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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 private foundations)

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](http://www.irs.gov/form990).

OMB No 1545-1150

2015

Open to Public Inspection

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

**B** Check if applicable  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
NEVADA TELECOMMUNICATIONS ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address)Room/suite  
PO BOX 34449

City or town, state or province, country, and ZIP or foreign postal code  
RENO, NV 895334449

**D** Employer identification number  
88-0209315

**E** Telephone number  
(775) 827-0191

**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: [WWW.NEVTELASSN.ORG](http://WWW.NEVTELASSN.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 **\$ 106,700**

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 <input checked="" type="checkbox"/>									
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .						1	3,145
	2	Program service revenue including government fees and contracts . . . . .						2	27,073
	3	Membership dues and assessments . . . . .						3	76,068
	4	Investment income . . . . .						4	414
	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	106,700	
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .						10	5,000
	11	Benefits paid to or for members . . . . .						11	
	12	Salaries, other compensation, and employee benefits . . . . .						12	60,493
	13	Professional fees and other payments to independent contractors . . . . .						13	500
	14	Occupancy, rent, utilities, and maintenance . . . . .						14	
	15	Printing, publications, postage, and shipping . . . . .						15	1,441
	16	Other expenses (describe in Schedule O) . . . . .						16	31,330
	17	Total expenses. Add lines 10 through 16						17	98,764
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .						18	7,936
	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	103,756
	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	111,692

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
















Part III Statement of Program Service Accomplishments (see the instructions for Part III)		Expenses	
Check if the organization used Schedule O to respond to any question in this Part III <input checked="" type="checkbox"/>		(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others )	
What is the organization's primary exempt purpose? THE NEVADA TELECOMMUNICATIONS ASSOCIATION WILL SUPPORT ITS MEMBER ORGANIZATIONS THROUGH REGULATORY, LEGISLATIVE AND PUBLIC RELATIONS ADVOCACY THE ASSOCIATION WILL ENHANCE THE COMMUNICATIONS BUSINESS ENVIRONMENT, ADVANCE THE BUSINESS INTERESTS AND PROMOTE THE REPUTATION OF ITS MEMBER ORGANIZATIONS THE ASSOCIATION WILL FOSTER COOPERATION, MUTUAL RESPECT AND UNITY AMONG ITS MEMBERS IN PURSUIT OF THE ASSOCIATION'S GOALS AND OBJECTIVES			
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			
<b>28</b>			
<u>See Additional Data Table</u>			
Grants \$ )	If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>	<b>28a</b>	
<b>29</b>			
Grants \$ )	If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>	<b>29a</b>	
<b>30</b>			
Grants \$ )	If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O)			
Grants \$ )	If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . . <input checked="" type="checkbox"/>		<b>32</b>	

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

Form **990-EZ** (2015)

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 . . . . . ☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	Yes	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		No
b	If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III  . . . . .	Yes	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions  <b>37a</b> <div></div>		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <div></div> <b>38b</b> <div></div>		
39	Section 501(c)(7) organizations Enter <div></div>		
a	Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b> <div></div>	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b> <div></div>	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911  , section 4912  , section 4955  <div></div>		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>40b</b> <div></div>	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  <div></div>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . .  <div></div>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	<b>40e</b> <div></div>	No
41	List the states with which a copy of this return is filed  <div></div>		
42a	The organization's books are in care of  MIKE EIFERT Telephone no  (775) 827-0191 Located at  1045 UNIVERSITY RIDGE DRIVE RENO, NV ZIP + 4  89512		
b	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)? If "Yes," enter the name of the foreign country  <div></div>  See the instructions for exceptions and filing requirements for <b>FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b>	Yes	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country  <div></div>		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here  <div></div> and enter the amount of tax-exempt interest received or accrued during the tax year <div></div> <b>43</b> <div></div>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		No
b	Did the organization operate one or more hospital facilities during the year? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i> . . . . .		No
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .		No

		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	
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 "

(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

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

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		2016-05-11 Date					
	MIKE EIFERT EXECUTIVE DIRECTOR Type or print name and title							
Paid Preparer Use Only	Print/Type preparer's name ELAINE ALEXANDER CPA		Preparer's signature		Date 2016-05-11	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00543692	
	Firm's name ▶ ELAINE ALEXANDER CPA					Firm's EIN ▶ 26-2929724		
	Firm's address ▶ 448 HILL STREET RENO, NV 895011814					Phone no (775) 324-7449		
May the IRS discuss this return with the preparer shown above? See instructions								Yes No

Additional Data

Software ID:  
Software Version:  
EIN: 88-0209315  
Name: NEVADA TELECOMMUNICATIONS  
ASSOCIATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<b>28</b> PROVIDE REGULATORY AND LEGISLATIVE ADVOCACY ON BEHALF OF THE ASSOCIATION AND ITS MEMBERS, INCLUDING TIMELY DISSEMINATION OF INFORMATION REGARDING PERTINENT GOVERNMENTAL ACTIONS (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>28a</b>	
<b>29</b> HOST AN ANNUAL CONFERENCE FOR THE EDUCATION OF ASSOCIATION MEMBERS REGARDING EMERGING TECHNOLOGY, CURRENT LEGISLATIVE AND REGULATORY EVENTS AND OTHER MEMBER INTERESTS ATTENDANCE AT THE ANNUAL CONFERENCE IS APPROXIMATELY 100-125 PERSONS (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>29a</b>	
ANNUAL SCHOLARSHIP(S) AWARDED TO HIGH SCHOOL SENIORS IN 2015 FIVE 1,000 <b>30</b> SCHOLARSHIPS WERE AWARDED, FOR A TOTAL OF 5,000 (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>30a</b>	

