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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

A	F	or the 2	014 calendar year, or tax year beginning $MAR\ 1$ , $\ 2014$ and $\ 6$	ending F	EB 28, 2015	
В	Ch	eck if	C Name of organization NEBRASKA STATE BANDMASTERS ASSOCIATION	1	D Employer identifi	cation number
Γ		Address change	C/O JOANN COUTON - NEUMANN HIGH SCHOOL		1	
Ī		Name change	Doing business as		23-7	083080
Ī		Instral return	<u> </u>	Room/suite	E Telephone numbe	
		Final return/	202 S. LINDEN		(402	
		termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	128,523.
[		Amended return	WAIIOO, NE 00000		H(a) Is this a group re	
L		Applica- tion pending	F Name and address of principal officer:FRANK		for subordinates	
_			SAME AS C ABOVE	<del></del>	H(b) Are all subordinates i	
1			npt status:	or 527	7	list. (see instructions)
_	_		Description   Corporation   Trust   X Association   Other ▶	1	H(c) Group exemption	on number > NE
				L Year	of formation 1902	M State of legal domicile, 14 E
~!	r e		Summary nefly describe the organization's mission or most significant activities: ENCOU	IRAGE	& SUPPORT Y	ОПТН
7	Governance		NSTRUMENTAL MUSIC			
	E		heck this box I if the organization discontinued its operations or dispos	sed of more	e than 25% of its net a	ssets.
ל מ	<u> </u>		umber of voting members of the governing body (Part VI, line 1a)		3	11
, (	5		umber of independent voting members of the governing body (Part VI line 1b)	ivi & g	299 T	0
	es		otal number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0
		<b>6</b> To	otal number of volunteers (estimate if necessary)	ا ۱۰۰ د د د ا	6	0
	Activities &	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12	· · · · · · · · · · · · · · · · · · ·	7a	0.
_		b N	et unrelated business taxable income from Form 990-T, line 34	<del></del>	7b	0.
					Prior Year	Current Year
	9		ontributions and grants (Part VIII, line 1h)		4,050.	15,324.
	Hevenue		rogram service revenue (Part VIII, line 2g)	-	12,940. 145.	129.
•	Ž		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	7,633.	12,322.
			ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	24,768.	27,775.
-	-		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) rants and similar amounts paid (Part IX, column (A), lines 1-3)	<del></del>	0.	0.
			enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	,		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
	Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	ē.		otal fundraising expenses (Part IX, column (D), line 25)	0.		
ι	ו נ		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,582.	9,932.
		18 To	otal expenses. Add lines 13·17 (must equal Part IX, column (A), line 25)		7,582.	9,932.
_		19 R	evenue less expenses. Subtract line 18 from line 12		17,186.	17,843.
0.0	Fund Balances			Ве	eginning of Current Year	End of Year
SSA	Balai		otal assets (Part X, line 16)	·	111,741.	129,584.
A	핕		otal liabilities (Part X, line 26)	•	0. 111,741.	129,584.
2	띠		et assets or fund balances. Subtract line 21 from line 20 Signature Block	·	111,/41.	127,304.
			es of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	nents, and to the hest of n	ny knowledge and belief it is
			and complete. Declaration of preparer (other than officer) is based on all information of wh			y mionioago ana aono, it io
<u></u>	uo,		Cann Couton			7-15
s	ign	, []	Signature of officer		Date	
	lere		JOANN COUTON, TREASURER			
			Type or print name and title			
			Print/Type preparer's name Preparer's signature		Date Check [	PTIN
P	aid	g	EORGE E. NELSON		)5/27/15 self-emplo	P00292890
		-	irm's name MASSMAN NELSON REINIG P		Firm's EIN	47-0711139
U	se (	Only F	Firm's address 13310 "I" STREET			021 220 7000
_			OMAHA, NE 68137		Phone no (4	
			6 discuss this return with the preparer shown above? (see instructions)	<del></del>		X Yes No Form 990 (2014)
A*	งวกา	11 11-07-	14 I HA For Paperwork Reduction Act Notice, see the separate instruction	ons.		ronn <b>330</b> (2014)

