							Yes	No No
b	If "Yes," explain the arrangement in Part XIV	and complete the f	ollowing t	table:					
		·	_					Amount	
C	Beginning balance						1c		
d	Additions during the year						1d	-	
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fe	orm 990, Part X, lin	e 21?					Yes	No
ь	If "Yes," explain the arrangement in Part XIV								
Par	<b>t V</b> Endowment Funds. Complete r	f the organization a	nswered	"Yes" to Fo	orm 990, Part	IV, line 10	) <u>.                                    </u>		
		(a) Current year	(b) P	rior year	(c) Two year	rs back (c	d) Three years b	ack (e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
- e	Other expenditures for facilities								
	and programs								
_f	Administrative expenses		_	_					
g	End of year balance			-					
2	Provide the estimated percentage of the curr	rent year end balan	ce (line 1	g, column (	a)) held as:	<u>-</u>			
а	Board designated or quasi-endowment		%						
ь	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organi	zation the	at are held a	and administe	red for the	e organization	_	
	by:							Y	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required	on Sched	dule R?				3ь	
4	Describe in Part XIV the intended uses of the	organization's end	dowment	funds.					
Pa	rt VI Land, Buildings, and Equipm	nent. See Form 99	0, Part X	, line 10.					
	Description of property	(a) Cost or basis (invest		1 ' '	t or other (other)	• •	cumulated reciation	(d) Book v	ralue
1a	Land					-1-1			
b	Buildings								
C	Leasehold improvements								
d	Equipment								
е	Other			1(	04,640.		60,834.		,806.
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Par	rt X, colur	nn (B), line	10(c).)		<b></b>	43	,806.

Schedule D (Form 990) 2011

Part VII Investments - Other Securities. Se	ee Form 990, Part X, line 12	· · · · · · · · · · · · · · · · · · ·	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	
(1) Financial derivatives			
(2) Closely-held equity interests			·
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments - Program Related.	See Form 990, Part X, line 1	3.	
(a) Description of investment type	(b) Book value	(c) Method of v Cost or end-of-year	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		1	
- (9)			
(10)			
Total (Col (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, line	e 15.		
(a	) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	·		
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) lir	ne 15.)		<b>•</b>
Part X Other Liabilities. See Form 990, Part X	(, line 25.		
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DUE TO RELATED ORGANIZAT	ION	10,472.	
(3) PREPAID DUES		14,000.	
(4) ACCRUED PAYROLL TAXES		660.	
(5) ACCRUED PAYROLL		48,668.	
(6)			
(7)			

(10)Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

Fin 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 132053
01-23-12

Schedule D (Form 990) 2011

(8) (9)

	dule D (Form 990) 2011 NEVADA MINING ASSOCIATION,	INC.		88-0	0038700	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial Sta	tement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		2,626,	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		2,386,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		240	063.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8		6	594. 594.
9	Total adjustments (net). Add lines 4 through 8		9		_ 6 ,	594.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		246	657.
Pa	TXII Reconciliation of Revenue per Audited Financial Statemer	nts With	Revenue per	Return		- 40
1	Total revenue, gains, and other support per audited financial statements			1	2,626	,543.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a		<u> </u>		
b	Donated services and use of facilities	2b		_		
C	Recoveries of prior year grants	2c		_		
d	Other (Describe in Part XIV.)	2d		_		_
е	Add lines 2a through 2d			2e	2,626	0.
3	Subtract line 2e from line 1			3	2,626	<u>,543.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4		
b	Other (Describe in Part XIV.)	4b	<del></del>	<b>⊣</b> 1		_
C	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,626	,543.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents Witl	n Expenses pe	er Retu	rn 200	400
1	Total expenses and losses per audited financial statements			1	2,386	,480.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities	2a		_		
- <b>- b</b>	Prior year adjustments –	2b _			-	-
c		2c		_		
d	Other (Describe in Part XIV.)	2d	······································			•
е	Add lines 2a through 2d			2e	2 206	0.
3	Subtract line 2e from line 1			3	2,386	,480.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b		_		0
С	Add lines 4a and 4b			4c	2 206	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	2,386	,400.
	rt XIV Supplemental Information	<u> </u>		. 41 16	No. Doub V. Ison	4. D. 4
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III				_	4; Pan
Χ, ΙΙΓ	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl	iete triis pa	in to provide any a	additional	information.	
PA	RT XI, LINE 8 - OTHER ADJUSTMENTS:					
	ary bridge of the contract of				-	
PR	IOR PERIOD AJUSTMENT TO SUPPLIER ADVERTISIN	IG REV	ENUE		6	,594.
						·
_						

