SCANNED JUN 2 9 2021

•						294930	5116904
For		90	Return of Organization Under section 501(c), 527, or 4947(a)(1) of the				OMB No 1545-0047 Ons) 2019
		nuary 2020)	Do not enter social security nun	nbers on this forn	n as it ma	y be made public. \mathcal{M}	Open to Public
<u>Inter</u>	artment nal Rev	of the Treasury venue Service	► Go to www.irs.gov/Form990 f	or instructions ar	nd the late	est information.	Inspection
A	For th	ne 2019 calend	ar year, or tax year beginning MAR 1,	2019 and	dending	FEB 29, 2020	
В	Check I	NEBR	organization ASKA STATE BANDMASTERS A	SSOCIATIO	N	D Employer identif	fication number
	Addr chan	ge C/O	RYAN MARSH				
	Nam chan	ige Doing bu	usiness as			23-70830	080
	Initia retur	n Number	and street (or P.O. box if mail is not delivered to stre	et address)	Room/sui	ite E Telephone numb	er
]Fınai retur	n/ <u>1300</u>	VAN DORN ST			(402) 44	10-3989
	termi ated	City or to	own, state or province, country, and ZIP or foreign	gn postal code		G Gross receipts \$	160,409.
	Ame retur	nded LINC	OLN, NE 68502			H(a) Is this a group	return
	Appl tion	F Name ar	nd address of principal officer NATHAN LE	FEBER		for subordinate	s? . Yes X No
	pend	SAME .	AS C ABOVE		1	H(b) Are all subordinates	included? Yes No
1	ax-e	kempt status:	501(c)(3)	o.)	or 🚺 5	If "No," attach a	a list (see instructions)
J١	Nebs	ite: ► N/A			W	H(c) Group exempte	on number
KF	orm c	of organization:	Corporation Trust X Association	Other >	L Ye	ar of formation: 1962	M State of legal domicile: NE
Pa	art I	Summary					
a	1	Briefly describ	e the organization's mission or most significant a	activities ENCO	URAGE	& SUPPORT Y	OUTH
ĕ]	INSTRUM	ENTAL MUSIC				
Ē	2	Check this box	if the organization discontinued its o	perations or dispo	sed of mo	ore than 25% of its net a	ssets
Activities & Governance	3	Number of vot	ing members of the governing body (Part VI, line	1a)		3	11
Ğ	4	Number of inde	ependent voting members of the governing bod	4	0		
SS	5	Total number of	of individuals employed in calendar year 2019 (P	. 5	0		
Ě	6	Total number of	of volunteers (estimate if necessary)	6	0		
Ę	7 a	Total unrelated	business revenue from Part VIII, column (C), lin	7a	0.		
•	ь	Net unrelated i	ousiness taxable income from Form 990-T, line 3	9		7b	0.
						Prior Year	Current Year
Φ	8	Contributions a	and grants (Part VIII, line 1h)	_		0.	150.
ğ	9	Program service	e revenue (Part VIII, line 2g)			10,358.	27,862.
Revenue	10	Investment inc	ome (Part VIII, column (A), lines 3, 4, and 7d)			645.	885.
<u>~</u>	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, ar	nd 11e)	<u>L</u>	31,013.	3,302.
	12	Total revenue -	add lines 8 through 11 (must equal Part VIII, co	lumn (A), line 12)		42,016.	32,199.
	13	Grants and sim	nilar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
:	14	Benefits paid to	o or for members (Part IX, column (A), line 4)			0.	0.
S	15	Salaries, other	compensation, employee benefits (Part IX, colui	mn (A), lines 5·10)		0.	0.
nse	16a	Professional fu	ndraising fees (Part IX, column (A), line 11e)			0.	0.
Expenses	b	Total fundraising	ng expenses (Part IX, column (D), line 25)	<u>0.</u> L			
Ш,	17	Other expense	s (Part IX, column (A), lines 11a-11d, 11f-24e)			<u>9,597.</u>	14,535.
	18	Total expenses	Add lines 13-17 (must equal Part IX, column (A) line 25)		<u>9,597.</u>	14,535.
	19		xpenses Subtract line 18 from line 12	RECE	IVED	32,419.	17,664.
Net Assets or Fund Balances						Beginning of Current Year	End of Year
sets	20	Total assets (Pa	art X, line 16)	0198 JUL 2	1	Ø 190,457.	208,121.
d Big	21	Total liabilities (g JUL 2	U 2024	0.	0.
	22		und balances Subtract line 21 from line 20			¥ 190,457.	208,121.
Pa	rt II	Signature		OGDFI	V IIT		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than offiger) is based on all information of which preparer has any knowledge

