Form **990-EZ**

Department of the Treasury

For the 2012 calendar year, or tax year beginning

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.

and ending

OMB No. 1545-1150

Open to Public Inspection

В	Check if a	applicable:	C Name of organization			D Employer id	dentification number		
	Address of	change							
	Name cha	ange	Nevada News Bureau, Inc.		27-31	.92716			
	Initial retu	ırn	Number and street (or P.O. box, if mail is not delivered to street address)	oom/suite	E Telephone r	number			
	Terminate	ed	2831 St. Rose Parkway, Suite 299			702-3	324-3176		
	Amended	l return	City or town, state or country, and ZIP + 4			F Group Exe	mption		
	Applicatio	on pending	Henderson NV 89052			Number	>		
G	Accoun	nting Method:	Cash X Accrual Other (specify) ▶		H Che	Check ► if the organization is no			
I	Websit	te: ▶ www	nevadanewsbureau.com		requ	uired to attach S	chedule B		
J	Tax-exe	empt status (ch	eck only one) — X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1	I) or 527	(For	m 990, 990-EZ,	or 990-PF).		
K	Check	▶ if the	organization is not a section 509(a)(3) supporting organization or a section	on 527 organi	zation and its	gross receipts a	ire normally		
	not mo	ore than \$50,0	00. A Form 990-EZ or Form 990 return is not required though Form 990-N	N (e-postcard)	may be requi	ired (see instruc	tions). But if		
	the org	anization choo	oses to file a return, be sure to file a complete return.						
L	Add line	s 5b, 6c, and 7b	o, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	f total assets (Pa	art II,				
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			> \$	163,574		
	art I		ue, Expenses, and Changes in Net Assets or Fund Ba						
			if the organization used Schedule O to respond to any question in				X		
	1		gifts, grants, and similar amounts received				163,574		
	2		vice revenue including government fees and contracts			2	•		
	3	Membership	dues and assessments			3			
	4	Investment in	ncome			4			
	5a			5a			_		
	b		and	5b					
	c		from sale of assets other than inventory (Subtract line 5b from line 5a)			5c			
	6		fundraising events						
ø	а	ū	e from gaming (attach Schedule G if greater than						
'n	l "	\$15,000)		6a					
Revenue	b			of contributions	•				
œ			sing events reported on line 1) (attach Schedule G if the		,				
			7.	6b					
	_		and the second s	6c					
	d		expenses from gaming and fundraising events						
	u					64			
	70		of inventory, less returns and allowances	7a		6d			
	7a			7a 7b					
	b	Grace profit	goods sold or (loss) from sales of inventory (Subtract line 7b from line 7a)			76			
	8								
	1 _	Total revenu	ue (describe in Schedule O) ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				163,574		
	9 10					10	103/3/1		
	11		similar amounts paid (list in Schedule O)			4.4			
			d to or for members			40	130,982		
ses	12		er compensation, and employee benefits				3,866		
ens	13		fees and other payments to independent contractors				1,507		
Expenses	14		rent, utilities, and maintenance		14	52			
_	15		lications, postage, and shipping		40	17,874			
	16		ses (describe in Schedule O)				154,281		
	17	•	ses. Add lines 10 through 16			17			
ts	18		eficit) for the year (Subtract line 17 from line 9)			18	9,293		
Net Assets	19		r fund balances at beginning of year (from line 27, column (A)) (must agre				_2 011		
t À			figure reported on prior year's return)				-2,011		
Š	20		es in net assets or fund balances (explain in Schedule O)			7 202			
	21	Net assets o	r fund balances at end of year. Combine lines 18 through 20			21	7,282		

