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Form 990-EZ

Short Form
Return of Organization Exempt From Income TaxUnder 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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 7/01/08, and ending 6/30/09

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Name of organization
NEBRASKA BOWHUNTERS ASSOCIATION
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
1260 N COLUMBIA AVE
City or town, state or country, and ZIP + 4
SEWARD NE 68434

D Employer identification number
47-0675555

E Telephone number
402-643-4872

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: N/A

J Organization type (check only one) ☒ 501(c) (4) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 75,796

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	Contributions, gifts, grants, and similar amounts received																										
2	Program service revenue including government fees and contracts																										
3	Membership dues and assessments																										
4	Investment income																										
5a	Gross amount from sale of assets other than inventory																										
b	Less: cost or other basis and sales expenses																										
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)																										
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>																										
a	Gross revenue (not including \$ <u> </u> of contributions reported on line 1)																										
b	Less: direct expenses other than fundraising expenses																										
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																										
7a	Gross sales of inventory, less returns and allowances																										
b	Less: cost of goods sold																										
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																										
8	Other revenue (describe <u>See Statement 2</u>)																										
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																										
10	Grants and similar amounts paid (attach schedule)																										
11	Benefits paid to or for members																										
12	Salaries, other compensation, and employee benefits																										
13	Professional fees and other payments to independent contractors																										
14	Occupancy, rent, utilities, and maintenance																										
15	Printing, publications, postage, and shipping																										
16	Other expenses (describe <u>See Statement 4</u>)																										
17	Total expenses. Add lines 10 through 16																										
18	Excess or (deficit) for the year (Subtract line 17 from line 9)																										
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)																										
20	Other changes in net assets or fund balances (attach explanation)																										
21	Net assets or fund balances at end of year. Combine lines 18 through 20																										

Part II Balance Sheets. If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)	(A) Beginning of year	(B) End of year
Cash, savings, and investments	68,108	67,677
Land and buildings		
Other assets (describe <u>See Statement 5</u>)	18,000	21,000
Total assets	86,108	88,677
Total liabilities (describe <u>See Statement 6</u>)	657	1,049
Net assets or fund balances (line 27 of column (B) must agree with line 21)	85,451	87,628

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008)

DAA

G5

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

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, or other relevant information for each program title

3,110

31,617

5,145

39,872

(e) Expense
account and -
other allowances

28

434

268

0

0

0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		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 Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr.	37a	0
b Did the organization file Form 1120-POL for this year?	37b	X
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 unpaid at the start of the period 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.		
a 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 ; section 4912 ; section 4955		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		
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	40e	X
1 List the states with which a copy of this return is filed	None	
2a The books are in care of	DANA CIHAL	
	1260 N COLUMBIA AVE	
Located at	SEWARD, NE	
	ZIP + 4 68434	
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)?	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.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	X
If "Yes," enter the name of the foreign country:		
3 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	
4 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
5 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating 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(s) a section 527 organization?	49b	

50 Complete this table for the 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000				

51 Complete this table for the 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000		

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: ☒ Dana M. Cihal Signature of officer ☒ 2-11-10 Date

☒ Dana M. Cihal Type or print name and title Treasurer, NBA

Preparer's signature: Josh Peddy, CPA Date: 2/08/10 Check if self-employed: ☐ Preparer's Identifying Number (See instr.): P00167077

Firm's name (or yours if self-employed): Pekny & Associates, CPAs, PC EIN: 47-0826777

address, and ZIP + 4: 2458-18th Avenue Phone no: 402-564-7138

Columbus, NE 68601

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

Statement 7 - Form 990-EZ, Part III, Line 31 - Statement of Program Service
Accomplishments

Description

SEE STMT 3

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ 16,049
Total	\$ 16,049

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

<u>Description</u>	<u>Amount</u>
MISCELLANEOUS	\$ 4,275
Total	\$ 4,275

Federal Statements

Description of Property	Name and Address	Relationship to Organization		Class of Activity	Date of Gift	Purpose
		Cash Contribution	Noncash Contribution			

47-0675555

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid (continued)

Description of Property	Name and Address	Cash Contribution	Noncash Contribution	Relationship to Organization	Class of Activity		Date of Gift	Purpose
					Book Value	Explanation		
	3030 WENDELL DRIVE							
	HASTINGS, NE 68901							
	NEBRASKA CHAPTER OF WILDLIFE SOCIETY							
	P.O. BOX 30370							
	LINCOLN, NE 68510							
	FOUNDATION FOR THE LINCOLN PUBLIC S							
	5901 O STREET							
	LINCOLN, NE 68610							
Total								
		5,145						

\$

Federal Statements

Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Insurance	1,906
MISCELLANEOUS	2,676
SUMMER JAMBOREE	3,109
WINTER BANQUET	31,617
EDUCATION	434
Total	\$ 39,742

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Inventories for Sale or Use	\$ 18,000	\$ 21,000
Total	\$ 18,000	\$ 21,000

Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
SALES TAX PAYABLE	\$ 657	\$ 1,049
Total	\$ 657	\$ 1,049

Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions.	NEBRASKA BOWHUNTERS ASSOCIATION	47-0675555
	Number, street, and room or suite no. If a P.O. box, see instructions	
	1330 WEST CHURCH	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	ALBION NE 68620	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **JAYNE SCHACK**

Telephone No. ▶ **402-395-2205**

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____

for the whole group, check this box ☐. If it is for part of the group, check this box▶ ☐ and attach

a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **2/16/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

▶ ☐ calendar year

or

▶ ☒ tax year beginning **7/01/08**, and ending **6/30/09**

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO or payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

Mailed 10-15-09

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return See Instructions	NEBRASKA BOWHUNTERS ASSOCIATION	47-0675555
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	1260 N COLUMBIA AVE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions.	
	SEWARD NE 68434	

Check type of return to be filed (File a separate application for each return).

- | | | | |
|---|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **DANA CIHAL**
- Telephone No. **402-643-4872** FAX No.
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a

list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **5/17/10**
- 5 For calendar year , or other tax year beginning **7/01/08**, and ending **6/30/09**
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

The Organization needs additional time to file an accurate tax return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$	-
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	-
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$	-0-

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **Dana Cihal, CPA** Title **CPA** Date **2/10/10**

Form 8868 (Rev 4-2009)