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990-EZ

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)

OMB No. 1545-1150 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For the	2015 calend	ar year, or tax year beginning	June 19	, 2015, a	nd ending	J	une 24	, 20	16		
В	Check if ap	plicable	C Name of organization				D Empl	oyer ide	entification numb	er		
	Address cl	hange	Iowa Bandmasters Association, Inc.					42-1525499				
_	Name cha	-	Number and street (or P O box, if mail is not delive	rered to street address)		Room/suite	E Telep	hone nu	ımber			
=	Initial retur	13270 3rd Street					31	9-899-0944				
=	Amended	n/terminated	City or town, state or province, country, and ZIP of	or foreign postal code			F Grou	ıp Exer	mption			
_	Application		Marion, IA 52302				Num	ber 🕨	► No	ne		
G	Account	ing Method:	✓ Cash	<u> </u>		Н	Check I	 	f the organization	on is not		
	Nebsite:	. •	bandmasters.org						ach Schedule B			
J T	ax-exem	npt status (che	eck only one) — 🗸 501(c)(3) 🔲 501(c) () ◀ (insert no.) ☐ 4947	7(a)(1) or	□ 527	(Form 99	90, 990)-EZ, or 990-PF).		
_					Other							
			7b to line 9 to determine gross receipts. If gr	oss receipts are \$200,	000 or m	ore, or if total	assets					
(Pa	rt II, colu	umn (B) belov	v) are \$500,000 or more, file Form 990 instea	d of Form 990-EZ				▶ \$				
P	art I	Revenu	e, Expenses, and Changes in Net	Assets or Fund B	Balance	s (see the	instruc	tions	for Part I)			
_			the organization used Schedule O to							. 🗸		
	1		ons, gifts, grants, and similar amounts re					1		 8,758.35		
	2		ervice revenue including government fee					2		9,036.40		
	3	-	ip dues and assessments					3		3,950.00		
	4	Investmen	•					4		1,867.74		
	5a		ount from sale of assets other than inven	tory	5a		0.00	R		.,007.7		
	b		or other basis and sales expenses	•	5b		0.00	1-				
	c	Gain or (los		5c		0.00						
	6	Gaming an	1	77								
	a	_	ome from gaming (attach Schedule	G if greater than								
ě		\$15,000)			6a		0.00					
Revenue	Ь		me from fundraising events (not includii	na \$		contribution						
ě	-		aising events reported on line 1) (attac				_					
	[ch gross income and contributions exce		6b		0.00	1 ,				
	c		t expenses from gaming and fundraising		6c		0.00	t*				
	d		e or (loss) from gaming and fundraisin		6a and	6b and sul		,				
	1	line 6c)						6d		0.00		
	7a	Gross sale	s of inventory, less returns and allowand	es	7a		917.20					
	b		of goods sold		7b		697.72					
	C		it or (loss) from sales of inventory (Subtr	act line 7b from line	7a) .			7c		219.48		
	8		nue (describe in Schedule O)					8		0.00		
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and	18	- F /- , 1	Est 14- Vi es Bed	 ▶1	9	13'	1,831.97		
_	10		similar amounts paid (list in Schedule (7.7(7)	ニーマニン		10		2,150.00		
	11		aid to or for members					11		4,504.56		
S	12	Salaries, o	ther compensation, and employee bene		NOV -2	3 2016		12	-	7,598.98		
nses	13		al fees and other payments to independ				(8)	13		5,978.85		
Exper	. 14		y, rent, utilities, and maintenance	(200			14	-	7,168.00		
Щ	15		ublications, postage, and shipping		<u> </u>	<u> M. n.i</u>	,	15	31	B,586.76		
	16							16		6,792.67		
	17		enses. Add lines 10 through 16				. ▶	17		2 <u>,7</u> 79.82		
	40	Excess or	(deficit) for the year (Subtract line 17 fro	m line 9)				18		(947.85)		
ş	19	Net assets	or fund balances at beginning of year	(from line 27, colu	mn (A))	(must agree	with			<u></u>		
Ass	1		ar figure reported on prior year's return)					19	23	6 <u>,7</u> 05.90		
Net Assets	20	Other char	nges in net assets or fund balances (exp	lain in Schedule O)			1	20		0.00		
ž	21		or fund balances at end of year. Combi				. ▶	21	23!	5,758.05		
Fo		 	ion Act Notice, see the separate instruction			No. 10642I			Form 990-E			

