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2015

Open to Public Inspection

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 private foundations)

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

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015**B Check if applicable**

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

MINNESOTA RIVER BUILDERS ASSOCIATION INC

D Employer identification number

41-1787095

E Telephone number

(507) 625-7138

F Group Exemption Number

►

G Accounting Method Cash Accrual Other (specify) ►**H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)****I Website:** ► WWW.MNRBA.COM**J Tax-exempt status** (check only one) - 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527**K Form of organization** Corporation Trust Association Other**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 145,211**

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 8,780								
	3 Membership dues and assessments	3 57,297								
	4 Investment income	4 88								
	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 <ul style="list-style-type: none"> a Gross income from gaming (attach Schedule G if greater than \$15,000) <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <tr><td style="padding: 2px;">6a</td><td style="padding: 2px;"></td></tr> </table> 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 exceeds \$15,000) <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <tr><td style="padding: 2px;">6b</td><td style="padding: 2px; text-align: right;">79,046</td></tr> </table> c Less direct expenses from gaming and fundraising events <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <tr><td style="padding: 2px;">6c</td><td style="padding: 2px; text-align: right;">37,131</td></tr> </table> d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <tr><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;">6d 41,915</td></tr> </table> 	6a		6b	79,046	6c	37,131		6d 41,915	6d 41,915
6a										
6b	79,046									
6c	37,131									
	6d 41,915									
	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								
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 108,080								
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 29,967								
	13 Professional fees and other payments to independent contractors	13 1,920								
	14 Occupancy, rent, utilities, and maintenance	14 5,835								
	15 Printing, publications, postage, and shipping	15 866								
	16 Other expenses (describe in Schedule O)	16 69,630								
	17 Total expenses. Add lines 10 through 16	17 108,218								
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -138								
	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 50,611								
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0								
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 50,473								

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

22 Cash, savings, and investments
 23 Land and buildings
 24 Other assets (describe in Schedule O)
 25 **Total assets**
 26 **Total liabilities** (describe in Schedule O)
 27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) . . .

(A) Beginning of year	(B) End of year	
49,272	22	47,460
	23	
4,765	24	10,965
54,037	25	58,425
3,426	26	7,952
50,611	27	50,473

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

What is the organization's primary exempt purpose?

TO IMPROVE THE BUILDING ENVIRONMENT

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28

See Additional Data Table

(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**

108,218

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RYAN WEIER DIRECTOR	2 00	0	0	0
MELISSA ORTHUN TREASURER	1 00	0	0	0
MARY KAUS DIRECTOR	2 00	0	0	0
CRAIG SKORR PRESIDENT	2 00	0	0	0
AMY KOLB EXECUTIVE OFFICER	40 00	29,967	0	0
GARRICK RUDOLF VICE PRESIDENT	1 00	0	0	0
PAUL SCHNEIDER SECRETARY	2 00	0	0	0
BRETT WINTERS DIRECTOR	1 00	0	0	0
JOHN FRITZ DIRECTOR	1 00	0	0	0
JENN FAUST DIRECTOR	1 00	0	0	0
TROY PLOOG DIRECTOR	1 00	0	0	0
BROOK DEVENPORT DIRECTOR	1 00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
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	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
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	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37b	
b Did the organization file Form 1120-POL for this year?	37b	
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	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities	40a	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40b	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40c	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____	40d	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____	40e	No
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		
41 List the states with which a copy of this return is filed ► _____		
42a The organization's books are in care of ► AMY KOLB Telephone no ► (507) 625-7138 Located at ► 443 BELGRADE AVENUE NORTH MANKATO, MN ZIP + 4 ► 56003		
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)? If "Yes," enter the name of the foreign country ► _____	42b	No
42c	No	
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► _____	42d	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ► 43 and enter the amount of tax-exempt interest received or accrued during the tax year		
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	No
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	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b 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 may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
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		No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 or have a section 501(h) election in effect during the tax year? 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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 business address of each independent contractor	(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 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