Signature of officer Sign RYAN MARSH, TREASURER Here Type or print name and title Date Check PTIN Preparer's signature Print/Type preparer's name 07/08/20 self-employed P00292890 Paid GEORGE E. NELSON Firm's EIN > 47-0711139 Firm's name MASSMAN NELSON REINIG Preparer "I" Firm's address 13310 STREET Use Only Phone no. (402) 330-7099

NE 68137 OMAHA, May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

X Yes No Form 990 (2019)

	m 990 (2019) C/O RYAN MARSH	23-7083080 Page	e 2
Pa	artilli Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		ightharpoons
1	Briefly describe the organization's mission NONE	 -	
2	Did the organization undertake any significant program services during the year which were not listed on the		_
	prior Form 990 or 990-EZ?	Yes X	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	leasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported	,	
	COORDINATE & SPONSOR BAND AND YOUTH MUSIC CONTESTS AND PR		- '
	COOKDINITE & DIGHDON DIAND IMD TOOLS NODIC CONTENTS IND I	JILL CILLETTO .	—
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	Other pregram convece (Describe on Schedule O)		
4d	Other program services (Describe on Schedule O)	,	
40	(Expenses \$ including grants of \$) (Revenue \$		_
<u>4e</u>	Total program service expenses	Form 990 (201	
		1 01111 000 (20	

NEBRASKA STATE BANDMASTERS ASSOCIATION C/O RYAN MARSH



Form 990 (2019) C/O RYAN MAR
Part IV Checklist of Required Schedules

23-7083080

		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	140
•	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	1	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		†	<u> </u>
·	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		<u> </u>	+
•	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	<u> </u>	
•	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? <i>If</i> "Yes," <i>complete</i>	-	1	
Ū	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	<u> </u>		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		ŀ	1
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		<u> </u>	
-	or in 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, VII, VIII, IX, or X			
	as applicable	·		
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	ļ	X
ь	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	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		Х
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	L	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	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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			
	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
_	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		Ţ.	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	, .		77
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
۷٦ -	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form 990 (2019) C/O RYAN MARSH
Part IV Checklist of Required Schedules (continued) 23-7083080 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
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 compensated employees? If "Yes," complete			1
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		1	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		1	
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
	any tax-exempt bonds?	24c	L	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Ĺ
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		}	}
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	_	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	}		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		_ <u>X</u> _
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_X_
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//	_		77
	"Yes," complete Schedule L, Part IV	28c		_ <u>X</u> _
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		v
00	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		v
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04		х
25.	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	\dashv	
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	- 1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30	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	00		
·,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	İ	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 0. 		
-	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par				
	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			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b. 0	. [[
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
			000 %	2010

Page 5

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes Nο 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b **14** 5 Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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 b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c 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 any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 1.10 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e **7**f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g q h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 3. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter. 11 Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O b 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 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х 15 If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

16

X

If "Yes," complete Form 4720, Schedule O

Form 990 (2019)

C/O RYAN MARSH

23-7083080 Page 6

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 on Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{x}			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1.			· ,			
	If there are material differences in voting rights among members of the governing body, or if the governing	Ī,,					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	!		1111 4154			
b							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		٠.			
_	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						
Ů	of officers, directors, 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	Х	- 2 2			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-	-21				
,	more members of the governing body?	7a	x				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b	х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	nger o tra a	20 THE ACT	or restarta			
а	The governing body?	8a	х				
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	-00					
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)						
<u> </u>	ton 2.1 One to This dection brequests information about policies not required by the internal nevenue dode y		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	.03	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	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						
12a							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		<u>X</u>			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	,					
Ü	in Schedule O how this was done	12c					
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	1.4					
.0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
9	The organization's CEO, Executive Director, or top management official	15a		X			
h	Other officers or key employees of the organization	15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
,00	taxable entity during the year?	16a	- 1	Х			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100					
U	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure	100					
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only		hie			
10	for public inspection. Indicate how you made these available. Check all that apply	o orny,	uvalla				
	Own website Another's website X Upon request Other (explain on Schedule O)						
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	Ciel				
19		ı midfi	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 - 402-440-3989						
	1500 VAN DORN ST, LINCOLN, NE 68502						

orm 990 (2019) (2/0	RYAN	MARSH			23-7083080	Page 7
Part VII	Compensation of	of Of	ficars	Directors	Trustees Key Employ	vees Highest Comp	ensated	