5 B

20

						aye _
Pa.		•				
	Check if the organization used Schedule	O to respond to a	ny question in this			<u> </u>
				(A) Beginning of year	L.,	(B) End of year
22	Cash, savings, and investments		[236,705.90		235,758.05
23	Land and buildings		<i>.</i> [0.00	-	0.00
24	Other assets (describe in Schedule O)		<i></i>	0.00	-	0.00
25	Total assets		<i></i> [236,705.90		235,758.05
26	Total liabilities (describe in Schedule O)			0.00	-	0.00
27	Net assets or fund balances (line 27 of column			236,705.90	27	235,758.05
Par		•		•		Evnancas
	Check if the organization used Schedule				(Red	Expenses Juired for section
wna	is the organization's primary exempt purpose?	Promote/improve the	e interest/quality of I	owa band music		c)(3) and 501(c)(4)
Desc	ribe the organization's program service accompli easured by expenses. In a clear and concise n	shments for each o	f its three largest p	rogram services,	orga othe	nizations, optional for rs.)
	ons benefited, and other relevant information for e		c scrvious providuo	a, the number of		,
	Annual conference is held which includes continuing		oncerts, workshops.	business		1
	meetings, committee meetings, displays, and award					
	guests.					
		includes foreign gra	ants, check here .	▶ 🗌	28a	56,142.92
29	Information services include quarterly magazine (\$3	0,011.14), newsietters	(\$984.98), elections	information/		
	online voting (\$4,284.00), membership directories (\$					
	(Grants \$ 0.00) If this amount	includes foreign gra	ants, check here .	▶ 🛘	29a	43,197.62
30	6 Scholarships (winners must be HS seniors who int	end to be music educ	ation majors in lowa	colleges/		
	universities - [selected by audition/music theory test	s]) (\$7,500), Grants to	IA Alliance for Arts	Ed. and IAAE		
	Mentor Prgrm (\$3,350), IA public TV (\$300), IA Comp	. Music Project (\$500)	, and IA Band Conds	s. Forum (\$500)		
	(Grants \$ 0.00) If this amount	includes foreign gra	ants, check here .	<u></u> ▶ □	30a	12,150.00
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 🗆	31a	0.00
32	Total program service expenses (add lines 28a	through 31a)		•	32	111,490.54
Par				•	nstruc	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a	, _ `	-,		· · · · · <u> </u>
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employe	- (a)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC			ther compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation	1	
Mich	el Golemo	_	[
<u>Presi</u>	dent	20 hrs/week	1,500.00	0.0	0	0.00
Russ	Kramer	_				
	dent Elect	10 hrs/week	0.00	0.0	0	0.00
Steve	Cook	_				
Secre	tary	20 hrs/week	1,500.00	0.0	0	0.00
Aaro	Nuss	_			-	
Treas	игег	20 hrs/week	1,500.00	0.0	0	0.00
Dick	Redman	_			-	
Maga	zine Editor	20 hrs/week	1,500.00	0.0	0	0.00
Jacq	ielyn Meunier	=				
<u>Imme</u>	diate Past President	2 hrs/week	0.00	0.0	0	0.00
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		-[
	<u> </u>		 	 	+	
		-				
						
		_[1	1	-	

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		1
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		✓
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		1
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		- -
С	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		1
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.00	परा	."1	- V
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	3 42 3	*****	
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a	2,	√
39	If "Yes," complete Schedule L, Part II and enter the total amount involved		1 1	,
а	Initiation fees and capital contributions included on line 9	100	, . ,	
b	Gross receipts, included on line 9, for public use of club facilities	, , .	ž ,	,
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	2" ~"	5	4
	section 4911 ► 0.00 ; section 4912 ► 0.00 ; section 4955 ► 0.00		ign y tr	A ³ ,
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	40h		,
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b	li St. Pr	-
	on organization managers or disqualified persons during the year under sections 4912,	等。 新聞		, ,
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	ş- 11	, ", ",	
_	40c reimbursed by the organization	1	ا دي ها غ	1
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	, ac *	,
41	List the states with which a copy of this return is filed ▶ N/A	106	1	
42a	The organization's books are in care of ▶ Aaron C. Nuss, Treasurer Telephone no. ▶	319-89	9-0944	1
	Located at ► 3270 3rd Street, Marion, IA ZIP + 4 ►	523	102	
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	11 6	,, ·	•
	Financial Accounts (FBAR).	- -	,	
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	,	✓.
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year	• •	•	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	ļ	✓
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		<u> </u>
	Did the organization receive any payments for indoor tanning services during the year?	44c		√
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
45 -	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
b	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		✓

