

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



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.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A F	or the 2	015 calendar year, or tax year beginning MAR 1, 2015 and ending	FEB 28, 20	16
Во	heck if	C Name of organization	D Employer ide	ntification number
a	pplicable	NEBRASKA STATE BANDMASTERS ASSOCIATION		
	Address change	C/O RYAN MARSH - MALCOLM JR/SR H.S.		
	Name change	Doing business as	23	-7083080
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	e E Telephone nur	mber 440-3989
	Final return/	10002 NW 112TH ST		02) 443-4151
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	119,617.
[Amended	MALCOLM, NE 68402	H(a) Is this a grou	
Ī	Applica-	F Name and address of principal officer.BRADY ROHLFS	for subordin	. — —
	pending	PO BOX 426 , WAVERLY, NE 68462	H(b) Are all subordina	
1 T	aveven	ppt status 501(c)(3)X 501(c)(6) ◀ (insert no.) 4947(a)(1) or 52	⊣ ``	ch a list. (see instructions)
		► N/A	H(c) Group exem	
				2 M State of legal domicile: NE
		Summary	O TOTALIBRION. 130	2) M State of legal doffficile. 141
	,	refly describe the organization's mission or most significant activities: ENCOURAGE	& SUPPORT	YOUTH
Activities & Governance		NSTRUMENTAL MUSIC	u bolloni	100111
nar	_	neck this box I if the organization discontinued its operations or disposed of mo	re than 25% of its no	et accete
Ver	1	umber of voting members of the governing body (Part VI, line 1a)	Te than 25% of its fi	3 11
ဗိ	1	umber of independent voting members of the governing body (Part VI, line 1b)	•	4 0
જ		tal number of individuals employed in calendar year 2015 (Part V, line 2a)	•	5 (
ţį			•	
tivi	6 10	atal number of volunteers (estimate if necessary)	•	
Ac	/a 10	tal unrelated business revenue from Part VIII, columbi(©), line 12-1119		
	b Ne	et unrelated business taxable income from Form 990-T, line 34		7ь О.
		potributions and grants (Part VIII line 1h)	Prior Year	Current Year
e	l	Tittibutions and grants (Fart Vin, into 11)		0. 0.
le l	i	ogram service revenue (Part VIII, line 2g)	15,32	
Revenue	1	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	12	
	4	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,32	
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,77	
	ĺ	ants and similar amounts paid (Part IX, column (A), lines 1-3)		0. 0.
	14 Be	enefits paid to or for members (Part IX, column (A), line 4)		0. 0.
es		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0. 0.
Expenses	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)		0. 0.
ă.	b To	otal fundraising expenses (Part IX, column (D), line 25)		
Ш	17 O	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,93	
	18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,93	
	19 Re	evenue less expenses. Subtract line 18 from line 12	17,84	3. 1,273.
Se			Beginning of Current Y	ear End of Year
Ssets or Balances	20 To	otal assets (Part X, line 16)	129,58	4. 130,857.
AS P	21 To	otal liabilities (Part X, line 26)		00.
왕	22 No	et assets or fund balances. Subtract line 21 from line 20	129,58	4. 130,857.
Unde true,	art II	Signature Block		1
Unde	er penaltie	es of perjury, I declare that I have examined this return, including accompanying schedules and state	ments, and to the best	of my knowledge and belief, it is
true,	correct,	and complete. Peclaration of preparer (other than officer) is based on all information of which prepar	er has any knowledge.	
		From C Much	06	30/2016
Sign	ո	Signature of officer	Date /	,
Her	e	RYAN MARSH, TREASURER		
		Type or print name and title		
	Р	rınt/Type preparer's name Plenarer's signature	Date Chec	* PTIN
Paid		EORGE E. NELSON	06/17/16 self-e	employed P00292890
Prep	r	rm's name MASSMAN NELSON REINIG RC	Firm's EIN	
Use		irm's address 13310 "I" STREET		
	- I.	OMAHA, NE 68137	Phone no.	(402) 330-7099
May	the IRS	discuss this return with the preparer shown above? (see instructions)	1	X Yes No
·viay	いっしいつ	Choose the retain with the preparationown above (see instructions)		∟∡בטוופט