# NEBRASKA STATE BANDMASTERS ASSOCIATION 23-7083080 C/O JOANN COUTON - NEUMANN HIGH SCHOOL Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III NONE Briefly describe the organization's mission: Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? 3 If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. ) (Revenue \$ (Code ) (Expenses \$ including grants of \$ COORDINATE & SPONSOR BAND AND YOUTH MUSIC CONTESTS AND PERFORMANCES. (Code ) (Expenses \$ \_\_\_\_ Including grants of \$ ) (Revenue \$ \_\_\_\_\_ ) (Expenses \$ \_\_\_ including grants of \$

Id Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

Form 990 (2014) C/O JOANN COUTON - NEUMANN HIGH SCHOOL 23-7083080 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A 1 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? ... Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X sımılar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х If "Yes," complete Schedule D, Part IV 9 . . .. . 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .... If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X 11c assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Х Part X, line 16? If "Yes," complete Schedule D, Part IX .... 11d . .. . e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D. Parts XI and XII .... **b** Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 . .... . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 X 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . . . . 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, <u>17</u> Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X 19 complete Schedule G, Part III .. . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .....

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a 20b

NEBRASKA STATE BANDMASTERS ASSOCIATION C/O JOANN COUTON - NEUMANN HIGH SCHOOL 23-7083080 Page 4 Form 990 (2014) Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J . . . . . . 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X 24a Schedule K. If "No", go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete 25b Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X 26 complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 of any of these persons? If "Yes," complete Schedule L, Part III . . . . Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. . . X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 X 31 If "Yes," complete Schedule N, Part I . . . . . . Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 32 .. . Schedule N, Part II . . .. . . Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V, line 1 . . . . .. . .

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Note. All Form 990 filers are required to complete Schedule O

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . . .

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

38 | X | Form **990** (2014)

X

35a

35b

36

37

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rai	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
	Chock is desired to definate a response of field to daily filled in the Fact Y		Yes	No No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			4 , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3ь		
4a	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)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<del>-</del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7a	i	Í
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b		<del></del>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
С	to file Form 8282?	7c		
d	If "Yes," Indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		`
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	120		
12a		12a		ļ
_	,			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		<del> </del>
а	Is the organization licensed to issue qualified health plans in more than one state?		,	<b>—</b>
L	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	40.			
С	organization is licensed to issue qualified health plans			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2014)

## NEBRASKA STATE BANDMASTERS ASSOCIATION

Form 990 (2014)

C/O JOANN COUTON - NEUMANN HIGH SCHOOL

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	· · · · · · · · · · · · · · · · · · ·			
	Check If Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management	<del>-</del> 1	1	
	11	,	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			17
	officer, director, trustee, or key employee?	2		<u>X</u> _
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			.,
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	37	<u> </u>
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		37	
	more members of the governing body?	_7a_	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		37	
	persons other than the governing body?	7b	X	<del>-, -,,,,,</del>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	_X_	<del></del>
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			· · · · · ·
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	<del> </del>
11a		11a	Х	ļ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			v
12a	· · · · · · · · · · · · · · · · · · ·	12a	<u> </u>	X
b		12b	<u> </u>	<del>                                     </del>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		ŀ	
	in Schedule O how this was done	12c		v
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	ļ	Α
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		v
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	X
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1	•	v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			Ì
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	L	Ь
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE		1.	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avallat	oie	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d tinan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	_	,	
	JOANN COUTON C/O NEUMANN HIGH SCHOOL - (402)-443-4151			
	202 S. LINDEN, WAHOO, NE 68066			

#### NEBRASKA STATE BANDMASTERS ASSOCIATION SCHOOL

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orm 990 (2014)	C/O JOANN	COUTON -	NEUMANN	HIGH

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#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to ar	y line in this Part VII	