Form 9	90-EZ (2	Q15)							F	age 4
	ı.					·			Yes	No
46	Did t	he organization engage, directly or ir	ndirectly, in political c	ampaign activities or	behalf of c	r in opposi	tion			
	to ca	ndidates for public office? If "Yes," of	complete Schedule C	,PartI			.	46		✓
Part	VI	Section 501(c)(3) organizations	only							
		All section 501(c)(3) organization	s must answer que	stions 47-49b and	52, and co	mplete th	e tabl	es fo	or line	es
		50 and 51.	·		-	•				
		Check if the organization used Sci	hedule O to respond	to any guestion in t	this Part VI					П
		<u> </u>		<u></u>					Yes	No
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) election	on in effect	during the	tax [\dashv		
		? If "Yes," complete Schedule C, Par						47		
48	•	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								
49a		he organization make any transfers to					·	48 49a		/-
b		es," was the related organization a se	•	_			⊢ -	49b		 -
50		plete this table for the organization's							es an	d kes
		oyees) who each received more than								
	-111			1	(d) Health					
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions	to employee	(e) Est			
	\-	,	devoted to position	(Forms W-2/1099-MISC)		and deferred	othe	r com	pensat	ion
					- Compo					
None.					1					
					 					
				[
										
					 					
					1					
					-					
			* 400 000	L						
		number of other employees paid ov								_
51		plete this table for the organization			contractor	s who each	recei	ved	more	thar
	\$100	,000 of compensation from the orga	mizadon. Il there is no	one, enter None.						
	(a)	Name and business address of each independ	lent contractor	(b) Type of ser	vice	(c)	Compe	ensatic	on	
None										
None.				1						
	-			-				—		
				-						
		No. of the last of		 			.			
				-						
			^~~~~~~	-						
	T-1-1	number of other independent and	otom oceh reserri	Over \$100 000						
		number of other independent contra	_		<u></u>					
52		the organization complete Schedu	ile A? Note: All se					.,		
		oleted Schedule A	· · · · · · · · · · · · · · · · · · ·				.▶✓			No
Under p	penalties prect an	of perjury, I declare that I have examined this red complete. Declaration of preparation of the following that	return, including accompant officer) is based on all info	ying schedules and statem	ents, and to the	best of my kr	owledg	e and	belief,	ıt ıs
	Treet, as	o completely containing to proper containing		That of the winds propares	That any tolowic	1. /				
Cian		Han / un				[10/16]				
Sign		Signature of officer			Dat	e ·				
Here		Aaron C. Nuss, Treasurer								
		Type or print name and title	Deparente				F-			
Paid		Print/Type preparer's name	Preparer's signature	Da	ate	Check	ıf	TIN		
Prep	arer					self-emplo	yed			
-	Only	Firm's name ▶			Firr	n's ElN ▶				
		Firm's address ▶			Pho	ne no.			,	
Mayt	ne IBS	discuss this return with the preparer	r snown above? See i	Instructions				Vac	1 1 2	V۸

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Name	lame of the organization Employer identification number						
	Bandmasters Association, Inc.	-in-Chahan (All			A - Al-1		25499
Par The d	Reason for Public Cha organization is not a private foundation	·					ons.
1	A church, convention of church						
2	A school described in section	•					
3	A hospital or a cooperative ho						
4	A medical research organization hospital's name, city, and state	е:					
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						
6 7	☐ A federal, state, or local gover☐ An organization that normally described in section 170(b)(1)	receives a subs	stantial part of its sup				n the general public
8	A community trust described in			=			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business	certain taxable i	exceptio ncome (1	ns, and (2) no more	than 331/3% of its
10	An organization organized and	l operated exclus	sively to test for public	c safety.	See sect	ion 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations d	lescribed in section 5	09(a)(1) o	r section	509(a)(2). See secti	ion 509(a)(3). Check
а	the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.						
b	☐ Type II. A supporting organic control or management of the organization(s). You must ce	e supporting org	ganization vested in th				
С	Type III functionally integra its supported organization(s)	ated. A supportir	ng organization opera				y integrated with,
d		tegrated. A suppated. The organi	porting organization o	perated i satisfy a	n connec	tion with its support on requirement and	
е	Check this box if the organiz functionally integrated, or Ty						I, Type III
f	Enter the number of supported	•					
g	Provide the following information	n about the supp	orted organization(s).	•			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							