Signature of officer
BELYNDA HINSCH OFFICER
Type or print name and title

2016-11-01
Date

**Paid
Preparer
Use Only**

Print/Type preparer's name BRADLEY BOETTCHER	Preparer's signature	Date 2016-11-01	Check <input type="checkbox"/> if self-employed	PTIN P00837852
Firm's name ► CLIFTONLARSONALLEN LLP		Firm's EIN ► 41-0746749		
Firm's address ► 101 NORTH SECOND ST SUITE 200 MANKATO, MN 560013567		Phone no (507) 386-8800		

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Additional Data

Software ID:

Software Version:

EIN: 41-1787095

Name: MINNESOTA RIVER BUILDERS ASSOCIATIONINC

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

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, and other relevant information for each program title.

Expenses

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

28

ASSOCIATING THE BUILDERS OF NINE COUNTIES FOR MUTUAL COOPERATION AND SHARING OF INFORMATION AND KNOWLEDGE IMPROVEMENT OF BUILDING TECHNIQUES AND PRACTICES
(Grants \$ 0)

If this amount includes foreign grants, check here . . . ►

28a

108,218

TY 2015 Transfers Personal Benefits Contracts Declaration

Name: MINNESOTA RIVER BUILDERS ASSOCIATIONINC

EIN: 41-1787095

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming Activities

2015

Open to Public
InspectionComplete if the organization answered "Yes" on 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/form990Department of the Treasury
Internal Revenue ServiceName of the organization
MINNESOTA RIVER BUILDERS ASSOCIATION INC

Employer identification number

41-1787095

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(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 paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 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 TOUR OF HOMES (event type)	(b) Event #2 RAW FUSION (event type)	(c) Other events 3 (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts	19,070	34,381	25,595	79,046
2 Less Contributions				
3 Gross income (line 1 minus line 2)	19,070	34,381	25,595	79,046
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	8,545	12,661	15,925	37,131
10 Direct expense summary Add lines 4 through 9 in column (d)				37,131
11 Net income summary Subtract line 10 from line 3, column (d)				41,915

Part III Gaming.

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				
8 Net gaming income summary Subtract line 7 from line 1, column (d)				

9 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? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes No

13 Indicate the percentage of gaming activity conducted in

- a** The organization's facility
- b** An outside facility

13a	%
13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes No

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 ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference

Explanation

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.
- Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

2015**Open to Public
Inspection**Name of the organization
MINNESOTA RIVER BUILDERS ASSOCIATIONINC**Employer identification number**

41-1787095

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 88
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION PAYROLL TAXES AMOUNT 2,388 DESCRIPTION TRAVEL AMOUNT 2,499 DESCRIPTION MEMBER BENEFITS AMOUNT 4,026 DESCRIPTION MEETINGS, CONFERENCES AND CONVENTIONS AMOU NT 312 DESCRIPTION BANK CHARGES AMOUNT 924 DESCRIPTION AWARDS AMOUNT 506 DESCRIPTI ON EMPLOYEE MEALS AMOUNT 276 DESCRIPTION CONTINUING EDUCATION AMOUNT 3,555 DESCRIPTI ON INSURANCE AMOUNT 2,544 DESCRIPTION WEBSITE AMOUNT 750 DESCRIPTION MEMBERSH IP DUES AMOUNT 44,613 DESCRIPTION OFFICE SUPPLIES AND EQUIPMENT AMOUNT 1,956 DESCRIPTI ON STAFF PHONE AMOUNT 600 DESCRIPTION MISCELLANEOUS EXPENSES AMOUNT 3,481 DESCRIPTI ON BAD DEBT AMOUNT 1,200 TOTAL TO FORM 990-EZ, LINE 16 69,630

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 4,765 END OF YEAR AMOUNT 10,965
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION PAYROLL LIABILITIES BEG OF YEAR AMOUNT 1,933 END OF YEAR AMOUNT 2,046 D DESCRIPTION DUES PAYABLE BEG OF YEAR AMOUNT 1,493 END OF YEAR AMOUNT 5,906