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

 See instructions for the order in which to list the persons above

Check this box if neither the organization r	or any related	orga	anıza	ation	cor	mpe	nsat	ed any current officer,	director, or trustee.		
(A)	(B)			_ (0	C)			(D)	(E)	(F)	
Name and title	Average	(40	Position (do not check more that				оле	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an			is bot	th an	compensation	compensation	amount of	
	week	-:	cer an	nora o	d a director/trustee)		Tee)	from	from related	other	
	(list any	暴						the	organizations	compensation	
	hours for	=			1	ig g		organization	(W-2/1099-MISC)	from the	
	related	ste	l ag		۰	Seas		(W-2/1099-MISC)	ŀ	organization	
	organizations	를	la la	ľ	ğ	5 8		1		and related	
	below	Individual trustee or director	Institutional trustee	Officer	y em	Highest compensated employee	Former			organizations	
	line)	<u> </u>	Ĕ	E	3	至旨	ন				
(1) NATHAN LEFEBER	0.00	$\left\{ \right.$						_		_	
PRESIDENT		\vdash		-		├-		0.	0.	0.	
(2) CHIYO TRAUERNICHT	0.00					1				_	
PAST PRESIDENT		\vdash	<u> </u>	<u> </u>	<u> </u>	-		0.	0.	0.	
(3) EMILEY BOND	0.00						Ι,				
PRESIDENT ELECT				_		-	-	0.	0.	0.	
(4) RYAN MARSH	0.00							•			
TREASURER		<u> </u>				ļ		0.	0.	0.	
(5) LINDSEY BOGATZ	0.00							•			
SECRETARY	 		_		-	-		0.	0.	0.	
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	- -		-		_						
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Page 8

	Section A. Officers, Directors, Trus	iees, Key Em	picy	/ees	, an	<u>u m</u>	ync	31 6	Joinpensated Employe	es (commed)	
	(A)	(B)	(C) Position						(D)	(E)	(F)
	Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable	Estimated
		week		, unle cer an					compensation	compensation from related	amount of other
		(list any	director						the	organizations	compensation
		hours for	or dire				E E		organization	(W-2/1099-MISC)	from the
		related	stee (truste			Bensa		(W-2/1099-MISC)		organization
		organizations below	ual tr	tonal		ploye	Yee g				and related organizations
		line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
						_					_
								_			
									1		
		·						 			-
		<u> </u>		-				├			
							-	-			
								<u> </u>			
								•			
					l			<u> </u>			
	Subtotal								0.	0	
	Total from continuation sheets to Part VI	I, Section A							0.	0	0.
2	Total (add lines 1b and 1c) Total number of individuals (including but no	ot limited to th	000	lieto	d ab		1 va/b	10 re			
2	compensation from the organization	or mined to th	036	11316	u ac	,0ve	,, vv i	1016	scerved more triair wroo	,000 of reportable	0
	Somponsation nom the organization	·									Yes No
3	Did the organization list any former officer,	director, truste	e, k	ey e	mpl	oye	e, or	hıgl	hest compensated emp	loyee on	in 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	line 1a? If "Yes," complete Schedule J for se	uch individual								•	3 X
4	For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization	· · · ·
	and related organizations greater than \$150			-							4 X
5	Did any person listed on line 1a receive or a							elate	ed organization or indivi	dual for services	-
	rendered to the organization? If "Yes," comp	olete Schedule	J fo	or su	ch p	pers	on				<u> </u>
	tion B. Independent Contractors Complete this table for your five highest cor	mpoppeted ind	000	ndo	nt or	ntr	acto	ro th	and recovered more than	100 000 of compon	nation from
1	the organization Report compensation for t										Sation nom
	(A)	o_caloridai ye	/4. 0	,,,,,,,,	.g		<u>, , , , , , , , , , , , , , , , , , , </u>		(B)	<u> </u>	(C)
	Name and business	address	NC	NE	;				Description of se	ervices	Compensation
								_			
								-			
								\dashv			
				-				\dashv			
2	Total number of independent contractors (in	cluding but no	t lin	nited	to t	hos	e lıs	ted	above) who received me	ore than	
	\$100,000 of compensation from the organiz	=				0					
		- 									Form 990 (2019)