Total

Par		ations Desci	ribed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(vi)
	(Complete only if you checked t	he box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qua	alify under
Soct	Part III. If the organization fails to	o quality unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support	(a) 0011	(h) 0010	(-) 0040	40.0044		
Caler 1	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
'	Gifts, grants, contributions, and membership fees received. (Do not	ì					
	include any "unusual grants.")			1			
2	Tax revenues levied for the			 			
_	organization's benefit and either paid		1]	
	to or expended on its behalf						
3	The value of services or facilities					-	
	furnished by a governmental unit to the	į					
	organization without charge	1					
4	Total. Add lines 1 through 3						
5	The portion of total contributions by	and a		,,,	ا در ع او	· · · · · ·	
	each person (other than a		Jan 19		, ,		
	governmental unit or publicly				<u> </u>	, ,	
	supported organization) included on	` ,					
	line 1 that exceeds 2% of the amount				المُرِينِ في الم	,	
_	shown on line 11, column (f)		()			,	
6	Public support. Subtract line 5 from line 4.	ł	, ,	1.	` · · · ·		
	on B. Total Support dar year (or fiscal year beginning in)	(-) 2011	(-) 2012	(-) 0010	(-1) 004.4	() 0045	
7	Amounts from line 4	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
8	Gross income from interest, dividends,			· · · · · · · · · · · · · · · · · · ·			
0	payments received on securities loans,					ŀ	
	rents, royalties and income from similar						
	sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	ıs regularly carried on						
10	Other income. Do not include gain or				, , , , , , , , , , , , , , , , , , , ,		
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10		L	,			
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	1 501(c)(3)
Sacti	organization, check this box and stop he on C. Computation of Public Suppor	t Doroonton	· · · · ·	• • • • •	: : : : :	· · · · · ·	· · •
14	Public support percentage for 2015 (line			1 column (fl)		14	
15	Public support percentage from 2014 Sci		-	1, coldinii (i))		15	<u>%</u>
16a	331/3% support test—2015. If the organic						
	box and stop here. The organization qua						
b	331/3% support test-2014. If the organ	nization did no	t check a box	on line 13 or	16a, and line	15 is 331/3% o	
	check this box and stop here. The organ	zation qualifie	s as a publicly	supported org	anization .		▶ □
17a	10%-facts-and-circumstances test-20	015. If the orga	unization did no	ot check a box	on line 13, 16	a, or 16b, and li	ine 14 is
	10% or more, and if the organization me	ets the "facts-a	and-circumsta	nces" test, che	ck this box an	d stop here. E	xplain in
	Part VI how the organization meets the "f	acts-and-circu	ımstances" tes	t. The organiza	ation qualifies	as a publicly su	pported
	organization						. 🕨 🗀
b	10%-facts-and-circumstances test-26	014. If the orga	anızation dıd ne	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organization	tion meets the	facts-and-ci	rcumstances*	test, check th	is box and sto	p here.
	Explain in Part VI how the organization m				ne organizatioi	n qualifies as a	publicly
40							. ▶ 🗆
18	Private foundation. If the organization di						
	instructions				<u> </u>	<u> </u>	· P 📙