Form 990-EZ (2012) Nevada News Bureau, 3	inc.	27-31	92716		Page 2
Part II Balance Sheets (see the instructions for Pa	art II)				
Check if the organization used Schedule O to	respond to any	question in this Part II			X
		(A) Be	ginning of year		(B) End of year
22 Cash, savings, and investments			664	22	12,655
23 Land and buildings			0	23	
24 Other assets (describe in Schedule O)			2,413	24	2,229
25 Total assets			3,077	25	14,884
26 Total liabilities (describe in Schedule O)			5,088	26	7,602
27 Net assets or fund balances (line 27 of column (B) must agree	e with line 21)		-2,011	27	7,282
Part III Statement of Program Service Accomp					Expenses
Check if the organization used Schedule O to	respond to any	question in this Part III	X	(Re	quired for section
What is the organization's primary exempt purpose?		•		501	(c)(3) and 501(c)(4)
See Schedule O					anizations and section
Describe the organization's program service accomplishments for ea	ch of its three large	est program services,		494	7(a)(1) trusts; optional
as measured by expenses. In a clear and concise manner, describe	the services provid	ed, the number of		for	others.)
persons benefited, and other relevant information for each program t	itle.				,
28 See Schedule O					
(Grants \$) If this amount includes for				28a	131,364
20	-				
(Grants \$) If this amount includes for				29a	
20			, ,	200	
(Grants \$) If this amount includes for				30a	
31 Other program services (describe in Schedule O)				30a	
(Grants \$) If this amount includes for				31a	
32 Total program service expenses (add lines 28a through 31a)				32	131,364
Part IV List of Officers, Directors, Trustees, and Key En		one even if not compens			
Check if the organization used Schedule O to respo	nd to any question	in this Part IV			
(a) Name and title	(b) Average hours per week	(c) Reportable compensation	(d) Heath ben- contributions to e	efits, mplovee	(e) Estimated amount of
(a) Name and the	devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, deferred comper	and	other compensation
Elizabeth Crum		(ii flot paid, effter -0-)	deletted compet	isalion	
President/Secretary	40.00	46,663		C	o
Trent Seibert	40.00	40,003			, 0
Director	2.00	0		c	0
Karri Vanmeetren	2.00	0			0
Treasurer	2 00	0		c	0
Treasurer	2.00	U			0

27-3192716

Pa	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			
	motification for 1 dit v/ official title digulifization about confound to the quotient in title 1 dit 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	. 33		Х
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)	. 34		Х
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	25-		v
L	activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		X
b	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	. 330		
·		35c		Х
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	. 000		
	during the year? If "Yes," complete applicable parts of Schedule N	36		х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		Х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) 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	401		v
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	. 40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,			
	4055			
d		-		
u	reimburged by the organization			
е	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	40e		х
41	List the states with which a copy of this return is filed ▶ None			ı
42a	The organization's books are in care of ▶ Choice Bookkeeping Telephone no. ▶ 70	2-37	2-0	027
	7231 S. Eastern Avenue, Suite 260			
	Located at ▶ Las Vegas NV ZIP+4 ▶ 89	119		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country:	-		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		х
Ū	If "Yes," enter the name of the foreign country:	420	1	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	=		▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			_
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ			Х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O		 	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b				
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	451		x
	Form 990-EZ (see instructions)	45b	i	1 1

	990-EZ (20		Nevad	da N	lews	Burea	u,	Inc.			27-31	92716				ı	Page 4
46 Pa		Sect All se 50 an	r public office ion 501(c ection 501(c nd 51	e? If "Y c)(3) c c)(3) o	rganiz organiza	nplete Sche zations (ations mus	only st ans	C, Part I	tions 47-	49b an	of or in oppositiond d 52, and composition in this Part VI	olete the tab	oles for line	:S	46	Yes	X
47	Did the o										ct during the tax			Γ		Yes	No
	year? If "	Yes," co	omplete Sch	edule (C, Part II	l									47		Х
48	Is the org	anizatio	on a school a	as desc	cribed in	section 17	'0(b)(1)(A)(ii)? If "`	Yes," com	plete Sc	hedule E				48		X
49a									lated orga	nization?	?				49a		X
50	Complete	this tal		rganiza	ation's fiv	e highest o	compe	nsated emp	oloyees (o	ther thar	n officers, directo on. If there is non	rs, trustees a	nd key	l	49b		
		(a) N	lame and title paid more tha			e		hours p	verage per week to position	co	Reportable ompensation W-2/1099-MISC)	(d) Health contributions benefit plant deferred cor	to employee ans. and	. ,	stimate er com		
N	one																
f			other emplo														
51			ble for the or pensation fr							contracto	ors who each rec	eived more th	an 				
	(a) Nan	ne and a	address of eac	ch indep	pendent c	ontractor pa	id more	e than \$100,0	000		(b) Typ	e of service		(c) (Compe	nsation	n
. No	ne																
d			other indepe					•		▶							
52		-	tion complet				_		-		4947(a)(1))	X	Yes		No
											d statements, and t reparer has any kn		y knowledge a	and beli	ef, it is		
Sigi	,)		ature of officer									nte .					
Her	e 1	E	Elizabe	eth	Crun	Ω					Presider	ıt					

Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check Paid self-employed 07/19/13 Katie Hampton P00292787 Houldsworth, Russo & Company, P.C. Preparer 88-0374623 Firm's name ▶ Firm's EIN ▶ **Use Only** 8675 S Eastern Ave Ste A Firm's address ▶ 89123-2839 Las Vegas, NV 702-269-9992 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Form **990-EZ** (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

