

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

2008

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 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.

Open to Public Inspection

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

	E	o 2008 enion	<u> </u>	or tax year beginning $7/01/08$, and ending $6/30/0$	9		
^\			ľ		- 	D Emi	nlover identification and to
H		f applicable:	Please use iRS	C Name of organization		o cm	ployer identification number
Н		s change	label or	MEDDACKA DOMUMENC ACCOCTAMION	İ	AT	7-0675555
Н	Name o	-	print or	NEBRASKA BOWHUNTERS ASSOCIATION	, 		
H	initial re		type. See	Number and street (or P O. box, if mail is not delivered to street address)	Room/suite		ephone number
Щ	Termina		Specific	1260 N COLUMBIA AVE	└──		2-643-4872
Ш	Amende	ed return	Instruc-	City or town, state or country, and ZIP + 4	ł		up Exemption
Ш.	Applicat	tion pending	tions.	SEWARD NE 68434			nber , . •
	• Sec	tion 501(c)(3)	organi	zations and 4947(a)(1) nonexempt charitable trusts must attach	G Accounting	method	X Cash Accrual
				mpleted Schedule A (Form 990 or 990-EZ).	Other (specify)		
I	Websi				H Check ▶	X II ID	e organization is not hedule B (Form 990,
J	Organ	ization type (c	heck only	/ one)— X 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527	990-EZ. or	990-PF}	medule & (Forth 950,
ĸ	Check	► if the	e organi	zation is not a section 509(a)(3) supporting organization and its gross receipt	s are normally no	ot more t	than \$25,000. A return
	is not r	equired, but if:	the orga	nization chooses to file a return, be sure to file a complete return			
L	Add line	s 5b, 6b, and 7b	, to line 9	to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-E2	· · · · · · · · · · · · · · · · · · ·	, > §	75,796
Į.	art 10			penses, and Changes in Net Assets or Fund Balances (S		ctions	for Part I.)
	1			nts, and similar amounts received		1	,
•	2		• •	enue including government fees and contracts		2	40,063
	3	-		d assessments See State	ment 1	3	16,049
	1	Investment in				4	1;737
	5a	**		ale of assets other than inventory 5a		7.33	
	Ь			asis and sales expenses 5b			
	٦			of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)		5c	1
9	6			titles (complete applicable parts of Schedule G) If any amount is from garning, check he		· 125	,
Ē	_	Gross revenu			· · ·		
Revenue	a		•	or contributions			
		reported on II	•			-{·"····	
	b			the state of the s		٠,	
	C		• •	from special events and activities (Subtract line 6b from line 6a)	13,67	2 6c	<u> </u>
	7a			ory, less returns and allowances 7a	10,77		
	þ	Less. cost of	_		10,77	⊣ ` `	2 000
	_C			from sales of inventory (Subtract line 7b from line 7a)		7c	2,900 4,275
	8			ibe ► See Statement 2		8	
	9			nes 1, 2, 3, 4, 5c, 6c, 7c, and 8	· · · · · · · · · · · · · · · · · · ·	9	65,024
	10	Grants and si	milar an	nounts paid (attach schedule) See State	ment 3	10	5,145
	11	Benefits paid				11	180
S	12			ensation, and employee benefits		12	5,400
)Su	13			other payments to independent contractors		13	915
Expenses	14			ties, and maintenance		14	
	15			postage, and shipping		15	11,465
71107	16	Other expens	es (des	cribe ▶ See Statement 4) 16	39,742
	17	Total expens	es. Add	lines 10 through 16	<u> </u>	17	62,847
Net Assets	18	Excess or (de	eficit) for	the year (Subtract line 17 from line 9)		18	2,177
∰S,	19	Net assets or fu	ınd balan	ces at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported of	on prior year's return)	19	85,451
ر ة (20	Other change	s in net	assets or fund balances (attach explanation)		20	
₹_	21	Net assets or	fund ba	lances at end of year. Combine lines 19 th ough 20		21	87,628
ωP	art-li			ets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form	990 instead of F	orm 990	-EZ
ΠŢ					Beginning of year		(B) End of year
2	Cash, s	avings, and in	vestmer	ats .	68,10	8 22	67,677
/		ıd bulldings				23	
84)	Other as	ssets (describe	e ≯	See Statement 5	18,00	0 24	21,000
$n \sim$	Total as				86,10	8 25	88,677
			ribe 🕨	See Statement 6	65	7 26	1,049
				(line 27 of column (8) must soree with line 21)	85.45	1 27	87,628