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organi	(B)			(0	C)			(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than		than	one	Reportable	Reportable	Estimated		
	hours per week	box	box, unless person is both an officer and a director/trustee)			is bot or/trus	han tee)		compensation from related	amount of other	
	(list any	-			Γ		Ė	from the	organizations	compensation	
	hours for	Individual frustee or director				<u>_</u>		organization	(W-2/1099-MISC)	from the	
	related	5   28	1 <u>2</u> 2			nsate		(W-2/1099-MISC)	(,	organization	
	organizations	<u> </u>	Institutional trustee		88	Ē		1		and related	
	below	l dua	ğ	₩.	Key employee	o set	폏			organizations	
	line)	Ē	list E	Officer	ş	Highest compensated employee	Former				
(1) FRANK IBERO	0.00	_				ŀ					
PRESIDENT								0.	0.	0.	
(2) JOHN REITH	0.00										
PAST PRESIDENT								0.	0.	0.	
(3) BRADY ROHLFS	0.00		1			1					
PRESIDENT ELECT							L.	0.	0.	0.	
(4) JOANN COUTON	0.00										
TREASURER								0.	0.	0.	
(5) EMILEY BOND	0.00									•	
SECRETARY				<u> </u>				0.	0.	0.	
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	a /a =a===								ASSOCIATION HIGH SCHOOL	23-70	មិនបន	n	Da	ge <b>8</b>
	990 (2014) C/O JOAN t VII Section A. Officers, Directors, Trus										3300	<del>-</del>	га	ge C
	(A)  Name and title	(B) Average hours per week	(do box offi	not c	Posi heck ss pe	C) Ition more rson		one h an	(D) Reportable compensation from	(E)  Reportable  compensation  from related	(F) ble Estimate ation amount of		nated unt o	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional frustbe	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	(i)	from from organi and re rganiz	n the Izatio elate	ed
											_			
											_			
-														
1 b	Sub-total .							<b>&gt;</b>	0.		0.		•	0.
	Total from continuation sheets to Part V  Total (add lines 1b and 1c)	· · · · · · · · · · · · · · · · · · ·	-				•	<b>▶</b>	0.		0.			0
2	Total number of individuals (including but i	not limited to th	ose	e liste	ed a	bov	e) wi	o r	eceived more than \$100	0,000 of reportable				(
	compensation from the organization									<u>.</u>		Y	es	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			e, ke	ey er	npk	oyee	or	highest compensated e	employee on	3			Х
4	For any individual listed on line 1a, is the sand related organizations greater than \$15									the organization	4			х
5	Did any person listed on line 1a receive or							elat	ted organization or indiv	idual for services	5			Х
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	ipiete Scriedui	<del>e</del>	101 5	<u>ucii</u>	per	SOII		·		<u></u>			<del></del>
1	Complete this table for your five highest of the organization. Report compensation for										ensatio	n from	m	
	(A) Name and business	address	N	ON	E				(B) Description of s	services	Com	(C) pens	ation	1
		<u>-</u>												
								_			_			
								_						

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization • 0

\$100,000 of compensation from the organization

Form 990 (2014) C/O JOA Part VIII Statement of Revenue

C/O JOANN COUTON - NEUMANN HIGH SCHOOL

		Check if Schedule O contains a response	or note to any line	e in this Part VIII			
		+		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 8	a Federated campaigns 1a	_				
e a		b Membership dues 1b					
S, E		c Fundraising events 1c					
a ii		d Related organizations 1d					
S, C		e Government grants (contributions) 1e					
isi		f All other contributions, gifts, grants, and					
FE		similar amounts not included above					
들의		g Noncash contributions included in lines 1a-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a-1f	<b>&gt;</b>				
			Business Code			·	
စ္ပ	2 :	a MEMBERSHIP DUES	900099	15,324.			15,324.
ه څ	1	b	,			<u> </u>	
Program Service Revenue	,	С		-: -			
ev		d				·····	
<u>6</u>		e					
۵		f All other program service revenue					
		g Total. Add lines 2a-2f	<b>&gt;</b>	15,324.			
	3	Investment income (including dividends, intere	est, and				100
		other similar amounts)	▶	129.			129.
	4	Income from investment of tax-exempt bond p	oroceeds 🕨				
	5	Royalties	. ▶			<del>, , , , , , , , , , , , , , , , , , , </del>	
		(ı) Real	(ii) Personal				
	6	a Gross rents					
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)	<b>&gt;</b>				
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
		b Less: cost or other basis					
	ĺ	and sales expenses				,	
		c Gain or (loss)					
	l	d Net gain or (loss)	. •				
e	8	a Gross income from fundraising events (not					
	1	including \$ of					
ě	1	contributions reported on line 1c). See					
<u>.</u>	1		113,070.				
Other Reven		b Less: direct expenses b	100,748.				
O		c Net income or (loss) from fundraising events		12,322.		······································	12,322.
	9	a Gross income from gaming activities. See					
		Part IV, line 19					
		b Less: direct expenses b				,	
		c Net income or (loss) from gaming activities	<b>_</b>				
	10	a Gross sales of inventory, less returns					
		and allowances					1
		b Less: cost of goods sold b			, '		
		c Net income or (loss) from sales of inventory	🕨				
		Miscellaneous Revenue	Business Code				
	11	a			. —		
		b					
		С					
		d All other revenue					<del></del>
		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions	🕨	27,775.	0.	0	
43200 11-07	)9 '-14						Form <b>990</b> (2014)