Form 990 (2019) C/O RYAN MARSH
Part VIII Statement of Revenue

23-7083080

Page 9

	•	Check if Schedule O	contains	a response	or note to any li	ne in this Part VIII			
						, (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ats ts	1.	a Federated campaigns		1a			en en la	CONTRACTOR OF THE CONTRACTOR O	
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues		1b					
Ω,ξ	l .	c Fundraising events		1c					
ar if	l	d Related organizations		1d					
B.S.	l	e Government grants (contri	ibutions)		<u> </u>				
Š	1	f All other contributions, gifts, g							
돌	'	similar amounts not included		1f	150.				
<u></u>	Ι.	_			130.				
30		Noncash contributions included inTotal. Add lines 1a-1f	ines ia-n	<u>μημ</u>		150.			
<u>•</u>	•	H Total: //dd ii/les la //			Business Code		第2章2章2章2章		
e e	2 :	a MEMBERSHIP DU	ES		900099	27,862.	to authors where a rest and the	na install access the test of	27,862.
Program Service Revenue		b	<u> </u>		300033	27,002.			27,002.
Ser		c							
E S		d	j						
Re						,			·
Pro		f All other program service r	OVODUA						
		g Total. Add lines 2a-2f	evenue			27,862.		MARKA MALES DE LA	
—	3	Investment income (includ	ına dıvıd	ends intere		21,002.	Water water and select the season	\$1.50 mm - 0.5 mm 2 1 10 mm 2 10 mm 20	A The contract of the Contract
		other similar amounts)	ing aivid	erios, intere	.st, and	885.			885.
	4	income from investment of	f tav.ava	mot bond o	roceeds	- 003.		_	
	5	Royalties	i tax exe	mpt bond p	locceda -				· · · ·
	3	rioyanies		(i) Real	(ii) Personal	AND PROPERTY OF THE PARTY OF TH	STOP WATER		
	6 :	a Gross rents	6a	,	(4)				
			6b						
		· i	6c ·						
- 1		d Net rental income or (loss)	00			INC ADDRESS CONTROL OF	THE STATE OF STREET OF STREET	AND THE STREET AND THE STREET	energy was a war energy of
		a Gross amount from sales of	(0)	Securities	(II) Other			THE WASHEST	CONTRACTOR OF THE STATE OF THE
			7a						
-	٠,	b Less cost or other basis	,,,						
e	•	and sales expenses	7b					这个多类 多数	
Revenue	,	· ·	7c						
É		d Net gain or (loss)	701	l		T ME INTO E & ABLICA NO. N. N. MILADILL	and a contract character of the first	- C. C. 1 - K. 120 C. L. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	HAZENAS INCANDINACENTO IN 12
ther		a Gross income from fundraisin	n events i	not			阿勒斯·森尔马森等	农建设在	建筑地位的城市
睛	0.	including \$	g ovolito i	of					
		contributions reported on I	ine 1c)						
		Part IV, line 18			131,512.				
	F	b Less direct expenses			128,210.				
			undraisir		<u></u>	3,302.	杨文学学家 说。10	N 7. 20 Marin 185 N. S. C.	3,302.
		a Gross income from gaming					BARRYNAK A		15 4 18 1 CO 18
		Part IV, line 19	,	9a					
İ	b	b Less direct expenses		9b					
ŀ		Net income or (loss) from g	amina a			2, 4, 4, 4, 5, 5, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,		4	
ł		Gross sales of inventory, le							\$199 H. W.
j		and allowances		10a					
- 1	b	Less cost of goods sold . 10b					数で発展する。		
		Net income or (loss) from s	ales of ır						
,,					Business Code	存让恐怖不是为低	13554711	Parameter Feb.	
Iscellaneous Revenue	11 a	3		Ī					
age al	b			,					
e ë	c		<u> </u>						
Misc R	d								
_	_ e	Total. Add lines 11a-11d		_	>		数据 图图 13 A	1.186件跨点点	2
	12	Total revenue See instruction	IS			32,199.	0.	0.	32,049.
932009	01-2				-				Form 990 (2019)

23-7083080 Page 10

g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses ltemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a COMMISSIONS b WEBSITE C INSURANCE d SUBSCRIPTIONS 2, 145. C INSURANCE d Ofter expenses All other expenses Add lines 1 through 24e. 14, 535.		n 990 (2019)	ARSH		23-7	083080 Page 10
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25 Total functional expenses Add lines 1 through 24e 14,535.	ď	SUBSCRIPTIONS				
		· ——-				
26 Joint costs. Complete this line only if the organization	25		14,535.			
reported in column (B) joint costs from a combined	26					

Check here

educational campaign and fundraising solicitation.