			Nevada News	Bureau, In	nc.					27-	319	2716	5		
Pa	ırt l	Reas	on for Public Charity	Status (All orga	nizations ı	must co	mplete t	this pa	rt.) Se	e instr	uctions	S.			
he o	orgar	nization is not a	a private foundation because	it is: (For lines 1 thro	ough 11, che	ck only or	ne box.)								
1		A church, cor	nvention of churches, or asso	ciation of churches of	described in	section 1	70(b)(1)(A)(i).							
2		A school desc	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedu	ıle E.)										
3		A hospital or	a cooperative hospital service	e organization descri	bed in secti	on 170(b)	(1)(A)(iii)								
4		A medical res	search organization operated	in conjunction with a	hospital des	scribed in	section 1	70(b)(1)(A)(iii).	Enter th	ne hospi	ital's na	me,		
		city, and state	9:												
5		An organizati	on operated for the benefit of	a college or univers	ity owned or	operated	by a gove	ernmenta	al unit de	scribed	in				
		•		•	wiland in ann	4:an 170/	L\/4\/ A\/.	۸							
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10	Н	Ü					•	, , ,							
11		•	•	-	-				-		4!				
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.														
		<u> </u>			•			1	—ĭ			II !:	-44		
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е	Ш														
				than one of more po	ablicly Suppo	irted organ	iizalioris (rescribed	J III SECI	1011 509	(a)(1)				
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f				mination from the ix	S that it is a	туре і, ту	pe II, or I	ype iii s	upportin	9					
		•													
g				on accepted any gift	or contribution	on nom ar	ly of the								
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		. ,	· ·	***									11g(III)		L
<u>n</u>	None					(iv) Is the s	rannization	(v) Did v	rou potifu	(vi)	le the	(.di)	A		
(I)			(II) EIN				-					(VII)			ary
				above or IRC se	ection		-		-						
				(see instruction	ons))	Vos	No								
۸١						163	140	163	140	163	140				
A)															
B)															
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C)															
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D)															
-,															
E)															
-,															
	described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (i) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1). See section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11th. a Type I b Type II c Type IIII Functionally integrated d Type IIII-nucrionally integrated by checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type III, or Type IIII supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A family member of a person described in (i) above? (iii) below, the governing body of the supported organization? (iii) below, the governing body of the supported organization (secribed on lines 1-9 show or IEC accident (secribed on lines 1-9 show or IEC acci														
-oto															

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Nevada News Bureau, Inc.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			67,624	206,428	163,574	437,626
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			67,624	206,428	163,574	437,626
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						417,345
<u>6</u> Sec	Public support. Subtract line 5 from line 4.						20,281
	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounta from line 4	(4) 2000	(3) 2000	67,624	206,428	163,574	437,626
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			07,021	2007120	103/3/1	137,020
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
1	Total support. Add lines 7 through 10						437,626
2	Gross receipts from related activities, etc. (s	see instructions)				12	
3 Sec	First five years. If the Form 990 is for the organization, check this box and stop here stion C. Computation of Public Su	organization's first,	second, third, fourt		a section 501(c)(3	3)	X
14	Public support percentage for 2012 (line 6, o			(f))		14	%
5	Public support percentage from 2011 Sched						%
6a	33 1/3% support test—2012. If the organiz						,,
	box and stop here. The organization qualifi						•
b	33 1/3% support test—2011. If the organiz		• •				
	check this box and stop here. The organiza			araanization			•
7a	10%-facts-and-circumstances test—201	•					
	10% or more, and if the organization meets	-					
	Part IV how the organization meets the "fact						
b	organization 10%-facts-and-circumstances test—201						▶ □
	15 is 10% or more, and if the organization m	neets the "facts-an	d-circumstances" te	est, check this box a	nd stop here.		
	Explain in Part IV how the organization mee	ts the "facts-and-c	ircumstances" test.	The organization qu	alifies as a publicly	/	
	supported organization						> _
8	Private foundation. If the organization did						_
	instructions						•

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete o	nly if you ched	cked the box on	line 9 of Part I	or if the organization	n failed to qualify ι	under Part II.
If the organize	ration fails to	gualify under the	e tests listed b	elow, please comple	ete Part II.)	

