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 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

2010

Open to Public Inspection

Α	For the	e 2010 calend	dar year, or tax year beginning , and ending			
В	Check if	f applicable:	C Name of organization		D Employe	er identification number
	Address	s change				
	Name c	hange	Nevada News Bureau, Inc.		27-3	3192716
X	Initial re	turn	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephor	
	Termina	ated	2831 St. Rose Parkway	199	702	-324-3176
Щ	Amende	ed return	City or town, state or country, and ZIP + 4	ł	F Group E	Exemption
	Applicat	tion pending	Henderson NV 89052		Number	· >
G		ting Method:	Cash X Accrual Other (specify) ▶	H Check ▶	if the or	ganization is not
I			w.nevadanewsbureau.com	required to	attach Sched	lule B
<u>J</u>	Tax-exe		neck only one) — X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		, 990-EZ, or 9	90-PF).
K	Check	if the o	organization is not a section 509(a)(3) supporting organization and its gross receipts are normally	not more than \$	50,000. A	
	Form 99	90-EZ or Form 9	90 return is not required though Form 990-N (e-postcard) may be required (see instructions). Bu	t if the organizatio	n chooses	
	to file a	return, be sure	to file a complete return.			
L	Add line	es 5b, 6c, and 7	o, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,		
2000			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			67,624
	art I		ue, Expenses, and Changes in Net Assets or Fund Balances (s			
	T		if the organization used Schedule O to respond to any question in this Part	<u> </u>		X
	1		gifts, grants, and similar amounts received			67,624
	2	Program se	vice revenue including government fees and contracts dues and assessments		. 2	
	3	Membership	. 3			
	4		ncome		. 4	
	5a		nt from sale of assets other than inventory 5a			
	b		r other basis and sales expenses 5b			
	C		from sale of assets other than inventory (Subtract line 5b from line 5a)		. 5c	
a	6	_	fundraising events			
ž	а		ne from gaming (attach Schedule G if greater than			
Revenue		\$15,000)				
ď	b		ne from fundraising events (not including \$ of contributions of con	ns		
			sing events reported on line 1) (attach Schedule G if the			
			gross income and contributions exceeds \$15,000) 6b			
	C		expenses from gaming and fundraising events 6c			
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		0-1	
	70	line 6c)	of inventory loss returns and alloweness		. 6d	
	7a		of inventory, less returns and allowances 7a 7b			
	b		f goods sold		70	
	C	Other reven	var / de a partir a tra Carla anti-tra CN			
	9		ue (describe in Schedule 0) ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. 8 9	67,624
_	10	Grants and	similar amounts paid (list in Schedule O)			01,021
	11	Renefits nai				
	40		d to or for members ner compensation, and employee benefits			54,271
ses	13	Professiona	I fees and other payments to independent contractors		13	5,764
Expenses	. 14	Occupancy	rent, utilities, and maintenance		14	717
Ä	15	Printing pul	olications, postage, and shipping		15	176
	16	Other exper				3,996
	17		ises (describe in Schedule O) ises. Add lines 10 through 16		▶ 17	64,924
	18		deficit) for the year (Subtract line 17 from line 9)	<i> </i>		2,700
ets			or fund balances at beginning of year (from line 27, column (A)) (must agree with		·	
Assets			figure reported on prior year's return)		19	
Net A	20		ges in net assets or fund balances (explain in Schedule O)			
Ź	21		or fund halances at and of year. Combine lines 19 through 20		21	2 700

P	Other Information (Note the 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 activity not previously reported to the IRS? If "Yes," provide a detailed		163	140
	description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attached 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		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on lines 2, 6a, and 7a (among others), but not reported on lines 2, 6a, and 7a (among others).	ported		
	on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		1	1
а	• • • • • • • • • • • • • • • • • • • •			
	501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	, , , , , , , , , , , , , , , , , , , ,	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
270	during the year? If "Yes," complete applicable parts of Schedule N			X
37a b	Did the organization file Form 1120 POL for this year?	27h		X
38a		37b	1	
oou	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X	40000000
b		150	1	
39	Section 501(c)(7) organizations. Enter:			
а				
b				
40a				
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	-			
	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	40b		X
С				
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	()() () () () ()			
	reimbursed by the organization			
е				77
44	transaction? If "Yes," complete Form 8886-T			X
41 42a	List the states with which a copy of this return is filed. ► None The organization's books are in care of ► Choice Bookkeeping Telep	phone no. ▶ 702-35	72 - (1027
42a	7231 S. Eastern Ave #260	mone no. P	'. 	, , , , ,
	Located at ► Las Vegas NV	ZIP + 4 ▶ 89119		
b		ZII - 7		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	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	, , , , , , , , , , , , , , , , , , , ,	42c		X
	If "Yes," enter the name of the foreign country: ▶			,
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	43		
				1
	Did the control of th	F0000000	Yes	No
44a	3 J.		1	1 77
l.	completed instead of Form 990-EZ		1	X
b	J , , , , , , , , , , , , , , , , , , ,		1	v
	completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?			X
c d		44c		+
u	explanation in Schedule O	44d		
	experience in contoure o			