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
MARK FEEST DIRECTOR	0 50	0		
JAKE WARNER DIRECTOR	0 50	0		
STEVE COWGER DIRECTOR	0 50	0		
MARK MARTELL DIRECTOR	0 50	0		
LINDA STINAR DIRECTOR	0 50	0		
ALISON BECK DIRECTOR	0 50	0		
JOHN W CHRISTIAN III DIRECTOR	0 50	0		
JOHN LYON DIRECTOR	0 50	0		
HAROLD OSTER DIRECTOR	0 50	0		
DAVE COLLIER DIRECTOR	0 50	0		
BUCK SPEARS ASSOCIATE DI	0 50	0		
CHARLIE BORN DIRECTOR	0 50	0		
MIKE EIFERT EXECUTIVE DI	30 00	56,000		

If the organization answered "Yes" on 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" on 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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization NEVADA TELECOMMUNICATIONS ASSOCIATION	Employer identification number  88-0209315
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1

Provide a description of the organization's direct and indirect political campaign activities in Part IV

2

Political expenditures

▶

\$

3

Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1

Enter the amount of any excise tax incurred by the organization under section 4955

▶

\$

2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶

\$

3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No

4a

Was a correction made?

☐ Yes

☐ No

b

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶

\$

2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

▶

\$

3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

▶

\$

4

Did the filing organization fileForm 1120-POL for this year?

☐ Yes

☐ No

5

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) 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-
2				
3				
4				
5				
6				

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat No 50084S Schedule C (Form 990 or 990-EZ) 2015



Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
--	--	--------------------------------

1a

Total lobbying expenditures to influence public opinion (grass roots lobbying)

b

Total lobbying expenditures to influence a legislative body (direct lobbying)

c

Total lobbying expenditures (add lines 1a and 1b)

d

Other exempt purpose expenditures

e

Total exempt purpose expenditures (add lines 1c and 1d)

f

Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g

Grassroots nontaxable amount (enter 25% of line 1f)

h

Subtract line 1g from line 1a. If zero or less, enter -0-

i

Subtract line 1f from line 1c. If zero or less, enter -0-

j

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
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					

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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)	(b)	
	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		
a	Volunteers?		
b	Paid staff or management (include compensation in expenses reported on lines 1c 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 body?		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar 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 501(c)(3)?		
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 section 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 section 501(c)(6).

1	Were substantially all (90% or more) dues received nondeductible by members?		Yes	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			No

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members		
1	76,068		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year		
2a	9,424		
b	Carryover from last year		
2b			
c	Total		
2c	9,424		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		
4			
5	Taxable amount of lobbying and political expenditures (see instructions)		
5	-1,986		

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Return Reference	Explanation
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**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](http://www.irs.gov/form990).**

OMB No 1545-0047

**2015****Open to Public  
Inspection**Name of the organization  
NEVADA TELECOMMUNICATIONS  
ASSOCIATION**Employer identification number**

88-0209315

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES BANK FEES 135 CONVENTION EXPENSES 23,079 INSURANCE 2,188 LOBBYING 350 TRAVEL/MILEAGE 2,287 TELEPHONE/DATA 1,831 OFFICE 1,100 ENTERTAINMENT 360 TOTAL 31,330
FORM 990-EZ, PART II, LINE 24	PREPAID EXPENSES AND DEFERRED CHARGES 1,450 1,100 TOTAL 1,450 1,100
FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 52,538 60,861
FORM 990-EZ, PART III	THE NEVADA TELECOMMUNICATIONS ASSOCIATION WILL SUPPORT ITS MEMBER ORGANIZATIONS THROUGH REGULATORY, LEGISLATIVE AND PUBLIC RELATIONS ADVOCACY THE ASSOCIATION WILL ENHANCE THE COMMUNICATIONS BUSINESS ENVIRONMENT, ADVANCE THE BUSINESS INTERESTS AND PROMOTE THE REPUTATION OF ITS MEMBER ORGANIZATIONS THE ASSOCIATION WILL FOSTER COOPERATION, MUTUAL RESPECT AND UNITY AMONG ITS MEMBERS IN PURSUIT OF THE ASSOCIATION'S GOALS AND OBJECTIVES
FORM 990-EZ, PART III, LINE 29	HOST AN ANNUAL CONFERENCE FOR THE EDUCATION OF ASSOCIATION MEMBERS REGARDING EMERGING TECHNOLOGY, CURRENT LEGISLATIVE AND REGULATORY EVENTS AND OTHER MEMBER INTERESTS ATTENDANCE AT THE ANNUAL CONFERENCE IS APPROXIMATELY 100-125 PERSONS
FORM 990-EZ, PART III, LINE 31	ANNUAL SCHOLARSHIP(S) AWARDED TO HIGH SCHOOL SENIORS IN 2015 FIVE 1,000 SCHOLARSHIPS WERE AWARDED, FOR A TOTAL OF 5,000
FORM 990-EZ, PART V, LINE 34	IN 2015 THE BY-LAWS WERE CHANGED TO REFLECT CHANGES TO NEVADA STATE LAW THE CHANGES REQUIRED THE ORGANIZATION TO REDEFINE THE LIMITS OF ACTIVE AND INDUSTRY MEMBERSHIP ACTIVE MEMBERSHIP IS NO LONGER DEPENDENT UPON BEING A PROVIDER OF LAST RESORT, HOWEVER, AN ACTIVE MEMBER MUST BE AN INCUMBENT LOCAL EXCHANGE CARRIER AS SET FORTH IN THE NEVADA REVISED STATUTES