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b Public support (Subtract line 7c from						
•	line 6.)						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
l0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
3	Total support. (Add lines 9, 10c, 11, and 12.)						
4	First five years. If the Form 990 is for the o	rganization's first,	second, third, fourt	h, or fifth tax year a	s a section 501(c)	(3)	
	organization, check this box and stop here			· · · · · · · · · · · · · · · · · · ·			▶ □
Sec	tion C. Computation of Public Su		_				
5	Public support percentage for 2012 (line 8, o						%
6	Public support percentage from 2011 Scheo					16	%
	tion D. Computation of Investmer			1 (0)		l .	
7	Investment income percentage for 2012 (lin		P 4-				
18 100	Investment income percentage from 2011 S						%_
9a	33 1/3% support tests—2012. If the organ 17 is not more than 33 1/3%, check this box						▶ □
b	33 1/3% support tests—2011. If the organ						
	line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did						

Schedule A (Fo	orm 990 or 990-EZ) 2012	Nevada Ne	ews Bureau	, Inc.	27-3192716	Page 4
Part IV	Supplemental Info	rmation. Comp	lete this part to p	rovide the explanati	ons required by Part II, line 10; any additional information. (See	
• • • • • • • • • • • • • • • • • • • •						
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

2012

27-3192716 Nevada News Bureau, Inc. Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year **>** \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<u>Schedule B (Form 990, 990-EZ, or 990-PF) (2012)</u>
Page **1** of **1** of **Part I**

Name of organization
Nevada News Bureau, Inc

Employer identification number 27-3192716

Part I	Contributors (see instructions). Use duplicate copies of Pa	irt I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Franklin Center 127 S. Peyton Street Suite 200 Alexandria VA 22314	\$ 162,851	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
• • • • • • • • • • • • • • • • • • • •		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE O (Form 990 or 990-EZ)

orm 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.

OMB No. 1545-0047

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Nevada News Bureau, Inc.

Employer identification number 27-3192716

Form 990-EZ, Part I, Line 16 - Ot	her Exp	penses			
Description		Amount			
Expenses					
Advertising	\$	474			
Telephone	\$	4,927			
Bank fees	\$	34			
Office supplies	\$	655			
Computer & website	\$	561			
Air & Ground	\$	2,952			
Entertainment and meals	\$	1,284			
Hotel	\$	3,479			
Conference, training, meeting	\$	640			
Worker's compensation	\$	521			
Bussiness Meals & Ent	\$	1,390			
Dues, memberships	\$	150			
Domain names	\$	197			
Non-investment Depreciation	\$	610			
Tot	al \$	17,874			
Form 990-EZ, Part II, Line 24 - C	ther As	ssets			
Description		Beg	. of Year	End o	f Year
		\$	3,207	\$	3,632
Less Accumulated Depreciation		\$	794	\$	1,403
		Total \$	2,413	\$	2,229

Schedule O (Form 990 or 990-EZ) (2012) Employer identification number Name of the organization 27-3192716 Nevada News Bureau, Inc. Form 990-EZ, Part II, Line 26 - Other Liabilities Beg. of Year End of Year Description 7,602 Accounts Payable and Accrued Expenses \$ 88 \$ Deferred Revenue \$ 5,000 \$ 0 Form 990-EZ, Part III - Primary Exempt Purpose The Nevada News Bureau (NNB) is an independent, non-partisan news service covering government and politics in Nevada. We endorse the Code of Ethics of the Society of Professional Journalists. We do not advocate for or against candidates or legislation, and we strive to provide fair and accurate reporting, including: - Testing the accuracy of information from all sources, exercising care to avoid inadvertent error and correcting errors quickly. - Diligently seeking out subjects of news stories to give them the opportunity to explain themselves and/or respond to allegations of wrongdoing. - Identifying sources whenever feasible. - Making certain that headlines, news teases, photos, video, audio, graphics, sound bites and quotations do not misrepresent, oversimplify or highlight incidents out of context. Avoiding oversimplification and/or stereotyping by race, gender, age, religion, ethnicity, geography, sexual orientation, disability, physical appearance or social status. - Supporting the open, public exchange of different views. - Avoiding conflicts of interest, real or perceived. - Remaining free of associations and activities that may compromise

integrity or damage credibility.

Schedule O (Form 990 or 990-EZ) (2012) Page 2 Name of the organization Employer identification number Nevada News Bureau, Inc. 27-3192716 - Refusing gifts, favors, fees, free travel and special treatment, and shunning secondary employment, political involvement, public office and/or service in community organizations if they compromise journalistic integrity. - Denying favored treatment to special interests and resisting their pressure to influence news coverage. - Disclosing unavoidable conflicts. Form 990-EZ, Part III, Line 28 - First Accomplishment In 2012, Nevada News Bureau successfully fulfilled its mission to provide unbiased, non-partisan statehouse and political reporting to the public and other media outlets through the web publication and email distribution of five to fifteen original stories per week, often including supplemental audio and video content. Our website served as a trusted resource for readers and journalists around the state of Nevada.