_____ if following SOP 98-2 (ASC 958-720)

Form 990 (2019)

Part X Balance Sheet

C/O RYAN MARSH

23-7083080 Page 11

Ľа	IL'Y"	Chack if Schodula O contains a response or note to any line in this Part Y			
	<u>.</u>	Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
		·	Beginning of year		End of year
	1	Cash non-interest-bearing	190,457.	1	208,121.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	<u></u>
	5	Loans and other receivables from any current or former officer, director,		10/4	
		trustee, key employee, creator or founder, substantial contributor, or 35%		Same .	
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6_	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use .		8	
ά	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment, cost or other	1676在漢語發展		建筑建筑建筑
		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 33)	190,457.	16	208,121.
	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	TANK TO BE SHOWN FOR THE RESTORE	21	-deres cas a guardica o spagned
es	22	Loans and other payables to any current or former officer, director,			网络 经产品分割
Ę		trustee, key employee, creator or founder, substantial contributor, or 35%	المنافدة والمنافدة والمنافدة	Table.	
Liabilities		controlled entity or family member of any of these persons		22	
_	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		05	
		of Schedule D	0.	25 26	0.
	26	Total liabilities. Add lines 17 through 25	22.5 mg 2 7 % 7 m 2 5	20	STELL COLDERED STELL
တ္		Organizations that follow FASB ASC 958, check here		3	
Š		and complete lines 27, 28, 32, and 33.	The state of the s	27	
ala	27	Net assets without donor restrictions		28	
d E	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here	18 3 C C C C C C C C C C C C C C C C C C		1 194 196 18 p. (42 1/2 1/2)
Fun		organizations that do not remove the seek and the seek	a tig a second of the second	- , \$ ¹ 3	FE- 第41 图 366
ō	00	and complete lines 29 through 33.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ું કે 29	الأكان سلاك المستكونية المتلاد الله الله الله الله الله
ets	29	Capital stock or trust principal, or current funds	0.	30	0.
ASS.	30	Paid-in or capital surplus, or land, building, or equipment fund	190,457.	31	208,121.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	190,457.	32	208,121.
Ž	32	Total net assets or fund balances Tetal lephities and net assets/fund balances	190,457.	33	208,121.
	_33	Total liabilities and net assets/fund balances	1 10,4010	رين	200,121.

NEBRASKA STATE BANDMASTERS ASSOCIATION 23-7083080 C/O RYAN MARSH Page 12 Form 990 (2019) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 32,199. Total revenue (must equal Part VIII, column (A), line 12) 1 14,535. Total expenses (must equal Part IX, column (A), line 25) 2 2 17,664. 3 Revenue less expenses Subtract line 2 from line 1 3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 190,457. 4 Net unrealized gains (losses) on investments 5 5 6 Donated services and use of facilities 6 Investment expenses 7 Я Prior period adjustments 8 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 208,121. column (B)) 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 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Were the organization's financial statements audited by an independent accountant? <u>2b</u> 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: Separate basis Consolidated basis Both consolidated and separate 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?

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

If the organization changed either its oversight process or selection process during the tax year, explain on 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

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

Form 990 (2019)

X

2c

За

Act and OMB Circular A-133?

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public,

Name of the organization NEBRASKA STATE BANDMASTERS ASSOCIATION Employer

C/O RYAN MARSH

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990 Part IV line 17 Form 990

