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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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.

OMB No 1545-1150

2010

Open to Public Inspection

A **For the 2010 calendar year, or tax year beginning** JULY 01 , **2010, and ending** JUNE 30 , 20 11

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NEBRASKA SOCIETY OF RADIOLOGIC TECHNOLOGISTS

Number & street (or P.O. box, if mail is not delivered to street addr.) Room/suite
1924 W 13TH STREET

City or town, state or country, and ZIP + 4
Grand Island NE 68803

D **Employer identification number**
31-1703260

E Telephone number
(308)382-0338

F Group Exemption Number.... ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☒ if organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I **Website:** ▶ N/A

J **Tax-exempt status** (check only one) -- ☐ 501(c)(3) ☒ 501(c)(6) ◀ (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 $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ.... ▶ $ 53,970

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

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	41,747
	3	Membership dues and assessments	3	11,000
	4	Investment income	4	819
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) 6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed $15,000) 6b		
	c	Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less: cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	404
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	53,970
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	24,165
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	8,992
	15	Printing, publications, postage, and shipping	15	9,572
	16	Other expenses (describe in Schedule O)	16	19,389
	17	**Total expenses.** Add lines 10 through 16 ▶	17	62,118
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8,148
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	141,184
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	133,036

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JVA 10 990EZ1 TWF 41823 Copyright Forms (Software Only) - 2010 TW

P 17

Part II Balance Sheets. (see the instructions for Part II.)

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

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	141,184	22	133,036
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	141,184	25	133,036
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	141,184	27	133,036

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

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

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

What is the organization's primary exempt purpose? See attachment #1

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, & other relevant information for each program title.

28 See attachment #2

(Grants $) If this amount includes foreign grants, check here ..... ▶ 28a

29

(Grants $) If this amount includes foreign grants, check here ..... ▶ 29a

30

(Grants $) If this amount includes foreign grants, check here ..... ▶ 30a

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ..... ▶ 31a

32 **Total program service expenses** (add lines 28a through 31a) ..... ▶ 32 0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instr. for Part IV.)

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See attachment #3				

Part V 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 description of each activity in Schedule O	33		X
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		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, explain in Schedule O why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
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 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:			
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 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 reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	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, 4955, and 4958 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. 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
41	List the states with which a copy of this return is filed. ▶ NONE			
42a	The organization's books are in care of ▶ See attachment #4 Telephone no. ▶			
	Located at ▶ ZIP + 4 ▶			
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: ▶			
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			

			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	44b		X
c	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	44d		X

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions)	45a		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

			Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and 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

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

X _____ X 10-6-11
Signature of officer Date

BRANDON HOLT PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
Robert C Happold	Robert C. Happold	9/21/2011		P01462022
Firm's name ▶ ROBERT C. HAPPOLD CPA			Firm's EIN ▶	27-4488053
Firm's address ▶ 308 N LOCUST STE 312 GRAND ISLAND NE 68801			Phone no.	308-384-5484

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

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	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.	2010 Open to Public Inspection

Name of the organization	Employer identification number
NEBRASKA SOCIETY OF RADIOLOGIC TECHNOLOGISTS	31-1703260

MISCELLANEOUS INCOME PAGE 1 LINE 8
OTHER EXPENSES PAGE 1 LINE 16 PLEASE
REFER THE ATACHED NOTE 1

STATEMENT #1 - Other Revenue (EOEZ Pg 1 Line 8)

MISCELLANEOUS INCOME.....	404
TOTAL CARRIED TO EOEZ Pg 1 Line 8.....	404

2010 NOTES

NEBRASKA SOCIETY OF RADIOLOGIC
31-1703260

NOTE #1

FORM 990-EZ PART 1 LINE 16

MISCELLANEOUS EXPENSES INCLUDE THE FOLLOWING ITEMS
DIRECTOR AND OFFICER LIABILITY INSURANCE
ORGANIZATIONAL LIABILITY INSURANCE
INSURANCE BONDS FOR THE TREASURER
MEALS FOR THE EDUCATIONAL FUNCTIONS AND PROGRAMS
ADMINISTRATIVE COSTS
OFFIVE SUPPLIES
EDUCATIONAL CONTEST AWARDS
NATIONAL CONVENTION COSTS

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning 07-01 , and ending 06-30-2011.