NEBRASKA STATE BANDMASTERS ASSOCIATION 23-7083080 Form 990 (2015) C/O RYAN MARSH - MALCOLM JR/SR H.S. Page 2 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? 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 (Code) (Expenses \$) (Revenue \$ including grants of \$ COORDINATE & SPONSOR BAND AND YOUTH MUSIC CONTESTS AND PERFORMANCES. (Code) (Expenses \$ including grants of \$ ___) (Expenses \$ _ including grants of \$ 4d Other program services (Describe in Schedule O.)

including grants of \$

) (Revenue \$

(Expenses \$

4e Total program service expenses ▶

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A .	_ 1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors	2_	_	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	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?			
	If "Yes," complete Schedule D, Part IV	9	ļ	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	1		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		1	
	as applicable	ŀ		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ì		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	X
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f		1		1,7
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a	-	Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	 	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.04		Х
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>^</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	42		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	 	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		Х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	 	-
17	•	17		х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	X_	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u>^</u>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		X
	complete Schedule G, Part III		990	(2015)

Form 990 (2015) C/O RYAN MARSH - MALCOLM JR/SR H.S.

Part IV Checklist of Required Schedules (continued)

20a but the organization operate one or more hospital locatines? If "Yes," complete Schedule H 27b If "Yes" to line 20a, did the organization altotan or copy of as audied harmonal statements to the return? 28b Dut the organization report more than \$5.000 of grants or other assistance to any domestic organization or domestic organization or part N, column (A), line 17; If "Yes," complete Schedule I, Parts I and II 27c Dut the organization report on the than \$5.000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 17; If "Yes," complete Schedule I, Parts I and III 28c Dut the organization answer Yes's 10 Part NII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, detectors, trustees, key employees, and trusteed and former officers or detectors, trustees, key employees, and trusteed and former officers detectors, trustees, key employees, and trusteed and former officers detectors, trustees, key employees, and trusteed and former officers detectors, trustees, key employees, and trusteed and former officers detectors, trustees, key employees, and trusteed and former officers detectors, trustees, key employees, and trusteed and former officers detectors, trustees, key employees, and trusteed and complete Schedule I, If "Yes," complete Schedule I, Part II 25d Dut the organization meant an escrow account other than a refunding escrow at any time during the year to defease any attack exempt bonds. Part X is a described by the organization engage in an excess benefit transaction with a dequalited person during the year? If "Yes," complete Schedule I, Part II 25d Dut the organization and an account of the following parties (see Schedule I, Part II) 25d Dut the organization expects on reported an my defendence of the following parties (see Schedule I, Part II) 25d Dut the organization revolve a grant or other assistance to an officer, director, trustee, key employees, ubstantial contributions of my decidence or many amount on Part				Yes	No
b If "Yes" to lime 20a, did the organization stack halp copy of its audited financial statements to this return" 20b In the organization report more than 55,000 of grants or other assistance to any discontaction grant and in the organization report more than 55,000 of grants or other assistance to any discontact organization or other organization report more than 55,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2° If "Yes", complete Schedule I, Parts I and III 21 Did the organization answer "Yes" to Part VII, Section A, line 8, 4, or 5 about compensation of the organization's current and former officers, directors, trusteles, key employees, and highest compensated employees? If "Yes," complete Schedule I, Section 80 (If "No", go to line 25a 22 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, If "No", go to line 25a 23 Did the organization anwest any proceeds of tax exempt bonds beyond a temporary period exception? 24 Did the organization anwest and an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 25 Did the organization analysis and an escrow account of the organization gas any time during the year to defease any tax exempt bonds? 25 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Ord the organization gas an excess benefit transaction with a disqualified person or organization and that the transaction with a disqualified person organization and that the transaction with a disqualified person organization and that the transaction with a disqualified person organization and that it organization and executes, highest complete Schedule I, Part IV 26 Did the organization aware that it organized an excess benefit transaction with a disqualified person? If "Yes," complete Schedule I, Part IV 27 Did	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, Coultum (N), in 19 17 (**Pis*, Complete Schedule I, Part I and III 20 did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Collum (N), in 19 17 (**Pis*, Complete Schedule I, Part I and III 20 did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Collum (N), in 19 17 (**Pis*, Complete Schedule I, Part I and III 20 did the organization makes are exempt bond assie 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 Schedule IX I**No. 7g of lone 25a			20b		
22 bit the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? II "Yes," complete Schedule I, Parts I and III 23 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 compensation of the organization's current substact of the year, that was issued after December 31, 2002? If "Yes," answer lines 24 through 244 and complete Schedule K. If "No", go to line 25a Did the organization maintain an escrow account other than a refunding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24 through 244 and complete Schedule K. If "No", go to line 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 1 bit the organization maintain an escrow account other than a refunding escrow at any time during the year? 2 bit the organization act as an "on behalf of" issuer for bends outstanding at any time during the year? 2 bit the organization act as an "on behalf of" issuer for bends outstanding at any time during the year? 2 bit the organization act as an "on behalf of" issuer for bends outstanding at any time during the year? 2 bit the organization act as an "on behalf of" issuer for bends outstanding at any time during the year? 2 bit the organization act as an "on behalf of" issuer for bends outstanding at any time during the year? 2 bit the organization act as an "on behalf of" issuer for bends outstanding at any time during the year? 2 bit the organization act as an "on behalf of" issuer for bends outstanding at any time during the year? 2 bit the organization act as an "on behalf of" issuer for bends outstanding at any time during the year? 2 bit the organization act as an "on behalf of" issuer for bends outstanding at any time durin					