Form 990 (2014) C/O JOANN COU'

Part IX Statement of Functional Expenses

			4		
Secti	on 501(c)(3) and 501(c)(4) organizations must com			complete column (A)	
	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			[	[
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				,
9	Other employee benefits				
10	Payroll taxes				<u></u>
11	Fees for services (non-employees):				
а	Management		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
b	Legal				
c	Accounting	500.			
d	Lobbying .				
е	Professional fundraising services See Part IV, line 17		., , , , , , , , , , , , , , , , , , ,		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion				
13	Office expenses	47.			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,206.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,841.	<u></u>		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	·	<u> </u>		
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	INSURANCE	2,448.			
b	PRINTING AND PUBLICATIO	810.			
C	WEBSITE	80.			
d					
е	•				
<u>25</u>	Total functional expenses. Add lines 1 through 24e	9,932.			<del> </del>
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)			1	l

Form 990 (2014)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 129,584. 111,741. 1 1 Cash · non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges Я 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10c 10b b Less: accumulated depreciation 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets . . 15 Other assets. See Part IV, line 11 15 111,741.129,584. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 26 26\_ Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets . . 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34. 0. 30 30 Capital stock or trust principal, or current funds 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 129,584. 111,741. Retained earnings, endowment, accumulated income, or other funds . 32 129,584.  $1\overline{11},741.$ 33 33 Total net assets or fund balances 129,584. 111,741 Total liabilities and net assets/fund balances

## NEBRASKA STATE BANDMASTERS ASSOCIATION

-orm	990 (2014) C/O JOANN COUTON - NEUMANN HIGH SCHOOL	23-708	<u> 3080</u>	Pag	e 12
Pai	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	7,7	<u>75.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,9	<u>32.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		7,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11	1,7	<u>41.</u>
5	Net unrealized gains (losses) on investments .	5	~		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	.			
	column (B))	10	12	9,5	<u>84.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	•	2ь		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audīt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			

Form 990 (2014)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

## **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

OMB No 1545-0047

Open to Public Inspection

	. STATE BANDMASTER N COUTON - NEUMAN				1 -	er identification number 083080
	Complete if the organization answer					
1 Indicate whether the organization raised a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, Par b If "Yes," list the ten highest paid individuompensated at least \$5,000 by the o	e Solicitat f Solicitat g Special  oral agreement with any individual t VII) or entity in connection with p duals or entities (fundraisers) purs	tion of tion of fundra (includerofessi	non-govern ising of ding of onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees or	<b>Yes</b>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount   to (or retaine fundraise listed in col	to (or retained by)
		Yes	No			
					<del></del>	
	<del></del>					
`						
3 List all states in which the organization	is registered or licensed to solicit	contrib	utions	or has been notified	t it is exempt t	from registration
or licensing.						
				<del></del>		

#### NEBRASKA STATE BANDMASTERS ASSOCIATION

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

Schedule G (Form 990 or 990-EZ) 2014 C/O JOANN COUTON - NEUMANN HIGH SCHOOL 23-7083080 Page 2

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events CONCERT BAND MARCH (add col. (a) through CONVENTION 3 FESTIVAL col. (c)) (event type) (event type) (total number) 113,070. 15,708. 1,929. 95,433. Gross receipts 2 Less: Contributions 15,708. 1,929. 95,433. 113,070. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 113,070. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming Revenue (a) Bingo col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes No Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2014 432082 08-28-14

# NEBRASKA STATE BANDMASTERS ASSOCIATION Schedule G (Form 990 or 990-EZ) 2014 C/O JOANN COUTON - NEUMANN HIGH SCHOOL 23-7083080 Page 3 11 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed Yes No to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in: 13a a The organization's facility 13b **b** An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Address -Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party > \$\_\_\_\_\_. c If "Yes," enter name and address of the third party: Name > 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ \_\_\_\_\_ Description of services provided ▶ Independent contractor

