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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
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)
 Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, and ending 12-31-2012

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NEVADA LIBRARY ASSOCIATION	D Employer identification number 88-0169111
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 900 S Roop St	E Telephone number (775) 887-2384
	City or town, state or country, and ZIP + 4 Carson City, NV 89701	F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: nevadalibraries.org

J Tax-exempt status (check only one) 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 54,373**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	25,360
	2 Program service revenue including government fees and contracts	2	28,853
	3 Membership dues and assessments	3	
	4 Investment income	4	160
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	54,373	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	2,502
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	495
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1,135
	16 Other expenses (describe in Schedule O)	16	35,111
	17 Total expenses. Add lines 10 through 16	17	39,243
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15,130
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	89,603
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	104,733

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	89,935	22 104,733
23 Land and buildings		23
24 Other assets (describe in Schedule O)	60	24 0
25 Total assets	89,995	25 104,733
26 Total liabilities (describe in Schedule O)	392	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	89,603	27 104,733

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
 Improve enhance library services in Nevada

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 Held annual conference for all library and library affiliated employees in Nevada, attended by 175 individuals and 24 exhibitors. Conference provides workshops, seminars and networking opportunities (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 Gave scholarships to individuals for advanced training and certification in the field of librarianship (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 Held a Virtual Conference, which generated 84 views (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2012) Part V Other Information. Includes questions 33 through 45b regarding significant activities, changes to documents, unrelated business income, political expenditures, loans, and controlled entities. Includes a table with Yes/No columns for questions 33-45b.

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 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 47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a No

b If "Yes," was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 5 columns: (a) Name and title of each employee paid more than \$100,000; (b) Average hours per week devoted to position; (c) Reportable compensation (Forms W-2/1099-MISC); (d) Health benefits, contributions to employee benefit plans, and deferred compensation; (e) Estimated amount of other compensation. Row 1 contains 'NONE'.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation. Row 1 contains 'NONE'.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer (*****), Date (2013-08-22), Type or print name and title (Tammy Westergard Treasurer)

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature (Mary Sanada), Date (2013-08-22), Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no (775) 885-7962

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization
NEVADA LIBRARY ASSOCIATION

Employer identification number

88-0169111

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Fees charges 4,301
		Form 990-EZ, Part I, Line 16, Other Expenses Awards 1,000
		Form 990-EZ, Part I, Line 16, Other Expenses Summer reading program 1,883
		Form 990-EZ, Part I, Line 16, Other Expenses Dues misc 270
		Form 990-EZ, Part II, Line 24, Other Assets Memberships receivable Beginning of year 60, End of year 0
		Form 990-EZ, Part II, Line 26, Liabilities Accounts payable Beginning of year 392, End of year 0

TY 2012 Compensation Explanation

Name: NEVADA LIBRARY ASSOCIATION

EIN: 88-0169111

Software ID: 12000057

Software Version: 12.18.605.2

Person Name	Explanation
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Additional Data**Software ID:** 12000057**Software Version:** 12.18.605.2**EIN:** 88-0169111**Name:** NEVADA LIBRARY ASSOCIATION**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Roberta DeBuff President	001 00	0		
John Crockett President Elect	001 00	0		
Barbara Mathews Past President	001 00	0		
Lauren Campbell Executive Secretary	001 00	0		
Scott Clonan Finance Chair	001 00	0		
Lawrence Johnson Treasurer	001 00	0		
Sarah New Trustee	001 00	0		
Carla Land Trustee	001 00	0		
Stephen Platt Trustee	001 00	0		
Robbie Nickel Trustee	001 00	0		
Carol Lloyd Trustee	001 00	0		
Sasha Baugess Trustee	001 00	0		