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	If the organization fails to qualify	under the tes	sts listed belo	ow, please co	mplete Part I	ll.)	
<u>Secti</u>	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees			. –			
	received. (Do not include any "unusual grants.")	46,977.50	48,906.24	49,748.00	52,094.00	47,708.35	245,434.09
2	Gross receipts from admissions, merchandise			-			
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	87,172.76	85,737.74	86,880.95	77.005.14	70.052.60	447 650 40
3	Gross receipts from activities that are not an	07,172.70	65,737.74	00,000.33	77,905.14	79,953.60	417,650.19
·	unrelated trade or business under section 513					[
	_	0.00	0.00	0.00	0.00	0.00	0.00
4	Tax revenues levied for the						
	organization's benefit and either paid					·	
	to or expended on its behalf	0.00	0.00	0.00	0.00	0.00	0.00
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0.00	0.00	0.00	0.00	0.00	0.00
6	Total. Add lines 1 through 5	134,150.26	134,643.98	136,628.95	129,999.14	127,661.95	663,084.28
7a	Amounts included on lines 1, 2, and 3				-,		
	received from disqualified persons .	0.00	0.00	0.00	0.00	0.00	0.00
h	Amounts included on lines 2 and 3		5.00		- 0.00		0.00
_	received from other than disqualified			•			
	persons that exceed the greater of \$5,000		l		}		
	or 1% of the amount on line 13 for the year	0.00	0.00	0.00	0.00	0.00	0.00
С	Add lines 7a and 7b	0.00	0.00	0.00	0.00	0.00	0.00
8	Public support. (Subtract line 7c from	0.00	0.00	0.00	0.00	0.00	0.00
0		·· 2*.		1 , 16		3 m	
C4	line 6.)			·		· · · · · · · · · · · · · · · · · · ·	663,084.28
	on B. Total Support	430044					
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	134,150.26	134,643.98	136,628.95	129,999.14	127,661.95	663,084.28
10a	Gross income from interest, dividends,		-				
	payments received on securities loans, rents,			}			
	royalties and income from similar sources .	933.72	10,886.92	16,295.83	6,099.85	4,867.74	39,084.06
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		i				
	acquired after June 30, 1975	0.00	0.00	0.00	0.00	0.00	0.00
C	Add lines 10a and 10b	933.72	10,886.92	16,295.83	6,099.85	4,867.74	39,084.06
11	Net income from unrelated business		·		-/		
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0.00	0.00	0.00	0.00	0.00	0.00
12	Other income. Do not include gain or	0.00	0.00	0.00	0.00	0.00	0.00
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	0.00	0.00	0.00	0.00	0.00	0.00
13	and 12.)						
4.4	·	135,083.98	145,530.90	152,924.78	136,098.99	132,529.69	702,168.34
14	First five years. If the Form 990 is for the				_		
	organization, check this box and stop her			<u> </u>	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>	· · •
	on C. Computation of Public Suppor						
15	Public support percentage for 2015 (line 8					15	94.43 %
16	Public support percentage from 2014 Sch			<u></u>	<u></u>	16	93.39 %
Secti	on D. Computation of Investment Inc			4			
17	Investment income percentage for 2015 (17	5.57 %
18	Investment income percentage from 2014					18	6.61 %
19a	331/3% support tests-2015. If the organi						
	17 is not more than 331/3%, check this box		-			=	
b	331/3% support tests—2014. If the organiz						
	line 18 is not more than 331/3%, check this b	oox and stop h	ere. The organi	zation qualifies	as a publicly su	apported organia	zation 🕨 🔲
20	Private foundation. If the organization die	d not check a l	oox on line 14,	19a, or 19b, c	heck this box	and see instruc	tions ▶ 🗍

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I. complete Sections A and D. and complete Part V.)

Section	Δ ΔΙΙ	Supporting	Organization	16
Section	7. 711	Supporting	Or yarnzauor	10

Secti	ion A. All Supporting Organizations	CIT V	•/	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	· '@ '	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3 b		ŧ
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	, , ,	nsf r
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	4 5	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	ett.	n ' .
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	7	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<i>≸-∵'</i> 5b	į.	
с 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5c	1,11,	
Ū	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		,
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	,	, • •
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	,	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10a

