

TAX YEAR: 2018

PREPARED FOR: NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION

PREPARED BY: CANDACE STEVENS

Following is a copy of your 2018 Federal and State Income Tax Returns for your records.

Thank you for your business.

CLIENT COPY

September 16, 2019, 6:33 pm

NUMBER CRUNCHER LLC
 Candace N. Stevens
 Po Box 845
 Overton, NV 89040
 numbercruncherllc@gmail.com
 (702)723-8715



To:

Date: 09/16/2019

Nevada State High School Rodeo Association
 Po Box 1128
 Logandale, NV 89021

Dear Nevada State High School Rodeo Association

Below is the summary of fees and your previous payments for your 2019 tax preparation service. Your prompt remittance is always appreciated.

SUMMARIZED INVOICE

Date	Invoice Number	Description	Charges	Amount paid	Balance due
08-27-2019	2018-23900011	Master Payment	\$ 825.00	\$ 0.00	\$ 825.00
Total Balance due					\$ 825.00

Thank you for your business!
 Sincerely,
 Candace N. Stevens
 (702)723-8715

NUMBER CRUNCHER LLC
 Candace N. Stevens
 Po Box 845
 Overton, NV 89040
 numbercruncherllc@gmail.com
 (702)723-8715



Invoice #: 2018-23900011

Date: 09/16/2019

To:

Nevada State High School Rodeo Association
 Po Box 1128
 Logandale, NV 89021

Dear Nevada State High School Rodeo Association,

Below is the summary fee for your 2019 tax preparation service. Your prompt remittance is always appreciated.

SUMMARIZED INVOICE

Description	Amount
FEDERAL	\$ 825.00
STATE	\$ 0.00
PAYMENT RECEIVED ON 08-27-2019	\$ 0.00
TOTAL DUE	\$ 825.00

Thank you for your business!
 Sincerely,
 Candace N. Stevens
 (702)723-8715

EIN : 27-3464564

DETAILED INVOICE

DESCRIPTION	AMOUNT
FEDERAL	\$800.00
ADDITIONAL CHARGE EXTENSION - \$25.00	\$25.00
CLIENT COPY	
PAYMENT RECEIVED ON 08-27-2019	\$0.00
TOTAL DUE	\$825.00

POST SESSION LETTER

NUMBER CRUNCHER LLC
Candace N. Stevens
Po Box 845
Overton, NV 89040
numbercruncherllc@gmail.com
PHONE (702)723-8715



09/16/2019

Nevada State High School Rodeo Association
Po Box 1128
Logandale, NV 89021
KLCHRISTENSEN04@GMAIL.COM
PHONE: (435)590-1547

Dear Nevada State High School Rodeo Association,

We appreciate the opportunity to prepare your tax returns this year and look forward to serving you again next year. Personal tax situations can change from year to year. We ask that you notify us if you have financial or personal changes that could affect your taxes for the coming year. Some of those changes may include:

- * Retirement and pension plan adjustments
- * Changes in address and telephone numbers
- * The payment of estimated taxes
- * Beginning or disposing of a business
- * Selling or trading mutual funds or stocks
- * Changes in marital or dependent status
- * Investments in partnerships or corporations
- * Gifting of money or property to others
- * Changes in estate planning

Please contact us if such changes occur so that we may help you plan for the best tax advantage for your situation.

Thank you for allowing us to serve you. Feel free to call us if you have any questions or tax matters to discuss.

Sincerely,

Candace N. Stevens

(702)723-8715

PRIVACY NOTICE LETTER

NUMBER CRUNCHER LLC
Candace N. Stevens
Po Box 845
Overton, NV 89040
numbercruncherllc@gmail.com
PHONE (702)723-8715



09/16/2019

Nevada State High School Rodeo Association
Po Box 1128
Logandale, NV 89021
KLCHRISTENSEN04@GMAIL.COM
PHONE: (435)590-1547

Dear Nevada State High School Rodeo Association,

Privacy Notice:

As a tax preparer, I have always protected your right to privacy and I will continue to do so. The law now requires me to inform you of my policy regarding privacy.

I receive and collect nonpublic personal information from various forms and statements that you provide. I do not disclose such information unless you instruct me to do so, except as required by law.

I maintain physical, electronic, and procedural safeguards that comply with Federal regulations to guard your nonpublic personal information. I retain records relating to professional services that I have provided so that I am better able to assist you with your professional needs and also to comply with professional guidelines.

Please do not hesitate to call me if you have any questions. Your privacy, my professional ethics and the ability to provide you with quality financial services are very important to me.