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

DAA

Form 990-EZ (2008)

Form 990-EZ (2008) NEBRASKA BOWHUNTERS ASSOCIATION Statement of Program Service Accomplishment What Is the organization's primary exempt purpose? EDUCATE HUNTERS ON SAFETY RULES AND REGS Describe what was achieved in carrying out the organization's exempt purposes. describe the services provided, the number of persons benefited, or other relevance.	In a c	ee the instruct	anner,		(Required and (4) of and 4947	Page 2 penses d for 501(c)(3) organizations (a)(1) trusts; for others.)
28 SUMMER JAMBOREE-TO EDUCATE BOWHUNTERS ON PROPER SAFETY PROCEDURES (Grants \$) If this amount includes foreign grants				28a		3,110
29 WINTER BANQUET-SPEAKERS EDUCATE ON SAFETY AND TRAINING. CURRENT ACTIVITIES ARE REVIEWED & FUTURE ACTIVITIES PLANNED. (Grants \$) If this amount includes foreign grants				29a		31,617
(Grants \$) If this amount includes foreign grants	••			30a		31,01.
31 Other program services (attach schedule) See Statement (Grants \$ 5,145) If this amount includes foreign grants		k here	<u>.</u>	31a	ļ	5,145 39,872
32 Total program service expenses (add lines 28a through 31a)				▶ 32		
List of Officers, Directors, Trustees, and Key Employees. Lis (a) Name and address	st each	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0)	(d) Contra emptoyee be deferred con	butions to nefit plans &	(e) Expense account and other allowances
JON HAND PLEASANTON		CHAIRMAN			_	7. 3
P.O. Box 193 NE 58866 KIRK SHARP - VALENTINE		1 =VICE-CHARIMA	0		- 0	28
P.O. Box 47 NE 69201		1	0		0	434
JAYNE SCHACK ALBION 1330 W Church NE 68620		TREASURER 2	0		0	268.
CRAIG SCHONEBERG GRAND ISLAND 2917 N. Webb Road NE 68803		MEMBERSHIP C	2,100	1	٥	. 0
LOIS LAMBLEY MORSE BLUFF		NEWSLETTER E				•
2705 Linwood Road NE 68648		2	3,300		0	0
CHRIS DEMOTH CMAHA 15840 Grand Ave #56 NE 68116		SECRETARY 1	0		n	٥
	.				<u>~</u>	
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DAA		<u> </u>			For	m 990-EZ (2008)

Fол	n 990-EZ (2008) NEBRASKA BOWHUNTERS ASSOCIATION 47-0675555	4.	ş	Page 3
P	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			
l	description of each activity	33	<u>L</u>	X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"	1		_
	attach a conformed copy of the changes	34	<u></u>	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.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,)		
	and proxy tax requirements?	35a		<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
86	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
7a	Enter amount of political expenditures, direct or indirect, as described in the instr.			
b	Did the organization file Form 1120-POL for this year?	37b		X
8a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			X 7,33
	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	824	*	
9	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on line 9			
Ь	Gross receipts, included on line 9, for public use of club facilities			
0a	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
С	Enter amount of tax imposed on organization managers or disqualified persons during		¥3.4%	?#X \$7%
	the year under sections 4912, 4955, and 4958			ÇGA.
d	Enter amount of tax on line 40c reimbursed by the organization			
8	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	1	X
1	List the states with which a copy of this return is filed None			
2a		-64	3-4	B 72
	1260 N COLUMBIA AVE			
	Located at ▶ SEWARD, NE ZIP+4 ▶ 684	34		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	77	• • • • •	
-	over a financial account in a foreign country (such as a bank account, securities account, or other financial	- 1	Yes	No.
	account)?	42b		X
	If "Yes," enter the name of the foreign country:		2000	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.		N.J	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	~~~~	X
·	If "Yes," anter the name of the foreign country:			,
2	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	• • •	• •	
	and driver the amount of tax-exemple interest received of accross during the tax year.			
		ſ	Yes	No
1	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	35733		
•	Form 990-EZ	44	84 TO 6	X
5	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	320	ुङ्गर ।	
,		45	«: ** * †	X
			0-F7	 ,,