	Director/officer	Employee	independent	Contractor		
	ntory distributions:	under state law to make ch	naritable distributions fron	n the gaming proceeds to		
retain t	he state gaming licens	se?		ther exempt organizations or	spent in the	Yes No
	zation's own exempt a	ctivities during the tax yea	ır ▶ \$			
Part IV		rmation. Provide the explos applicable. Also provide		I, line 2b, columns (iii) and (v) n (see instructions).	i, and Part III, lines 9	, 9b, 10b, 15b,
1						
		•				

		NEBRASKA	STATE BAN	IDMASTERS	ASSOC	CIATION		
Schedule G	(Form 990 or 990-EZ) Supplemental Infor	C/O JOANN	COUTON -	- NEUMANN	HIGH	SCHOOL	23-7083080	Page 4
Part IV	Supplemental Infor	mation (continued	<u> </u>					
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432084 05-01-14

## **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. NEBRASKA STATE BANDMASTERS ASSOCIATION C/O JOANN COUTON - NEUMANN HIGH SCHOOL

**Employer identification number** 23-7083080

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION IS A NOT-FOR-PROFIT ASSOCIATION WITH MEMBERS. THE MEMBERS ELECT THE MEMBERS OF THE GOVERNING BODY AS WELL AS APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY. HOWEVER, THEY DO NOT RECEIVE A SHARE OF THE ORGANIZATION'S PROFITS OR EXCESS DUES, NOR WILL THEY RECEIVE A SHARE OF THE ORGANIZATION'S NET ASSETS UPON THE ORGANIZATION'S DISSOLUTION.

FORM 990, PART VI, SECTION A, LINE 7A:

APPROVAL OF THE APPOINTMENT OF EXECUTIVE BOARD MEMBERS REQUIRES A MAJORITY VOTE BY GENERAL MEMBERS IN ATTENDANCE AT THE GENERAL MEMBERSHIP MEETINGS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE EXCUTIVE BOARD MAKES RECOMMENDATIONS TO THE GENERAL MEMBERS AT GENERAL MEMBERSHIP MEETINGS FOR CHANGES TO THE BYLAWS AND MEMBERSHIP DUES RATES. THESE CHANGES ARE VOTED ON BY THE GENERAL MEMBERS IN ATTENDANCE AND REQUIRE A MAJORITY VOTE TO BE APPROVED.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. ANY DECISIONS MADE ARE APPROVED AT A FORMAL BOARD MEETING AND DOCUMENTED IN THE BOARD MINUTES.

FORM 990, PART VI, SECTION B, LINE 11:

A DRAFT COPY OF FORM 990 IS PRESENTED TO THE DIRECTOR OF THE ORGANIZATION FOR APPROVAL. UPON APPROVAL, THE FINAL FORM 990 IS FILED WITH THE INTERNAL

REVENUE SERVICE.

Schedule O (Form 990 or 9	90-EZ) (2014)	Page 2
Name of the organization	NEBRASKA STATE BANDMASTERS ASSOCIATION	Employer identification number
	C/O JOANN COUTON - NEUMANN HIGH SCHOOL	23-7083080
FORM 990, PAR	T VI, SECTION C, LINE 19:	
D00111/E11E0 10E		
DOCUMENTS ARE	AVAILABLE TO THE ANNUAL GENERAL MEMBERSH	IP MEETING.
-	A STATE OF THE STA	
FORM 990, PART	I VII CONTACT ADDRESSES FOR OFFICERS, DIR	ECTORS, ETC:
EDANY TOEDO	212 F 27mu cm COOMMCDILLER NE 60261	
FRANK IDERO -	313 E 27TH ST, SCOTTSBLUFF, NE 69361	
JOHN KEITH - !	5710 S. 176TH ST, OMAHA, NE 68135	
BRADY ROHLFS -	- PO BOX 426, WAVERLY, NE 68462	
JOANN COUTON -	- 500 CITY VIEW DR, WAHOO, NE 68066	
EMILEY BOND -	5801 S 84TH, LINCOLN, NE 68516	
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