Part IX, column (A), Inel 22 II "Yes," complete Schedule I, Parts I and III 2 Did the organization answer "Yes" to Part VII, Section A. Inel 3.4, or 5 about compensation of the organization's current and former officers, directors, trustoes, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IVI and Ingest compensated employees? If "Yes," complete Schedule I, I are 25s 24a X 24b 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 24th through 24d and complete Schedule II "Not," go to Inve 25s 24a X 24b Did the organization invest any princeds of tax-exempt bonds even at the search of the companization invest any princeds of tax-exempt bonds even any time during the year to defease any tax-exempt bonds? Did the organization and as an "on behalf of" issued for bonds outstanding at any time during the year? 2 Did the organization and star at engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I is the organization and star at engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I is 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, indication in the organization or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part IV instructions for applicable flaing thresholds, conditions, and exceptions? A current or former officer, director, trustee, or key employee, or disqualified person in a fine organization or engage organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I, Part IV instructions or a current or former officer, director, tr		domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
23 bit the organization answer "Nes" to Part VII, Section A, Ine 3.4, or 5 about compensation of the organization is current and former officers, directors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule II "Nes," op 10 Ine 25a II was sissued after December 31, 2002? If "Yes," answer lines 24b fitnough 24d and complete Schedule II "Nes," op 10 Ine 25a II was sissued after December 31, 2002? If "Yes," answer lines 24b fitnough 24d and complete Schedule II "Nes," op 10 Ine 25a II was sissued after December 31, 2002? If "Yes," answer lines 24b fitnough 24d and complete Schedule II II was sissued after December 31, 2002? If "Yes," answer lines 24b fitnough 24d and complete Schedule II II was sissued after December 31, 2002? If "Yes," answer lines 24b fitnough 24d and complete Schedule II II was sissued after December 31, 2002? If "Yes," answer lines 24b fitnough 24d and complete Schedule II II was sissued after December 31, 2002? If "Yes," answer lines 24b fitnough 24d and complete Schedule II II was sissed and siss	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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 list day of the year, that was issued after December 31, 2002? If Yes," answer lines 24b through 24d and complete Schedule K. If *No*, go to line 25a. 25b Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds. 26c Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds. 26d Did the organization sear as an *on behalf of *issuer for bonds outstanding at any time during the year? 27d Did the organization sears as an *on behalf of *issuer for bonds outstanding at any time during the year? 28d Section 601(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization an excess benefit transaction with a disqualified person during the year? 28d b is the organization warre that it engagged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not behalf of *issuer for bonds outstanding that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with 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, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contributed entity or family member of any of these persons? If *Yes,* complete Schedule L, Part IV 27d A mentity of which a current of former officer, director, trustee, or key employee? If *Yes,* complete Schedule L, Part IV 28d A X analy member of a current or former officer, director, trustee, or key employee? If *Yes,* complete Schedule L, Part IV 28d A X analy of which a current or former officer, director, trustee, or key employee? If *Yes,* complete Sched	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	-		
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 Schedule I, I who is the complete Schedule I, I will be organization minuted and a temporary period exception? 25a De the organization minuted and an excess benefit transaction with a disqualitied person during the year? If "Yes," complete Schedule I, Part I I is is 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 transaction with a disqualitied person during the year? If "Yes," complete Schedule I, Part I 25a 25b 25b 25c 2		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
stat day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a b. Did the organization maintain an escriba account other than a refunding escrew at any time during the year to defease any tax exempt bonds? d. Did the organization maintain an escriba account other than a refunding escrew at any time during the year? d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d. Did the organization are assess 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 900-E27 If "yes," complete Schedule L, Part II d. 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, trustees, key employees, in gheat complete Schedule L, Part II D. 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, trustees, key employees, or disqualified persons? If "Yes," complete Schedule L, Part IV instructions for applicable thing thresholds, conditions, and exceptions? a. A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructs, or direct indirect, trustees, or key employee? If "Yes," complete Schedule L, Part IV instructs, or direct or indirect owner?		Schedule J	23		X
Schedule K II *No*, go to line 25a b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization manitaria an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization annitaria an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If *Yes, complete Schedule L, Part II 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 spore forms 990 or 990-E2? If *Yes, complete Schedule L, Part II Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former offers, directors, fustees, key employees, highest compensated employees, or disqualified persons? If *Yes, complete Schedule L, Part III 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 of a unreal via to a business transaction with one of the following parties (see Schedule L, Part IV By Afamily immebre of a current or former officer, director, trustee, or key employee? If *Yes, complete Schedule L, Part IV Afamily immebre of a current or former officer, director, trustee, or key employee? If *Yes, complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If *Yes, complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If *Yes, complet	24a		1		
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 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		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
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sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33		Schedule N, Part II	32		X
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a X 35a X 35b X 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Section 501(c)(3) 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 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		}	l
Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35b Section 501(c)(3) organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36a Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36a Section 501(c)(3) 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 37a X 38a Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38a X		sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			İ
b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X		Part V, line 1	34		
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	b		İ		
If "Yes," complete Schedule R, Part V, line 2 36 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X			35b	ļ	ļ
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 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	36	• • • •			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X			36	 	
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	37	• ,			
Note. All Form 990 filers are required to complete Schedule O			37		X
	38				
		Note. All Form 990 filers are required to complete Schedule O			(0017