Form	990-E	Z (2010)	Neva	la New	s Burea	u, I	inc.		27	-319271	.6				Р	age 4
															Yes	No
45			_				ion within the me	_						45		X
а		-					any transaction w dule R may need									
		-	ee instructio	· loan			-							45a	50000000000	X
46		,					campaign activitie									
		didates fo	r public offic	e? If "Yes,"	complete Sch	edule C	C, Part I							46		Х
Pa	rt VI						ection 4947(a)							ection		
		•) nonexempt ch	arita	ble trusts mu	ust answer qu	ıest	tions 47	-49b			
				•	tables for line				atta a ta data m	2(2/1						
		Cnec	K IT the org	anization t	isea Scheaule	e O to	respond to any	ques	stion in this F	Paπ VI					Yes	No
47	Did th	e organiza	ation engage	in lobbying	activities? If "	Yes " co	omplete Schedule	- C F	Part II					47	162	X
48	Is the	organizati	on a school	as describe	ed in section 17	70(b)(1)	(A)(ii)? If "Yes," o	compl	ete Schedule	E				48		X
49a	Did th	e organiza	ation make a	ny transfer	s to an exempt	non-ch	aritable related o	rgani:	zation?				* * * * * * *	49a		X
b					section 527 org		inm?							49b		
50							nsated employee:						кеу			
	emplo	yees) who	each recei	ved more th	an \$100,000 o	f comp	ensation from the						tributions to	(2)		
		(a)	Name and ac	dress of eacl than \$100,0	n employee paid r	more		h	Title and average ours per week	(c) Compensat	ion	employee t	enefit plans &	ac	Expen count a	nd
				tilali \$100,0				de	evoted to position			deferred c	ompensation	other	allowa	nces
None	.						* * * * * * * * * * * * * * * * * * * *									
		* * * * * * * * * * * * * * * * * * * *														
				<i></i>												
f	Total	number of	other emplo	oyees paid	over \$100,000			1	>	1				L		
51	Comp	lete this ta	able for the o	organization	's five highest		nsated independe		ntractors who	each received	d m	ore than				
							one, enter "None	."	T					•		
	<u>`</u>	Name and	d address of e	ach independ	lent contractor pa	id more	than \$100,000		(b)	Type of service			(c) C	ompen	sation	
. No	ņe															
			·	· · · · · · · · · · · · · · · · · · ·	,,,,,											
						,	* * * * * * * * * * * * * * * * * * * *									
	Total	number of	other indep	endent con	tractors each re	eceivin	g over \$100,000		<u> </u>							
52							501(c)(3) organiz	zation	ns and 4947(a)(1)						
		-	-				ıle A		•				▶ X	Yes		No
							accompanying sch					my knowle	dge and be	lief, it is		
true, c	correct, a	and complet	te. Declaration	or preparer (other than officer) is base	ed on all information	of wh	icn preparer nas	s any knowledge.				····		
Sign	,	Sign	nature of office						***************************************	Date						
Here			Elizabe		um				Pres	ident						
_		 	e or print name													
		Print/Type	preparer's na	me		Pre	parer's signature				ate	(Check i	f PTIN	1	
Paid	l	Dianna	Russo							1	L1/6	į.	self-employe	-	29278	36
Prep	arer	Firm's nar		<u>loulds</u>	worth,	Russ	so & Comp	any	y, P.C.			Firm's EIN	~ ~	-03		
Use	Only	Firm's add					re Ste A									
		<u></u>			gas, NV		9123-2839					Phone no	702-	269	-99	92
May	the IRS	S discuss	this return w	ith the prep	arer shown ab	ove? S	ee instructions							Y	es	No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