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172
2012

Name(s) shown on return

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No. 179

Identifying number

Nevada News Bureau, Inc. 27-3192716 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 2 2,000,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 12 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 15 558 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2012 52 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction placed in period only-see instructions) 3-year property 19a 5-year property 7-year property 10-year property 15-year property 20-year property S/I 25-year property 25 yrs. Residential rental 27.5 yrs. S/L property ΜМ S/L 27.5 yrs. MM Nonresidential real 39 yrs. S/L property MM S/L Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L MM 40 yrs. S/L 40-year **Summary** (See instructions.) Part IV Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 610 and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

27-3192716 FYE: 12/31/2012

Federal Statements

7/19/2013 12:41 PM

Form 990-EZ General Footnote

Description

Tax exempt status has not been granted by the IRS at the time of filing. The return is being submitted as a 990 pending approval as a 501c3 organization.

27-3192716 FYE: 12/31/2012 Federal Asset Report Form 990, Page 1 07/19/2013 12:41 PM

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
	MACRS: Camcorder	9/01/10 _	599 599	Х .	299 299	7 HY 200DB	416 416	52 52
2 3	Depreciation: Cannon 60D Camera Cameta Camera HP Office Jet Total Other Depreciation	4/01/11 4/18/11 7/18/12	1,809 798 426 3,033	-	1,809 798 426 3,033	5 MO S/L 5 MO S/L 5 MO S/L	271 106 0 377	362 160 36 558
	Total ACRS and Other Depre	ciation _	3,033	=	3,033		377	558
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense Net Grand Totals	ers 	3,632 0 0 3,632		3,332 0 0 3,332		793 0 0 793	610 0 0 610

27-3192716 FYE: 12/31/2012

AMT Asset Report Form 990, Page 1

07/19/2013 12:41 PM

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
	AACRS: Camcorder	9/01/10 _	599 599	X _	299 299	7 HY 200DB	416 416	52 52
2 3	Depreciation: Cannon 60D Camera Cameta Camera HP Office Jet Total Other Depreciation	4/01/11 4/18/11 7/18/12	0 0 0 0	- -	0 0 0	0 HY 0 HY 0 HY	0 0 0 0	0 0 0 0
Total ACRS and Other Depreciation		ciation _	0	=	0		0	0
	Grand Totals Less: Dispositions and Transfe Net Grand Totals	ers	599 0 599	- -	299 0 299		416 0 416	52 0 52

8701 Nevada News Bureau, Inc.
Bonus Depreciation Report

07/19/2013 12:41 PM

FYE: 12/31/2012

Asset	Property Description form 990, Page 1	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
	ncorder	9/01/10 _ Form 990, Page 1 _	599 599		0 0	0	300 300	299 299
		Grand Total	599		0	0	300	299

8701 Nevada News Bureau, Inc.
27-3192716 Depreciation Adjustment Report
All Business Activities 07/19/2013 12:41 PM

<u>Form</u>	Unit .	Asset	Description	Tax	AMT	AMT Adjustments/ <u>Preferences</u>
MACRS	S Adjus	stments:				
Page 1	1	1	Camcorder	52	52	0
				52	52	0

07/19/2013 12:41 PM **FYE: 12/31/13**

8701 Nevada News Bureau, Inc.
27-3192716 Future Depreciation Report
Form 990, Page 1

<u>Asset</u>	Description	Date In Service	Cost	Tax	AMT
Prior M	IACRS:				
1	Camcorder	9/01/10	599 599	37 37	37 37
Other I	Depreciation:				
2 3 4	Cannon 60D Camera Cameta Camera HP Office Jet Total Other Depreciation	4/01/11 4/18/11 7/18/12	1,809 798 426 3,033	362 160 85 607	0 0 0 0
	Total ACRS and Other Depreciation		3,033	607	0
	Grand Totals		3,632	644	37

8701 Nevada News Bureau, Inc. 7/19/2013 12:41 PM **Federal Statements**

27-3192716

FYE: 12/31/2012

Schedule A, Part II, Line 1(e)

Description	 Amount
Other	\$ 723
Citizen Outreach Foundation	
Camcorder	
Franklin Center	
Cash Contribution	162,851
Total	\$ 163,574

27-3192716 FYE: 12/31/2012

Federal Statements

7/19/2013 12:41 PM

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	 Total	Excess		
Franklin Center Citizen Outreach Foundation	\$ 384,851 50,000	\$	376,098 41,247	
Total	\$ 434,851	\$	417,345	