Form 990 (2015)

C/O RYAN MARSH - MALCOLM JR/SR H.S.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W 2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c_		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			l
	filed for the calendar year ending with or within the year covered by this return 2a 0			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_		L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	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	3b		
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		X
b	If "Yes," enter the name of the foreign country			l
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X_
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	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).			ļ
а	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?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year			ĺ
е	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		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
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			1
	sponsoring organization have excess business holdings at any time during the year?	8_		
9	Sponsoring organizations maintaining donor advised funds.	_		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 10b	ļ		
b				
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
a	Gross income from other sources (Do not net amounts due or paid to other sources against			
b	amounts due or received from them)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O			
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans]		
С	Enter the amount of reserves on hand	1	1	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2015)

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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			
		r	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 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 0.			
þ	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
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
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		X
6	Did the organization have members or stockholders?	6	<u>X</u>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
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	
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	L	X
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	77	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			77
	Did the organization have a written conflict of interest policy? If "No," go to line 13	_12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		37
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
D	Other officers or key employees of the organization	15b		X
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	'	1	1
ioa		160		х
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
D		l		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16h		
Sec	exempt status with respect to such arrangements?	_16b	<u> </u>	L
	List the states with which a copy of this Form 990 is required to be filed NONE			
17 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) and 990-T (Section 501(c)(3)s only) are states with which a copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are states with which a copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are states with which a copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are states with which a copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are states with which a copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are states with the copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are states with the copy of this Forms 1023 (or 1024 if applicable).		ıle	
10	for public inspection Indicate how you made these available. Check all that apply	ivaliab		
	Own website Another's website X Upon request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	ادرها	
19		HHAI	cial	
20	statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records			
20	RYAN MARSH C/O MALCOLM JUNIOR/SENIOR HIGH SCHOOL - 402-796-2151			
	10002 NW 112TH ST., MALCOLM, NE 68402			
	TOOGA TIN TTAIN DIE, PRINCONN, NA COTOA			

C/O RYAN MARSH - MALCOLM JR/SR H.S.