2010

Open to Public Inspection

lame	of the organization		Bureau, Inc.							ntification 2716	numbe	er	
Pa	irt I Reas		Status (All organizations	s must o	complet	e this	part.)						
			se it is: (For lines 1 through 11,										
1	A church, co	nvention of churches, or ass	ociation of churches described	in sectio r	n 170(b)(1)(A)(i).							
2		scribed in section 170(b)(1)(,,,,,							
3			ce organization described in se	ction 170	(b)(1)(A)(iii).							
4	processing to the same of the		d in conjunction with a hospital				(1)(A)(i	ii). Ente	r the ho	spital's na	me.		
	city, and stat	to:						•		•	,		
5	An organizat	ion operated for the benefit	of a college or university owned				ntal uni	t descri	bed in				
		(b)(1)(A)(iv). (Complete Part	·										
6	===		overnmental unit described in s										
7	-		substantial part of its support fr	om a gove	ernmenta	l unit or f	rom the	genera	I public				
		section 170(b)(1)(A)(vi). (Co											
8			170(b)(1)(A)(vi). (Complete Par										
9			1) more than 33 1/3% of its sup					-	-	SS			
	•		npt functions—subject to certain	•	•	*							
		-	nd unrelated business taxable in	,			() from b	ousiness	ses				
			0, 1975. See section 509(a)(2)										
10	_	=	exclusively to test for public saf	-									
11		•	exclusively for the benefit of, to	•			•						
			ed organizations described in s					*	section				
			he type of supporting organizat			ſ							
	a Type		c Type III–Function			d	noneman .	e III–Ot					
е			panization is not controlled direct										
			er than one or more publicly sup	oported or	ganizatioi	ns descr	ibea in s	section	509(a)(1	1)			
	or section 50	. , , ,	and the state of the state of the state of	- 	T 11								
f	-		ermination from the IRS that it is	sa Type I,	i ype ii,	or Type	III suppo	orting				ĺ	
	-	, check this box										!	
g			tion accepted any gift or contrib	oution from	i any or tr	ie							
	following pe					Mara at the 1					[₃		
		•	ontrols, either alone or together			,	,				_	es	No
			supported organization?							1			
		member of a person describ									g(ii)		
											g(iii)		
h (i) h	Name of supported		he supported organization(s).	(5.1) In the		(A) Did.		/		(.!!\	•		
(1)	organization	(ii) EIN	(iii) Type of organization (described on lines 1–9	1 ' '	organization sted in your	(v) Did y the orgar	ization in		s the ion in col.		Amoun support	t or	
	-		above or IRC section		document?	col. (i)		(i) organi	zed in the S.?				
			(see instructions))	Yes	No	sup; Yes	No.	Yes	No No				
A)				103	110	163	NO	163	110		·		
~ j													
B)													
υ,													
C)			***************************************										
٠,													
D)				1						Annius			
٥,													
E)								-					
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						9964000000000000	000000000000000000000000000000000000000		525000000000000000000000000000000000000				

Schedule A (Form 990 or 990-EZ) 2010 Nevada News Bureau, Inc. 27-3192716

Part II 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							
	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010)	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					67	,624	67,624
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	67,624
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)							64,296
6	Public support. Subtract line 5 from line 4							3,328
	tion B. Total Support			ı				
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010)	(f) Total
7	Amounts from line 4					67	,624	67,624
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10							67,624
12	Gross receipts from related activities, etc.	(see instructions)	*******		*****	<u> </u>	12	
13	First five years. If the Form 990 is for the	organization's first	, second, third, fo	urth, or fifth tax ye	ar as a section 501	(c)(3)		
	organization, check this box and stop her	e			<u> </u>			▶ X
Sec	tion C. Computation of Public S	upport Percen	tage					
14	Public support percentage for 2010 (line 6	3, column (f) divide	d by line 11, colum	nn (f))			14	%%
15	Public support percentage from 2009 Sch	edule A, Part II, lin	e 14		*************	L	15	%
16a	33 1/3% support test—2010. If the organ	ization did not che	ck the box on line	13, and line 14 is	33 1/3% or more, c	heck this		
	box and stop here. The organization qual	ifies as a publicly s	supported organiza	ition		* * * * * * * * * * * * * *		> 🗌
b	33 1/3% support test—2009. If the organ	ization did not che	ck a box on line 13	or 16a, and line	15 is 33 1/3% or mo	ore,		
	check this box and stop here. The organi	zation qualifies as	a publicly supporte	ed organization		<i>.</i>		
17a	10%-facts-and-circumstances test—201	If the organizati	on did not check a	box on line 13, 10	6a, or 16b, and line	14 is		
	10% or more, and if the organization mee	ts the "facts-and-ci	rcumstances" test	, check this box a	nd stop here. Expla	ain in		
	Part IV how the organization meets the "fa organization							>
b	10%-facts-and-circumstances test—200							
	15 is 10% or more, and if the organization	meets the "facts-a	and-circumstances	" test, check this l	box and stop here .			
	Explain in Part IV how the organization me	eets the "facts-and	-circumstances" te	est. The organizati	ion qualifies as a pu	ublicly		
	supported organization			-		-		▶ □
18	Private foundation. If the organization did	d not check a box o	on line 13, 16a, 16	b, 17a, or 17b, ch	eck this box and se	e		· · · · · · · · · · · · · · · · · · ·
	instructions							

