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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization NEVADA LIBRARY ASSOCIATION
Number and street (or P O box, if mail is not delivered to street address) Room/suite
900 North Roop St
City or town, state or province, country, and ZIP or foreign postal code
Carson City, NV 89701

D Employer identification number

88-0169111

E Telephone number

(775) 887-2384

F Group Exemption Number

G Accounting Method Cash Accrued 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 Form of organization Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$22,310

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

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 21,587, 91, 245, 21,923, 6,050, 752, 214, 14,581, 21,652, 271, 91,757, 92,028.

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	91,757	22	91,160
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	868
25 Total assets	91,757	25	92,028
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	91,757	27	92,028

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, 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 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"/>	28a	
29 Held a summer reading program (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	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
Ann-Marie White President	001 00	0		
Carol Lloyd President Elect	001 00	0		
John Crockett Past President	001 00	0		
Kristy Isla Executive Secretary	001 00	0		
AnnMarie Hamilton-Brehm Finance Chair	001 00	0		
Tammy Westergard Treasurer	001 00	0		
Caprice Roberson Member	001 00	0		
Carla Land Member	001 00	0		
Stephen Platt Member	001 00	0		
Jeannette Hammond Member	001 00	0		
Brenda Owens Member	001 00	0		
Lexi McEwen Member	001 00	0		

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

Main form area containing questions 33 through 45b with corresponding Yes/No columns and input fields.

	Yes	No
46		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

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		
48		
49a		
49b		

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

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

49a Did the organization make any transfers to an exempt non-charitable related organization?

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

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 "

(a) Name and title of each employee	(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
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 "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
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 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 2015-03-08
 Tammy Westergard Treasurer
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: Mary Sanada
 Preparer's signature: _____
 Date: 2015-03-08
 Check if 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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

2014

Open to Public Inspection

Name of the organization
NEVADA LIBRARY ASSOCIATION

Employer identification number

88-0169111

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10, Grants Paid	Activity Scholarships, Grantee Various, Cash Grant 6,050, Relationship Officer
Form 990-EZ, Part I, Line 16, Other Expenses	Travel 4,492
Form 990-EZ, Part I, Line 16, Other Expenses	Conferences, conventions, and meetings 587
Form 990-EZ, Part I, Line 16, Other Expenses	Supplies 59
Form 990-EZ, Part I, Line 16, Other Expenses	Fees charges 4,051
Form 990-EZ, Part I, Line 16, Other Expenses	Awards 656
Form 990-EZ, Part I, Line 16, Other Expenses	Summer reading program 2,499
Form 990-EZ, Part I, Line 16, Other Expenses	Dues miscellaneous 137
Form 990-EZ, Part I, Line 16, Other Expenses	Advertising 2,100
Form 990-EZ, Part II, Line 24, Other Assets	Inventory Beginning of year 0, End of year 868

TY 2014 Compensation Explanation

Name: NEVADA LIBRARY ASSOCIATION

EIN: 88-0169111

Software ID: 14000292

Software Version: 14.4.1.0

Person Name	Explanation
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