132054 01-23-12

**SCHEDULE 1** (Form 990) Department of the Treasury Internal Revenue Service

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

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

20:11 Open to Publi Inspection
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OMB No 1545-0047

**%** × Employer identification number 88-0038700 (h) Purpose of grant or assistance EVENT SPONSORSHIP , ∀es Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 7,500. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INC. (c) IRC section if applicable NEVADA MINING ASSOCIATION, 501(C)(3) 94-2860375 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization 770 SMITHRIDGE DRIVE STE 300 or government NEVADA WOMEN'S FUND Name of the organization RENO, NV 89502 Parti Part

Schedule I (Form 990) (2011)

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

Enter total number of other organizations listed in the line 1 table

Page 2 Schedule I (Form 990) (2011) (f) Description of non-cash assistance 88-0038700 (book, FMV, appraisal, other) Schedule I (Form 990) (2011) NEVADA MINING ASSUCTATION, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance 22 (c) Amount of cash grant NEVADA MINING ASSOCIATION, INC. (b) Number of recipients (a) Type of grant or assistance 132102 01-27-12

# SCHEDULE J (Form 990)

**Compensation Information** 

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

 Complete if the organization answered "Yes" to Form 990, Part IV, line 23. **ZUII** 

OMB No 1545-0047

pen to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

NEVADA MINING ASSOCIATION, INC.

Employer identification number 88-0038700

Pa	art I Questions Regarding Compensation			
		p	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 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 u	Jse		
	Travel for companions Payments for business use of personal reside	nce		
	Tax indemnification 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 on 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		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directo	rs,		
	trustees, and 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	ı's		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization t			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee   X Written employment contract		1	
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation commenced by the board of	nittee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
- a	Receive a severance payment or change-of-control payment?	4a	ļ <u>.</u>	Χ_
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	<u> </u>	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations 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?	5a_		<u> </u>
b	Any related organization?	5b	ļ	ļ
	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:			1
а	The organization?	6a		ļ
b	Any related organization?	6b	ļ	ļ
	If "Yes" to line 6a or 6b, describe in Part III.		}	1
7	, , , , , , , , , , , , , , , , , , , ,		İ	
_	not described in lines 5 and 6? If "Yes," describe in Part III	<u>_7</u>		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		1	
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<del> </del>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	<u> </u>	
LH/	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Forn	า 990)	2011

132111 01-23-12

Do not list any individuals that are not listed on Form 990, Part VII

Schedule J (Form 990) 2011 NEVADA MINING ASSOCIATION, INC. 88–0038700

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).

Note. The sum of columns (B)(i)-(iii) 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.

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(0)	(0)	(E)	<b>(</b>
( <b>A</b> ) Name	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	lotal of columns (B)(j)-(D)	Compensation reported as deferred in prior Form 990
	6	245,005.	0	0	73,168.	12,605.	330,778.	0
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							Schedu	Schedule J (Form 990) 2011

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NEVADA MINING ASSOCIATION, INC.

Employer identification number 88-0038700

NEVADA MINING ADDOCIATION INC. 00 0000,00
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
ENVIRONMENTAL OUTREACH - ESTABLISHED TO PROVIDE TELEVISION ADVERTISING
TO FURTHER THE INTEREST OF MINING AND THE MINERAL PROCESSING IN NEVADA
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 SENT VIA EMAIL TO GOVERNING BODY PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION IS REVIEWED BY INDEPENDENT PERSONS AND DECISIONS ARE DOCUMENTED
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AVAILABLE UPON
REQUEST
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:  PRIOR PERIOD AJUSTMENT TO SUPPLIER ADVERTISING REVENUE 6,594.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Part #

# Related Organizations and Unrelated Partnerships

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

► See separate instructions.

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 88-0038700

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) INC. ▶ Attach to Form 990. NEVADA MINING ASSOCIATION, Name of the organization

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
		-				
1		-				
Part II	### Identification of Related Tax-Exempt Organizations (Comporganizations during the tax year.)	ions (Complete if the organization an	elete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	t IV, line 34 becaus	e it had one or more re	elated tax-exempt

(e)	(q)	(၁)	<b>(</b> 0)	(9)	£	6)	2000
Name, address, and EIN	Primary activity	Legal domicile (state or	<u>o</u>	Public charity	Direc	Section 312(b)(13)	led led
of related organization		foreign country)	section	status (if section	entity	entity?	2
				501(c)(3))		Yes	°
NEVADA MINING ASSOCIATION POLITICAL ACTION							
AMMITTEE - 88-0183063, 9210 PROTOTYPE DRIVE SI	SUPPORT POLITICAL	-					;
SUITE 200, RENO, NV 89521	CANDIDATES	NEVADA	527	2	N/A		×
				•			
						_	
			•				

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

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Schedule R (Form 990) 2011

132161 01-23-12 LHA

88-0038700 Page 2

Schedule R (Form 990) 2011 NEVADA MINING ASSOCIATION, INC.