Name of Organization	Employer Identification Number
NEBRASKA SOCIETY OF RADIOLOGIC TECHNOLOGISTS	31-1703260

Primary Purpose

THE PRIMARY EXEMPT PURPOSE OF THE NEBRASKA SOCIETY OF RADIOLOGIC TECHNOLGISTS IS TO PROVIDE PROFESSIONAL EDUCATION, UPDATE MEMBERS ON AMY LEGISLATIVE MATTER AFFECTING THEIR PROFESSION, AND LOBBY THE STATE LEGISLATURE INVOLOVING THE REGULATION OF THEIR PROFESSION.

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning 07-01-2010, and ending 06-30-2011.	
Name of Organization		Employer Identification Number
NEBRASKA SOCIETY OF RADIOLOGIC TECHNOLOGISTS		31-1703260

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses

Exempt Purpose Achievements

THE PRIMARY EXEMPT PURPOSE OF THE NEBRASKA SOCIETY OF RADIOLOGIC TECHNOLGISTS IS TO PROVIDE PROFESSIONAL EDUCATION, UPDATE MEMBERS ON ANY LEGISLATIVE MATTERS AFFECTING THEIR PROFESSION, AND LOBBY THE STATE LEGISLATURE INVOLVING THE REGULATION OF THEIR PROFESSION

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection | For calendar year 2010 or tax period beginning 07-01-2010, and ending 06-30-2011.

Name of Organization: NEBRASKA SOCIETY OF RADIOLOGIC TECHNOLOGISTS

Employer Identification Number: 31-1703260

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
BRANDON HOLT 6451 GLASS RIDGE DR Lincoln, NE 68526	BOARD CHAIRMAN 2.00	0	0	0
ASHLEY SANDOZ 804 QUEEN ST Valentine, NE 69201	PRESIDENT 5.00	0	0	0
JONI CANTRELL 725 N 56TH ST Lincoln, NE 68504	VICE PRESIDENT 1.00	0	0	0
CRISTI ENGEL 611 W 33RD ST Hastings, NE 68901	SECRETARY TREASURER 3.00	0	0	0
ANGELA CYZA 1030 COBBLESTONE DR Lincoln, NE 68510	PRESIDENT ELECT 3.00	0	0	0
TANYA CUSTER 21005 LINCOLN BLVD Gretna, NE 68028	ADVISORY BOARD 1.00	0	0	0
RON HUGHES 17844 JOSEPHINE ST Omaha, NE 68136	ADVISORY BOARD 1.00	0	0	0
PEGGY YOUNG 1924 W 13TH ST Grand Island, NE 68803	EXECUTIVE SECRETARY 20.00	10,200	0	0
DEB CRAMER 705 FLEETWOOD Grand Island, NE 68803	EXECUTIVE TREASURER 5.00	1,500	0	0
TRENT NOWKA 1233 LINCOLN MALL SUITE 201 Lincoln, NE 68508	LEGISLATIVE AFFAIRS 10.00	7,200	0	0

990 BOOKS ARE IN CARE OF

Attachment 4 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2010 or tax period beginning 07-01 , and ending 06-30-2011.

Name of Organization	Employer Identification Number
NEBRASKA SOCIETY OF RADIOLOGIC TECHNOLOGISTS	31-1703260

Part V - Line 42a

Individual Name ..... DEB CRAMER
or
Business Name:

Street Address ..... 795 FLEETWOOD RD

U.S. Address:

Zip code 68803 City Grand Island State NE
or
Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (308)384-3686

Fax Number .....