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support					· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.) tion B. Total Support						
		-			-		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	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						
11	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.)					The state of the s	
13	Total support. (Add lines 9, 10c, 11,				-		
	and 12.)						
14	First five years. If the Form 990 is for the	-		•		. , . ,	
<u> </u>	organization, check this box and stop her						
	tion C. Computation of Public St						
15	Public support percentage for 2010 (line 8	3, column (f) divide	d by line 13, colur	nn (f))		15	<u>%</u>
16 Soc	Public support percentage from 2009 Sch tion D. Computation of Investme					16	%%
) actions (f))		17	0/
17 18	Investment income percentage for 2010 (Investment income percentage from 2009					1 1	<u>%</u>
16 19a	33 1/3% support tests—2010. If the orga				more than 33 1/3		70
ıJd	17 is not more than 33 1/3%, check this b						>
b	33 1/3% support tests—2009. If the orga						
J	line 18 is not more than 33 1/3%, check the						>
20	Private foundation. If the organization did						

Schedule A (F	orm 990 or 990-EZ) 2010	Nevada N	<u>News Burea</u>	u, Inc.	27-3	192716 Page
Part IV	Supplemental Info Part II, line 17a or instructions).	ormation. Com 17b; and Part	nplete this part t III, line 12. Also	o provide the ex complete this p	27 - 3 planations required b art for any additional	y Part II, line 10; information. (See
				• • • • • • • • • • • • • • • • • • • •		
				• • • • • • • • • • • • • • • • • • • •		
				• • • • • • • • • • • • • • • • • • • •		
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			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990, 990-EZ, or 990-PF.

Name of the organization Employer identification number

Nevada News Bureau, Inc. 27-3192716

Organization type (check	k 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	
	in is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See	
X For an organization	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or ny one contributor. Complete Parts I and II.	
Special Rules		
sections 509(a)(1	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the .000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts	
the year, aggrega	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during ate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or losses, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.	
the year, contribu aggregate to more year for an exclus applies to this org	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during utions for use exclusively for religious, charitable, etc., purposes, but these contributions did not re than \$1,000. If this box is checked, enter here the total contributions that were received during the sively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule ganization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more	
990-EZ, or 990-PF), but it	n that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 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 f, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Page 1 of 1 of Part I

Name of organization

Newada News Bureau. The

Employer identification number

27-3192716 Nevada News Bureau, Inc. Part I Contributors (see instructions) (a) (c) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 1 Citizen Outreach Foundation X Person 1817 Alpine Street Payroll X 50,599 Noncash Carson City NV 89703-2334 (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Franklin Center 2 X Person 127 S. Peyton Street Payroli Suite 200 17,000 Noncash Alexandria (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (c) (d) (a) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) (a) (b) (c) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

8701 11/04/2011 9:01 AM Schedule B (Form 990, 990-EZ, or 990-PF) (2010) Page 1 of 1 of Part II Name of organization Employer identification number Nevada News Bureau, Inc. 27-3192716 Part II Noncash Property (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) Camcorder 1 599 09/01/10 (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)

\$

SCHEDULE L

Part I

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. See separate instructions. OMB No. 1545-0047

Open To Public Inspection Employer identification number

Name of the organization

Nevada News Bureau, Inc. 27-3192716 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b,

4	(a) Name of disqualified person	(b) Description of transaction	Yes Yes	rrected?
	(a) Name of disqualified person	(b) Description of transaction	Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
	Enter the amount of tax imposed on the organization managers or disqualified	d persons during the year		

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

(a) Name of interested person and purpose	or fro	m the	(c) Original principal amount	(d) Balance due	(e) In	default?	by bo	ard or	agreer	ment
	То	or from the principal amount by board or organization?	Yes	No						
Elizabeth Crum										
1)General expenses		Х	150	150		Х	Х			X
2)										
(3)				ANALYSIS CONTRACTOR OF THE PROPERTY OF THE PRO						
4)										
5)				1/8/10/2-1						
6)							***************************************			
7)										
8)										
9)				***************************************						
0)										