23-7083080

Form 990 (2015)

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 any line in this Part VII

Section A. 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

X Check this box if neither the organization (A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099 MISC)	other compensation from the organization and related organizations
(1) BRADY ROHLFS	0.00									
PRESIDENT					<u> </u>	ļ		0.	0.	0.
(2) FRANK IBERO	0.00		ļ					_	_	_
PAST PRESIDENT		ļ				_	ļ	0.	0.	0.
(3) DAN SODOMKA	0.00									_
PRESIDENT ELECT		<u> </u>				_		0.	_0.	0.
(4) RYAN MARSH	0.00							_		_
TREASURER		<u> </u>			_	<u> </u>	<u> </u>	0.	0.	0.
(5) EMILEY BOND	0.00							_		_
SECRETARY			_		<u> </u>	<u> </u>	ļ	0.	0.	0.
		-					-			
						_				
						İ				,
								-		
										<u> </u>
		-								
		-								
		-			-					

Part VII Section A. Officers, Direc	tors, Trustees, Key Em	oloye	es, a	and H	lighe	st C	ompensated Employe	es (continued)		
(A) Name and title	(B) Average hours per week (to a count of the count of th		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other				
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Key employee	Highest compensated emoloyee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensi from the organiza and rela organizat	ne Ition Ited
		=	드	5 8	22	, E				
			_		-					
			-	_						
			-							
					-					
					-					
1b Sub-total		<u></u>				>	0.	0.		0
c Total from continuation sheets d Total (add lines 1b and 1c) 2 Total number of individuals (inclu	·	2000		d abo	vo) v	bo r	0. 0.	0.	,	0
Total number of individuals (inclu compensation from the organiza				au0	ve) w	no n			Yes	No
3 Did the organization list any form line 1a? If "Yes," complete Sched			, key	emp /	loyee	, or	highest compensated e	employee on	3	x
4 For any individual listed on line 1 and related organizations greate	a, is the sum of reportab	le co						the organization .	4	х
5 Did any person listed on line 1a rendered to the organization? If	"Yes," complete Schedu				-	relat	ed organization or indiv	idual for services	5	x
Section B. Independent Contractors 1 Complete this table for your five	highest compensated in								sation from	
the organization Report comper	nsation for the calendar y (A) d business address	<u>vear e</u> NO			n or v	vithir	n the organization's tax (B) Description of s		(C) Compensati	on
Trains and		INC	ME							
			_							
O Talalaumhar da da and da an	atractors (nativiliza historia			1 +0 +1-	.052	ust a s	t abough who recovered t	more than		
2 Total number of independent co \$100,000 of compensation from		iot iin		. (0 (1)	0		who received f	nore triall	- 000	

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Revenue excluded
from tax under
sections
512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b b Membership dues 1c c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 900099 5,893 5,893. Program Service Revenue 2 a MEMBERSHIP DUES f All other program service revenue g Total. Add lines 2a-2f 5,893. Investment income (including dividends, interest, and 151 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (II) Personal (i) Real 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other (i) Securities 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c). See a 113,573. Part IV, line 18 ь 110,501. b Less direct expenses ... 3,072. c Net income or (loss) from fundraising events 3,072. 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 10 a Gross sales of inventory, less returns and allowances **b** Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code

9,116.

0.

0.

11 a b

> d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions.

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Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon			(C)	(5)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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			-	
	individuals 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)				
0	Other employee benefits				
9 10	Payroll taxes				
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,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	44.			
14	Information technology .				
15	Royalties		 		
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	2,978.			
19	Conferences, conventions, and meetings Interest	2,310.			
20 21	Payments to affiliates				<u> </u>
22	Depreciation, depletion, and amortization				
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	1,264.	· · · · · · · · · · · · · · · · · · ·		
C	WEBSITE	609.			
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,843.			
26	Joint costs Complete this line only if the organization			1	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			L	

Part X Balance Sheet

Pa	πχ	balance Sneet			
	_	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	129,584.	1	130,857.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	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			
S		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	129,584.	16	130,857.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons			
aþı	1	Complete Part II of Schedule L		22	
5	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D .		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
	ł	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
S		complete lines 27 through 29, and lines 33 and 34.			
ě	27	Unrestricted net assets		27	
3ale	28	Temporarily restricted net assets		28	
ğ	29	Permanently restricted net assets		29	
Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► X			
ŏ		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	0.	30	0.
455	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds	129,584.	32	130,857.
Z	33	Total net assets or fund balances	129,584.	33	130,857.
	34	Total liabilities and net assets/fund balances	129,584.	_34	130,857.