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

General or Percentage managing ownership partner/ Percentage ownership Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ E Yes No Share of end-of-year assets Code V-UBI amount in box n 20 of Schedule K-1 (Form 1065) Ō  $\boldsymbol{\epsilon}$ Share of total income ate allocations? Yes Disproportion-Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets **e** Direct controlling entity Share of total income ত্র Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) Ō e 27 Primary activity Direct controlling entity ூ (c)
Legal
domicle
(state or
foreign Primary activity <u>e</u> Name, address, and EIN of related organization Name, address, and EIN of related organization ø 132162 01-23-12 Part IV

# Schedule R (Form 990) 2011 NEVADA MINING ASSOCIATION, INC.

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Transactions With Related Organizations (	
With Related Organizations (	

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	-			1a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<b>1</b>		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				1		×
e Loans or loan guarantees by related organization(s)	- ·			9		×
f Sale of assets to related organization(s)				=		×
g Purchase of assets from related organization(s)	-			19	-	×
	-			ŧ		×
i Lease of facilities, equipment, or other assets to related organization(s)				;=	+	×
j Lease of facilities, equipment, or other assets from related organization(s)	-			<b></b>	7.	×
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			¥		×
l Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			=		×
$oldsymbol{m}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoı			E	+	×
n Sharing of paid employees with related organization(s)				5	+	×
o Reimbursement paid to related organization(s) for expenses	-			9	*	×
<ul> <li>P Reimbursement paid by related organization(s) for expenses</li> </ul>				1p	-	×
<ul> <li>q Other transfer of cash or property to related organization(s)</li> <li>r Other transfer of cash or property from related organization(s)</li> </ul>				5 +		××
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete th	is line, including covered	relationships and transaction thresholds.			
<b>(a)</b> Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			ı
(1)						
(2)	-					
(2)	-					
(4)						
(5)						1
(9)				:		
132163 01-23-12	28		Schedule R (Form 990) 2011	R (Form	990) 2	15

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Schedule R (Form 990) 2011 NEVADA MINING ASSOCIATION, INC.

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

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

that was not a related organization. See instructions regarding exclusion for certain investment participanipa	structions regarding exclusion		sament parmeramps.							
(a)	(Q)		<del>(</del> 0	(e)			ε	€	6	€
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income parties sec (related, unrelated, 501(c)(3)	501(c)(3) orgs ?	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Dispropor- Code V-UBI General or Percentage towas amount in box 20 managing ownership allocatons? of Schedula K-1 partner?	General o managing partner?	Percentage ownership
		country)	under section 512-514)	es No	Income	assets	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2011

Form 990 (2011) NEVADA M.  Part VII Section A. Officers, Directors, True								INC • Compensated Employ	ees (continued)	
. (A) Name and title	(B) Average hours			() Pos	C) sition	1		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
27) JOEL MURPHY IRECTOR	1.00	х						0.	0.	0
28) GUY SIMPSON DIRECTOR	1.00	x						0.	0.	0
29) KRIS SIMS DIRECTOR		х						0.	0.	0
30) TIM CROWLEY	1000									
PRESIDENT	40.00			X	-			245,005.	0.	85,773
•										
•							-		-	
Fotal to Part VII, Section A, line 1c								245,005.		85,773

# Form **8868**

(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

 $ightharpoons \overline{X}$  If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs.gov/efile and click on e-file for Chanties & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print NEVADA MINING ASSOCIATION, INC. 88-0038700 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date fo filing your 201 WEST LIBERTY STREET, NO. 300 instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. RENO, NV 89501 0 1 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return ls,For Code Is For Code Form 990 Form 990-T (corporation) 07 01 Form 990-BL Form 1041-A 80 Form 990-EZ Form 4720 01 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 NEVADA MINING ASSOCIATION, INC. 201 W. Liberty 5t, Juite 300 • The books are in the care of ▶ 9210 PROTOTYPE DRIVE SUITE #200 - RENO, NV 89521 89501 Telephone No. ► 775 829-2121 FAX No. ► 775 852-2631 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2012 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2011 or \_\_\_ tax year beginning , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. За If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3ь Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, 0. by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.