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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 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](http://www.irs.gov/form990).

OMB No 1545-1150

2015

Open to Public Inspection

**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  
NEBRASKA THOROUGHbred BREEDERS ASSOCIATION  
Number and street (or P O box, if mail is not delivered to street address) Room/suite  
PO BOX 2215  
City or town, state or province, country, and ZIP or foreign postal code  
GRAND ISLAND, NE 68802

**D** Employer identification number  
47-0532998  
**E** Telephone number  
(308) 384-4683  
**F** Group Exemption Number

**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) \_\_\_\_\_

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

**I** Website: ☒ N/A

**J** Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c) ( 5 ) (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 ☒ \$ 19,574

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 <input checked="" type="checkbox"/>									
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .						1	
	2	Program service revenue including government fees and contracts . . . . .						2	12,711
	3	Membership dues and assessments . . . . .						3	6,810
	4	Investment income . . . . .						4	53
	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 exceeds \$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		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .						9	19,574	
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	5,449
	13	Professional fees and other payments to independent contractors . . . . .						13	1,600
	14	Occupancy, rent, utilities, and maintenance . . . . .						14	1,632
	15	Printing, publications, postage, and shipping . . . . .						15	
	16	Other expenses (describe in Schedule O) . . . . .						16	11,347
	17	Total expenses. Add lines 10 through 16 . . . . .						17	20,028
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .						18	-454
	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	115,591
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .						20	-177
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .						21	114,960

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	90,428	22	92,036
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	25,561	24	23,134
25 Total assets	115,989	25	115,170
26 Total liabilities (describe in Schedule O)	398	26	210
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	115,591	27	114,960

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 PROMOTE NEBRASKA THOROUGHbred BREEDING

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

4,239

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
JIM CRANWELL VICE PRESIDE	000 00	0		
JONI LOYD DIRECTOR	000 00	0		
ROGER LUEBBE SEC/TREAS	000 00	0		
GAYLE CAREY DIRECTOR	000 00	0		
ROGER PELSTER DIRECTOR	000 00	0		
JULIE LARMON DIRECTOR	000 00	0		
ZACH MADER PRESIDENT	000 00	0		
ROBERT MOSER JR DIRECTOR	000 00	0		
ARNE ANDERSON DIRECTOR	000 00	0		

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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 . . . . .		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) . . . . .		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)? . . . . .		No
b	If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .		
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 . . . . .		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 . . . . .		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b>		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="checkbox"/> <b>38b</b>		
39	Section 501(c)(7) organizations Enter <input type="checkbox"/> <b>39a</b>		
a	Initiation fees and capital contributions included on line 9 . . . . .		
b	Gross receipts, included on line 9, for public use of club facilities . . . . .		
39b	<input type="checkbox"/> <b>39b</b>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
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 . . . . .		
40b	<input type="checkbox"/> <b>40b</b>		
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 <input type="checkbox"/> _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/> _____		
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 . . . . .		No
40e	<input type="checkbox"/> <b>40e</b>		
41	List the states with which a copy of this return is filed <input type="checkbox"/> _____		
42a	The organization's books are in care of <input type="checkbox"/> LINDA HOFFMAN Telephone no <input type="checkbox"/> (308) 384-4683 Located at <input type="checkbox"/> PO BOX 2215 GRAND ISLAND, NE ZIP + 4 <input type="checkbox"/> 68802		
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 <input type="checkbox"/> _____  See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b>	Yes	No
42b	<input type="checkbox"/> <b>42b</b>		
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 <input type="checkbox"/> _____		No
42c	<input type="checkbox"/> <b>42c</b>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . <input type="checkbox"/> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/> <b>43</b>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		No
44a	<input type="checkbox"/> <b>44a</b>		
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 . . . . .		No
44b	<input type="checkbox"/> <b>44b</b>		
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		No
44c	<input type="checkbox"/> <b>44c</b>		
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	<input type="checkbox"/> <b>44d</b>		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		No
45a	<input type="checkbox"/> <b>45a</b>		
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) . . . . .		No
45b	<input type="checkbox"/> <b>45b</b>		

		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	<div>*****</div> <div>Signature of officer</div>			<div>2016-04-06</div> <div>Date</div>	
	<div>ZACH MADER, PRESIDENT</div> <div>Type or print name and title</div>				
Paid Preparer Use Only	Print/Type preparer's name THOMAS L STEVENSON		Preparer's signature		Date 2016-04-06
	Firm's name <div>▶ DOHMAN AKERLUND &amp; EDDY LLC</div>			Check <input type="checkbox"/> if self-employed PTIN P00359037	
	Firm's address <div>▶ PO BOX 470</div> <div>AURORA, NE 688180470</div>			Firm's EIN <div>▶ 47-0585450</div> <div>Phone no (402) 694-6404</div>	
May the IRS discuss this return with the preparer shown above? See instructions . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Additional Data

Software ID:  
Software Version:  
EIN: 47-0532998  
Name: NEBRASKA THOROUGHBRED BREEDERS ASSOCIATION

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.)	
THE ASSOCIATION MANAGES AND ARRANGES SALES OF NEBRASKA BRED HORSES FOR ITS 28 MEMBERS THE ASSOCIATION ALSO DISTRIBUTES A REVIEW MAGAZINE (Grants \$ ) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>		28a	1,924
29 SEE ABOVE (Grants \$ ) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>		29a	2,315

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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization NEBRASKA THOROUGHBRED BREEDERS ASSOCIATION	Employer identification number 47-0532998
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	NE THOROUGHBRED BREEDERS READERSHIP 907 ADVERTISING 914 EXPENSES CONFERENCES AND MEETINGS 310 SUPPLIES 957 INSURANCE 1,576 MISCELLANEOUS 514 TELEPHONE 1,043 POSTAGE 275 INTERNET EXPENSE 1,413 STAKES EXPENSE 968 CONTRIBUTIONS 200 DUES AND SUBSCRIPTIONS 20 NON-INVESTMENT DEPRECIATION 2,250 TOTAL 11,347
FORM 990-EZ, PART I, LINE 20	BOOK / TAX DEPRECIATION DIFFERENCE -177
FORM 990-EZ, PART II, LINE 24	BUILDINGS 138,283 138,283 LESS ACCUMULATED DEPRECIATION 137,642 140,069 EQUIPMENT 24,920 24,920 TOTAL 25,561 23,134
FORM 990-EZ, PART II, LINE 26	PAYROLL WITHHOLDINGS 398 210
FORM 990-EZ, PART III, LINE 31	SEE ABOVE