23-7083080 Page 12 C/O RYAN MARSH - MALCOLM JR/SR H.S. Form 990 (2015) Part XI | Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 9,116. Total revenue (must equal Part VIII, column (A), line 12) 1 7,843. 2 Total expenses (must equal Part IX, column (A), line 25) 2 1,273. Revenue less expenses Subtract line 2 from line 1 3 3 129,584 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) 9 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 10 130,857. 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 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 O X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Both consolidated and separate basis Separate basis Consolidated basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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 Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? За

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2015)

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

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization NEBRASKA STATE BANDMASTERS ASSOCIATION

Employer identification number

C/O RYA	N MARSH - MALCOLM	JR/	SR	H.S.	23-7083	080
Part I Fundraising Activities required to complete this par	. Complete if the organization answet.	red "Y	es" o	n Form 990, Part IV,	line 17 Form 990-EZ	filers are not
Indicate whether the organization raise	e Solicitat f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p ividuals or entities (fundraisers) pursu	ion of ion of fundra (include rofess	non g gover alsing ding o lonal f	overnment grants nment grants events fficers, directors, trus undraising services?	Yes Yes	 :
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(III) fundr have c or con contrib	uslody trol of	(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
		Yes	No			
			_			
					-	
Total			<u> </u>			
3 List all states in which the organization or licensing	on is registered or licensed to solicit (contrib	utions	or has been notified	of it is exempt from re	egistration
		-			······	

Schedule G (Form 990 or 990-EZ) 2015 C/O RYAN MARSH - MALCOLM JR/SR H.S. 23-7083080 Page 2 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 (b) Event #2 (c) Other events (d) Total events MARCH CONCERT BAND (add col (a) through CONVENTION FESTIVAL col (c)) (total number) (event type) (event type) 2,890. 19,983. 90,700. 113,573. 1 Gross receipts 2 Less Contributions Gross income (line 1 minus line 2) 2,890. 90,700. 19.983. 113,573. Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 113,57 11 Net income summary Subtract line 10 from line 3, column (d) 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 (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes % Yes Volunteer labor No 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 b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If "Yes," explain

NEBRASKA STATE BANDMASTERS ASSOCIATION 23-7083080 Page 3 Schedule G (Form 990 or 990 EZ) 2015 C/O RYAN MARSH - MALCOLM JR/SR H.S. 11 Does the organization conduct gaming activities with nonmembers? 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? Indicate the percentage of gaming activity conducted in a The organization's facility 13b b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records 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 ▶ _ Address ▶ _____ Gaming manager information Name > Gaming manager compensation ▶ \$ Description of services provided Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ 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 provide any additional information (see instructions)

Schedulo (d	(Form 990 or 990 E7)	NEBRASKA	STATE	BANDMASTER:			23-7083080	Page 4
Part IV	(Form 9'90 or 990-EZ) Supplemental Infor	mation (continue	aq) Tirinoii	MALICOLM (OK/ DK	11.0.	23 7003000_	raye 4
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SCHEDULE O

(Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service 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

Employer identification number 23-7083080

C/O RYAN MARSH - MALCOLM JR/SR H.S. 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

Name of the organization			S ASSOCIATION JR/SR H.S.	Employer identification number 23-7083080
FORM 990, PART	r VI, SECTION C	, LINE 19:		
DOCUMENTS ARE	AVAILABLE TO T	HE ANNUAL G	ENERAL MEMBERSHI	P MEETING.
FORM 990, PART	r VII CONTACT A	DDRESSES FO	R OFFICERS, DIRE	CTORS, ETC:
BRADY ROHLFS -	- PO BOX 426, W	AVERLY, NE	68462	
FRANK IBERO -	313 E 27TH ST,	SCOTTSBLUF	F, NE 69361	
DAN SODOMKA -	300 L ST, AURO	RA, NE 6881	8	
RYAN MARSH - 1	10002 NW 112TH	ST, MALCOLM	, NE 68402	
EMILEY BOND -	5801 S 84TH, L	INCOLN, NE	68516	
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