mm 990-EZ (2008) NEBRASKA BOWHUNTERS ASSOCIA		<u>7-0675555</u>		<u>, P</u>	age 4
Section 501(c)(3) organizations only. All section	501(c)(3) organiza	ations must áns	swer questions	46-49	
and complete the tables for lines 50 and 51.					
Did the organization engage in direct or indirect political campaign activities				Yes	No
candidates for public office? If "Yes," complete Schedule C, Part I				46	
Did the organization engage in lobbying activities? If "Yes," complete Schedi				48	-
Is the organization operating a school as described in section 170(b)(1)(A)(ii		chedule E		49a	
Did the organization make any transfers to an exempt non-charitable related if "Yes." was the related organization(s) a section 527 organization?	• •			49a	
If "Yes," was the related organization(s) a section 527 organization? Complete this table for the five highest compensated employees (other than		··· ··· ··· ···		490	
each received more than \$100,000 of compensation from the organization.			yees) wito		
(a) Name and address of each emptoyee 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) Expens account ar other allowar	nd
	devoted to position		decireo companisador	Grior anowar	
					<u>-</u>
				,	,'
al number of other employees paid over \$100,000	>	· · · · · · · · · · · · · · · · · · ·			12.1
(a) Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompensation	
		····			رار ار د _
					
				·	
		 _		<u>-</u>	٠.
al number of other independent contractors each receiving over \$100,000	<u> </u>				
Under penalties of perjury, I declare that I have examined this return, includir and befief, it is true, correct, and complete. Declaration of preparer (other that					٠.
gn \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				<i>3-</i> •	
re Signature of officer		Dale	10		
x Jana M Cihal	Treasur				
Type or print name and title.					-
d Preparer's signature for fully CF	0H 2/08	Check if self-employed		Jymg Number (Se 7077	e instr.)
parer's Firm's name (or yours Pekny & Associates,				7-0826	777
e Only (self-employed), 2458-18th Avenue	·		Phone	<u> </u>	
address, and ZIP+4 Columbus, NE 68601			no ▶ 402	<u>-564-7</u>	138
the IRS discuss this return with the preparer shown above? See instructions				Yes	No
			For	m 990-EZ	(2008

Federal Statements

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

	Description	 Amount
MEMBERSHIP	DUES	\$ 16,049
Total		\$ 16,049

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

Description	 Amount
MISCELLANEOUS	\$ 4,275
Total	\$ 4,275

Federal Statements

	Statement 3 - F	Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	I, Line 10 - Gra	nts and Similar An	nounts Paid	
. Name and Address		Relationship to Organization	iip Ition	Class of Activity	Date of Gift	
Description of Property	Cash Contribution	Noncash Contribution	Book	Book Value Explanation	FMV	Plinopse
NEBRASKA GAME AND PARKS						
2200 NO. 33RD	4,050	·γ.				
LINCOLN, NE 68028						
TNUSA OF NEBRASKA						
2705 N. 125TH AVENUE	250					
OMAHA, NE 68164						
Manage Stated NICOIN						
NAMES DOWNERS BOWERS	250					
3041 "S" STREET)) 					
LINCOLN, NE 68503		-				
MANIOHOUTA ARCHERY CLUB						
202 S. MALONEY DRIVE	250					
NORTH PLATTE, NE 69101						
		•				
NEBRASKA COUNCIL OF SPO	SPORTSMEN CLUB					
5311 NW FATRWAY DRIVE	001					

. NEBRASKA STATE TAXIDERMISTS ASSOCIA

5311 NW FAIRWAY DRIVE

. LINCOLN, NE 68521

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Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid (continued)	
art I, Line 10 - Grants	(continued)
art I, Line 10 - Grants	Paid
art I, Line 10 - Grants	mounts
art I, Line 10 - Grants	Similar A
Statement 3 - Form 990-EZ, Part I, Line 10 - G	rants and
Statement 3 - Form 990-EZ, Part I, Lir	ne 10 - G
Statement 3 - Form 990-EZ, Par	tl, Lir
Statement 3 - Form 990-EZ	Par
Statement 3 - Form	990-EZ
Statement 3	- Form
	Statement 3

	Name and Address		Relationship to Organizatio	hip ation	Class of Activity	Date of Gift	
۵	Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation	Purpose
303	3030 WENDELL DRIVE						