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Schedule L (F	form 990 or 990-EZ) 2010				Pag	ge 2						
Part IV	Business Transactions Involving Interested Persons.											
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 28	a, 28b, or 28c.									
	(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	(e) Sh	aring						
		interested person and the organization	transaction		of o							
		Organization			Yes	No						
(1)					+							
(2)												
(3)												
(4)												
(5)												
(6) (7)												
(8)												
(9)												
(10)												
Part V	Supplemental Information				L	w						
	Complete this part to provide additional inform	nation for responses to questi	ons on Schedule L (s	ee instructions).								
·												

	***************************************		The state of the s									
				AMOUNTAIN								
annue i												

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 2010

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization Employer identification number Nevada News Bureau, Inc. 27-3192716 Form 990-EZ, Part I, Line 16 - Other Expenses Description Amount Expenses Equipment rental 108 Telephone 1,215 Travel 1,002 Worker's compensation 400 Meals and entertainment 1,246 Records fees 25 Total \$ 3,996 Form 990-EZ, Part II, Line 24 - Other Assets Description Beg. of Year End of Year Camcorder 0 \$ 599 Less Accumulated Depreciation 0 \$ 342 Receivables Due from Officers 0 \$ 150 Total \$ 0 \$ 407 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:

Name of the organization Nevada News Bureau, Inc.	Employer identification number 27 – 3192716
	1 2 2 2 2 2 2
- Testing the accuracy of information from all source avoid inadvertent error and correcting errors quick	
- Diligently seeking out subjects of news stories to	o give them the
opportunity to explain themselves and/or respond to wrongdoing.	allegations of
- Identifying sources whenever feasible.	
- Making certain that headlines, news teases, photos	s, video, audio,
graphics, sound bites and quotations do not misrepre	esent, oversimplify or
highlight incidents out of context.	
- Avoiding oversimplification and/or stereotyping by	y race, gender, age,
religion, ethnicity, geography, sexual orientation, appearance or social status.	disability, physical
	•
- Supporting the open, public exchange of different	views.
- Avoiding conflicts of interest, real or perceived	•
- Remaining free of associations and activities tha	t may compromise
integrity or damage credibility.	
- Refusing gifts, favors, fees, free travel and spec	cial treatment, and
shunning secondary employment, political involvement	t, public office and/or

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization Nevada News Bureau, Inc.	Employer identification number 27 - 3192716
service in community organizations if they compromise jo	ournalistic
integrity.	
- Denying favored treatment to special interests and res	sisting their
pressure to influence news coverage.	
- Disclosing unavoidable conflicts.	
Form 990-EZ, Part III, Line 28 - First Achievement	
In 2010, Nevada News Bureau successfully fulfilled its I	mission to provide
unbiased, non-partisan statehouse and political reporting	ng to the public and
other media outlets through the web publication and ema	il distribution of
five to fifteen original stories per week, often includ	ing supplemental
audio and video content. Our website served as a trusted	d resource for
readers and journalists around the state of Nevada.	
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Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

▶ See separate instructions.

Attach to your tax return.