Employer identification number

C/O_RYA	MAKSH				<u> </u>	1080				
Part I Fundraising Activities required to complete this pa	6. Complete if the organization answrt.	ered "\	es" c	n Form 990, Part IV,	line 17. Form 990-E	Z filers are not				
1 Indicate whether the organization rai		ing acti	vities	Check all that apply	<u> </u>					
a Mail solicitations e Solicitation of non-government grants										
b Internet and email solicitation										
c Phone solicitations	g L Specia	il fundra	aising	events						
d In-person solicitations										
2 a Did the organization have a written	or oral agreement with any individua	ıl (ınclu	ding d	fficers, directors, tru	stees, or					
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?										
b if "Yes," list the 10 highest paid indi										
compensated at least \$5,000 by the		uant to	agici	Smerits ander which	the iditoraliser is to t	,6				
Compensated at least \$5,000 by the	organization.									
		(iii)	Did		(v) Amount paid					
(i) Name and address of individual	(ii) Activity	fundi	Did raiser ustody	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)				
or entity (fundraiser)	(II) Activity	or con	itrol of	from activity	fundraiser	organization				
	<u> </u>	↓	utions?		listed in col (i)					
		Yes	No	-						
		+-	_	 						
		}								
			_							
<u> </u>										
		+								
Total			•			-				
3 List all states in which the organization	in is registered or licensed to solicit	contrib	utions	or has been notified	I it is exempt from re	gistration				
or licensing										
										
										
										

23-7083080 Page 2 Schedule G (Form 990 or 990-EZ) 2019 C/O RYAN MARSH 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 CONCERT BAND MARCH (add col (a) through CONVENTION FESTIVAL coi (c)) (event type) (event type) (total number) 16,586. 3,932. 110,994. 131,512. Gross receipts 2 Less: Contributions 16,586. 3,932. 110,994. 131,512. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 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 6 Volunteer labor 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? 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 Schedule G (Form 990 or 990-EZ) 2019 C/O RYAN MARSH 11 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed Yes to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in. a The organization's facility **b** An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Address > Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party > \$ c if "Yes," enter name and address of the third party Name > Address > Gaming manager information. Name > Gaming manager compensation ▶ \$_____ Description of services provided Employee Independent contractor Director/officer 17 Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to Yes No 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

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Part IV.	(Form 990 or 990-EZ) Supplemental Info	C/O RYAN	MARSH				23-7083080	Page 4
14 - Can F. 14 - A	Oupplemental into	Triation (continued	<i>a)</i>					
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Go to www.irs.gov/Form990 for the latest information.

NEBRASKA STATE BANDMASTERS ASSOCIATION C/O RYAN MARSH

2019
Open to Public Sinspection

OMB No. 1545-0047

Employer identification number 23-7083080

FORM 990, PART_VI, SECTION A, LINE 6: THE ORGANIZATION IS A NOT-FOR-PROFIT ASSOCIATION WITH MEMBERS. THE MEMBERS ELECT THE MEMBERS OF THE GOVERNING BODY AS WELL AS APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY. HOWEVER, THEY DO NOT RECEIVE A SHARE OF THE ORGANIZATION'S PROFITS OR EXCESS DUES, NOR WILL THEY RECEIVE A SHARE OF THE ORGANIZATION'S NET ASSETS UPON THE ORGANIZATION'S DISSOLUTION. FORM 990, PART VI, SECTION A, LINE 7A: APPROVAL OF THE APPOINTMENT OF EXECUTIVE BOARD MEMBERS REQUIRES A MAJORITY VOTE BY GENERAL MEMBERS IN ATTENDANCE AT THE GENERAL MEMBERSHIP MEETINGS. FORM 990, PART VI, SECTION A, LINE 7B: THE EXCUTIVE BOARD MAKES RECOMMENDATIONS TO THE GENERAL MEMBERS AT GENERAL MEMBERSHIP MEETINGS FOR CHANGES TO THE BYLAWS AND MEMBERSHIP DUES RATES. THESE CHANGES ARE VOTED ON BY THE GENERAL MEMBERS IN ATTENDANCE AND REQUIRE A MAJORITY VOTE TO BE APPROVED. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. ANY DECISIONS MADE ARE APPROVED AT A FORMAL BOARD MEETING AND DOCUMENTED IN THE BOARD MINUTES. FORM 990, PART VI, SECTION B, LINE 11B: A DRAFT COPY OF FORM 990 IS PRESENTED TO THE DIRECTOR OF THE ORGANIZATION

FOR APPROVAL. UPON APPROVAL, THE FINAL FORM 990 IS FILED WITH THE INTERNAL

REVENUE SERVICE.

Schedule O (Form 990 or 990-EZ) (2019) Page :								
Name of the organization NEBRASKA STATE BANDMASTERS ASSOCIATION C/O RYAN MARSH	Employer identification number 23-7083080							
FORM 990, PART VI, SECTION C, LINE 19:								
DOCUMENTS ARE AVAILABLE TO THE ANNUAL GENERAL MEMBERSHIP	MEETING.							
•								

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Schedule O (Form 990 or 990-EZ) (2019)