HASTINGS, NE 68901

NEBRAKSA CHAPTER OF WILDLIFE SOCIET 100

P.O. BOX 30370

LINCOLN, NE 68510

FOUNDATION FOR THE LINCOLN PUBLIC S 100

5901 O STREET

LINCOLN, NE 68610

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Total

5,145

e

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	leginning 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	Beginn of Yea	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 (Rev. April 2009) Department of the Treasury File a separate application for each return. Internal Revenue Service 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. 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 Employer identification number Name of Exempt Organization print NEBRASKA BOWHUNTERS ASSOCIATION 47-0675555 File by the due date for Number, street, and room or suite no. If a P.O box, see instructions filing your 1330 WEST CHURCH return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions. ALBION NE 68620 Check type of return to be filed (file a separate application for each return): Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A 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) . If this is for the whole group, check this box and attach a list with the names and EINs of all members the extension will cover I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 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 7/01/08 and ending 6/30/09 |X| tax year beginning Final return Change in accounting period Initial return If this tax year is for less than 12 months, check reason 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 If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax

or payment instructions.

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

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

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

System). See instructions

payments made include any prior year overpayment allowed as a credit.

Form 8868 (Rev. 4-2009)

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-	many ior an Addition	al (Not Automatic) 3-Month Extension, complete on	ly Part II and	check this box			▶ X
	mplete Part II if you h	ave already been granted an automatic 3-month extens	slon on a previ	ously filed Form &	3868.		
II you are		ic 3-Month Extension, complete only Part I (on page					
Part II	Additional (No	ot Automatic) 3-Month Extension of Time	. Only file t	he onginal (n	o copies	needed).	·
ype or	Name of Exempt C	Organization			Employer	identificat	ion number
rint							
le by the	NEBRASKA	BOWHUNTERS ASSOCIATION				75555	
xtended ue date for		d room or suite no. If a P.O box, see instructions.			For IRS use only		
ing the	1260 N CO	LUMBIA AVE		- [2000	 	·····	
iturn See	City, town or post of	ffice, state, and ZIP code. For a foreign address, see in	nstructions.				
structions	SEWARD	NE 68434			39773		
heck type of	return to be filed (F	ile a separate application for each return).	-			_	
Form 99	0	Form 990-PF	\sqcup	Form 1041-A		For	m 6069
Form 99	0-BL	Form 990-T (sec 401(a) or 408(a) trust)		Form 4720		For	m 8870
X Form 99	0-EZ	Form 990-T (trust other than above)		Form 5227			
OP! Do not	complete Part II if y	ou were not already granted an automatic 3-month	extension on	a previously file	ed Form 88	68.	
The books	are in the care of	DANA CIHAL					
Telephone	No. ► 402-64	43-4872 FAX No ▶					
If the organ	nization does not have	an office or place of business in the United States, ch	eck this box				▶□
_		•					· · · · · · ·
			er (GEN)	If thi	s is		
the whole a	•	er the organization's four digit Group Exemption Number	-	If thi			
-	oup, check this box	▶ ☐ . If it is for part of the group, check	-		s is and attach a		
t with the nan	oup, check this box nes and EINs of all m	If it is for part of the group, check embers the extension is for	-			· · · · · · · · · · · · · · · · · · ·	
with the nar	roup, check this box nes and EINs of all m an additional 3-monti	embers the extension is for part of the group, check extension of time until 5/17/10	this box	▶ □ a	and attach a		······································
with the name of the second se	oup, check this box nes and EINs of all m an additional 3-montl dar year	if it is for part of the group, check embers the extension is for extension of time until 5/17/10, or other tax year beginning 7/01/08	this box	6/30/09	and attach a		····
I request For caler If this tax	oup, check this box nes and EINs of all m an additional 3-montl dar year year is for less than	if it is for part of the group, check embers the extension is for n extension of time until 5/17/10, or other tax year beginning 7/01/08, it is months, check reason:	this box	6/30/09	and attach a		····
with the name of request For caler of this tax	oup, check this box nes and EINs of all m an additional 3-montl dar year year is for less than letall why you need th	if it is for part of the group, check embers the extension is for n extension of time until 5/17/10, or other tax year beginning 7/01/08 in extension in extension in the extens	, and ending Final return	6/30/09 Change ii	nd attach a		÷
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