Name(s) shown on return Nevada News Bureau, Inc.						Identifying number 27 – 3192716			
Busin	ess or activi	ty to which this form relat			3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				
I	ndire	ct Deprecia	ation						
Pa	ırt I	Election To Exp	ense Certain Prop	erty Under Section	on 179				
		Note: If you hav	<u>re any listed proper</u>	ty, complete Part	V before yo	u complete	Part I.		
1		n amount (see instruc						1	500,000
2	Total cos	t of section 179 prope	erty placed in service (se	e instructions)				2	
3			property before reductior		ructions)			3	2,000,000
4			ct line 3 from line 2. If ze					4	
_5	Dollar limit		ct line 4 from line 1. If zero o	r less, enter -0 If married	filing separately,	see instructions		5	
_6		(a) Descri	ption of property	(b)	Cost (business us	e only)	(c) Elected cos	t	
7		operty. Enter the amo				7			
8			79 property. Add amount		and 7			8	
9			smaller of line 5 or line					9	
10	Carryove	r of disallowed deduct	tion from line 13 of your	2009 Form 4562				10	
11	Business	income limitation. En	nter the smaller of busine	ss income (not less th	an zero) or line	5 (see instruc	ctions)	11	
12			n. Add lines 9 and 10, bu			1 1		12	
13			tion to 2011. Add lines 9		<u></u>	13			
******	CONTRACTOR OF THE PARTY OF THE		elow for listed property. In						
	irt II		iation Allowance a				listed prop	erty.	(See instructions)
14			e for qualified property (o	, ,					200
		e tax year (see instruc						14	300
15	Property	subject to section 168	B(f)(1) election					15	
16			CRS)					16	
- P c	irt III	WACKS Deprec	iation (Do not inclu	ide listed propert Section		uctions.)			
47	MACDO	doductions for seconds						T	1
17 40			placed in service in tax y					17	0
18	if you are e		ets placed in service during t B—Assets Placed in Ser					vetem	
		Occilon E	(b) Month and year	(c) Basis for depreciation		1	preciation 3	ystem	I
	(a) Clas	ssification of property placed in (but		(business/investment u	se (a) redoctory	(e) Conventi	Convention (f) Me		(g) Depreciation deduction
 19a	2 voor n	uranartu.	service	only-see instructions)	poriod				
b	3-year p 5-year p		-						
	7-year p			2	99 7.0	НУ	200	DB	42
	10-year p	· · · · · · · · · · · · · · · · · · ·			7.0	11.1	200	מענ	74
	15-year p								
_	20-year p		\dashv						
<u>'</u> a	25-year p				25		S/I		
	Residenti				25 yrs. 27.5 yrs.	N 4 N 4	S/I		
"	property	ai rentai				MM			
i		ontial roal			27.5 yrs.	MM MM	S/I		
•	property								
	112	Section C-	-Assets Placed in Serv	ice During 2010 Tay \	/ear Using the	MM Alternative D	S/L		1
 20a	Class life		, iootio i iaota iii ooji	Joe Darring Lotte Tax	lear coming the	- Itemative B			
<u>200</u> b	12-year				12 yrs.		S/I		
	40-year	Printed the state of the state				MM	S/I		
	irt IV	Summary (See	instructions \		40 yrs.	IVIIVI	3/1		<u> </u>
21		operty. Enter amount				7.70.1		21	
22			12, lines 14 through 17, li		mn (a) and line			41	
			your return. Partnership					22	342
23			laced in service during the			<u> </u>		1 22	JTA
		the hasis attributable	•	ourroint your, ontor		22			

Forms 990 / 990-PF

Receivables Due from Officers, Directors, Trustees, and Key Employees For calendar year 2010, or tax year beginning . and ending

2010

		oi calendar year 2010, 0	i tax year begi	ming		, and ending			
Nam							Emplo	yer Identi	fication Number
N	evada News Bure	eau. The					27	31927	16
TA	evada News Dure	eau, IIIC.					21	31 <i>941</i>	7.0
F	orm 990-EZ, Pai	rt V, Line 3	8b - Ad	diti	onal Infor	mation			
	NI	ne of borrower					ul -		
(1)	Elizabeth Crum	ne of borrower			President		tle	w. v.	
(2)									
(3)									
(4)	NAME OF THE OWNER OWNER OF THE OWNER OWNE		MINIT			NI STATE OF THE ST			
(5)	WWw1								
<u>(6)</u>									**************************************
(7)	and the same of th						-		
(8) (9)									W
(<u>3)</u> (10)	A A A A A A A A A A A A A A A A A A A								
(10)					l				
<u> </u>	Original amount borrowed	Date of loan	Maturity date	,	R	epayment terms			Interest rate
(1)	150	11/26/10			Full amou	int due			0.000
(2)									
(3)									- market and a second a second and a second
(4)									
<u>(5)</u>									
(6) (7)									
(7) (8)									
(9)									
(10)									
	Security pro	vided by borrower				Purpose o	of loan		
(1)	None	vided by bollower			General e	expenses	n ioan	7LIW.	
(2)							·······································		
(3)							~		
(4)									
(5)		THE RESERVE OF THE PERSON OF T							
(6) (7)	W. C.	The state of the s							
(7) (8)									
(9)						·			1
(10)									
				Ва	alance due at	Balance due a	nt	Fair n	narket value
		ırnished by lender			eginning of year	end of year			90-PF only)
<u>(1)</u>	None						150		
(2) (3)									
(3) (4)									
(5)						****			
(6)									
(7)									
(8)									
(9)									
(10)	1_1_						1 = 0		
10	tals						150		

8701 Nevada News Bureau, Inc.

27-3192716 FYE: 12/31/2010

Federal Statements

11/4/2011 9:01 AM

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.