10b

Part	IV Supporting Organizations (continued)			Page :
	- Capperaing Cigamizations (Commission)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b	<u> </u>	
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Secu	on B. Type I Supporting Organizations		1.4	Γ
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1 \	Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1	•
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1	9 .	4
	controlled the organization's activities. If the organization had more than one supported organization,	1	1, 4 19 m j	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	19	મહત્વ "	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	11 17 11	g., A. 433,	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	, , ,		
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	3	7.	1
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	Manager 19 CH - CH		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	ঠ	P	~
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed	(h)		4
	the supported organization(s).		* G* "	
Secti	on D. All Type III Supporting Organizations			
	on on the type in outper any organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1.3		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	$A_{p} \circ C_{p}^{p}$	ر الارت ^{ان} ان	, , , , , , , , , , , , , , , , , , ,
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	47.15.05.0	$T_{i,j}$	1 1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	`	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1 44 5	1 11	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	40 y	, , , ,	, k
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1. 18		. '
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		· , ,	4.
	supported organizations played in this regard.	-	, i	,
Sacti	on E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ctions	s):
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	truction	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1 1	_ '	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	,		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these] , [
	activities but for the organization's involvement.	_ '		
•	•	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	_		
h		3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the containing organization or the containing organization or	g tru	ust on Nov. 20, 1970. See in lete Sections A through E.	nstructions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	,	1	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		****
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1	,	, ,
2 Acquisition indebtedness applicable to non-exempt-use assets	2		1,1
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2 Enter 85% of line 1	2	7,37	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*
4 Enter greater of line 2 or line 3	4	Eller The Sent County for	
5 Income tax imposed in prior year	5	4	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		- W.
7 Check here if the current year is the organization's first as a non-functionall instructions).	ly-ın	tegrated Type III supporting	organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	zations (continued)	
Sect	ion D - Distributions	<u> </u>		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe		orted	
	organizations, in excess of income from activity	, , , , , , , , , , , , , , , , , , , ,		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(ī) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		·	
2	Underdistributions, if any, for years prior to 2015	and the second of the second o		
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of the state of the state of	
a		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	an are the talk	作与性产品的 (1) 10gg
<u>b</u>	· · · · · · · · · · · · · · · · · · ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Mark the color
<u>c</u>	and the second s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Eller Care Contract
<u>d</u>	From 2013			Commence of the second
<u>e</u> _	From 2014	0,5	The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u>f</u>	Total of lines 3a through e	· · · · · · · · · · · · · · · · · · ·		
<u>g</u>	Applied to underdistributions of prior years	and the state of t	\$2.00 to 1	
<u>h</u> _	Applied to 2015 distributable amount	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s	11.
<u>i</u> _	Carryover from 2010 not applied (see instructions)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of free to be a first way to
!_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	4 J 419 J 42 ~ 2	The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4	Distributions for 2015 from Section	The figure of the state of	The property of the property of	
a	D, line 7: \$ Applied to underdistributions of prior years	State of the state	51, 1,	
		The second second		Not to the second
b_	Applied to 2015 distributable amount		130 To 1 To	, 2
<u>c</u> 	Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2015, if			, (4)
3	any. Subtract lines 3g and 4a from line 2 (if amount	-		
	greater than zero, see instructions).			,
6	Remaining underdistributions for 2015. Subtract lines 3h	7 7	- 1	· · · · · · · · · · · · · · · · · · ·
•	and 4b from line 1 (if amount greater than zero, see	***	and the same of	
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3	'	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
	and 4c.			e de
8	Breakdown of line 7:	,		1 1
а		- , , ,		
b		,		<u> </u>
С	Excess from 2013			*
d	Excess from 2014	(
е	Excess from 2015			<u> </u>

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

•••••	

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,

OMB No. 1545-0047 20**15**

Department of the Treasury Internal Revenue Service Name of the organization

Iowa Bandmasters Association, Inc

► 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.

Open to Public Inspection

Employer identification number

42-1525499

990 EZ Part I, Line 10 The Major Landers Scholarship Program is the responsibility of the IBA Endowment Fund Committee. Up to six scholarships are awarded annually to high school seniors who plan to be music education majors in lowa colleges or universities. The scholarship information is provided to IBA members (band directors) during the fall semester who then share that information with their high school band students who are seniors. Interested students then prepare to participate, beginning at their district level. The Iowa Bandmasters Association, Inc. (IBA) has six geographical district organizations which host several events for IBA members including the district level scholarship auditions. Auditions and a music theory test are held in each of the six IBA districts to determine a district winner. District winners come to the annual Conference in May for the final auditions and a music theory examination to determine the first place, second place, and up to four finalist scholarship winners at the state level. The first place winner also performs her/his solo at the IBA Conference Banquet. The monetary amounts are as follows. 1st Place - \$2,000, 2nd Place - \$1,500, up to four finalists - \$1,000 each In FY2015, \$7,500 in total was paid out to the recipients In addition to the Major Landers Scholarship Program, IBA makes annual grants to the Iowa Alliance for Arts Education (IAAE) (\$3,000), the IAAE Mentor Program (\$350), Friends of Iowa Public Television (\$300), the Iowa Comprehensive Musicianship Project (\$500), and the Iowa Band Conductors Forum (\$500) to support their efforts to "promote, encourage, enhance, and improve interest in and quality of band music in lowa," the stated purpose of the lowa Bandmasters Association, Inc 990EZ, Part I, Line 16 The lowa Bandmasters Association, inc. (IBA) holds an annual conference in May which includes continuing education clinics, concerts by bands at all levels from lowa and around the midwest, workshops covering a variety of topics for band directors, IBA business meetings, IBA committee meetings, displays and exhibits by educational institutions and vendors, and an awards banquet to honor outstanding members, retirees, keynote speakers, and to feature the 1st Place winner of the Major Landers Scholarship. The Conference is regularly attended by over 1,200 people including IBA members, quests, family members, and workshop/ clinic presenters. Expenses for the Conference are included in Part I, Line 16 (\$55,142.92). Also included in Line 16 are expenses related to computer equipment, software upgrades, and upgrades to the IBA website (www bandmaster org) (\$1,649 75)

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number
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