Sincerely,

CLIENT COPY

Candace N. Stevens
(702)723-8715

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2018**Open to Public
Inspection**

A For the 2018 calendar year, or tax year beginning 01,01, 2018, and ending 12,31, 2018																			
B Check if applicable:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION</td> <td>D Employer identification number 27 3464564</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="3">E Telephone number 435 5901547</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite</td> </tr> <tr> <td colspan="2">PO BOX 1128</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code</td> <td rowspan="2">G Gross receipts \$ 346878</td> </tr> <tr> <td colspan="2">LOGANDALE NV 89021</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: KELLY CHRISTENSEN PO BOX 1128 LOGANDALE NV 89021</td> <td> H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 0 </td> </tr> </table>	C Name of organization NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION		D Employer identification number 27 3464564	Doing business as		E Telephone number 435 5901547	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		PO BOX 1128		City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 346878	LOGANDALE NV 89021		F Name and address of principal officer: KELLY CHRISTENSEN PO BOX 1128 LOGANDALE NV 89021		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 0
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I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527																			
J Website: ▶ http://www.nevadastatehsra.net																			
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶																			
L Year of formation: 2010 M State of legal domicile: NV																			

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: STATEMENT #1			
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	60	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0	
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0	
	6	Total number of volunteers (estimate if necessary)	6	200	
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b	Net unrelated business taxable income from Form 990-T, line 38	7b	0	
			Prior Year	Current Year	
	8	Contributions and grants (Part VII, line 1h)	0	60	
	9	Program service revenue (Part VIII, line 2g)	0	310364	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	1	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	24203	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	334628	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	49087
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0	
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	0	290957	
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	0	340044	
19		Revenue less expenses. Subtract line 18 from line 12	0	-5416	
Net Assets or Fund Balances				Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	111324	105907	
	21	Total liabilities (Part X, line 26)	0	0	
22	Net assets or fund balances. Subtract line 21 from line 20	111324	105907		

Part II Signature Block

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

Sign Here	Signature of officer KELLY CHRISTENSEN, TREASURER	Date 09/16/2019			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name CANDACE STEVENS	Preparer's signature	Date 08/27/2019	Check ☐ if self-employed	PTIN P0-0830868
	Firm's name ▶ NUMBER CRUNCHER LLC		Firm's EIN ▶ 26-1078153		
	Firm's address ▶ PO BOX 845 OVERTON NV 89040		Phone no. 702 7238715		

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

STATEMENT #2

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 ☒ 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 ☒ 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 187832 including grants of \$ 0) (Revenue \$ 79534)
STATE FINALS RODEO FOR BOTH HIGH SCHOOL AND JR HIGH**CLIENT COPY****4b** (Code:) (Expenses \$ 40910 including grants of \$ 0) (Revenue \$ 24636)
NATIONALS RODEO FOR ELIGIBLE HIGH SCHOOL AND JR HIGH CONTESTANTS**4c** (Code:) (Expenses \$ 41115 including grants of \$ 0) (Revenue \$ 36324)
FUNDRAISING FOR SCHOLARSHIPS**4d** Other program services (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)**4e** Total program service expenses ► 269857

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	X
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 11? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a 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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

	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 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a 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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 4	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
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	0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
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?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country: 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	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
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	X
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?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	X
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	0
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	0
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	0
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	0
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	
13 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	0
c Enter the amount of reserves on hand	13c	0
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15 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	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 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.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

Section 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 1a 60		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 0		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b X	
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	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c X	
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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b 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).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation 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	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NV

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) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►
KELLY CHRISTENSEN PO BOX 1128 LOGANDALE NV 89021 4355901547

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RON UNGER	0									
EXECUTIVE NATIONAL DIRECTOR	5	X						0	0	0
(2) DUSTIN FEYDER	0									
EXECUTIVE JR HIGH SCHOOL DIRE	5	X						0	0	0
(3) DUSTIN FEYDER	0									
EXECUTIVE BOARD PRESIDENT	5	X						0	0	0
(4) TROY CHRISTENSEN	0									
EXECUTIVE BOARD VC-PRESIDENT	5	X						0	0	0
(5) SUZANN LEMAIRE	0									
EXECUTIVE REPRESENTATIVE NORT	5	X						0	0	0
(6) JOHNNY RAPER	0									
EXECUTIVE REPRESENTATIVE CENT	5	X						0	0	0
(7) EDDY FREHNER	0									
EXECUTIVE REPRESENTATIVE SOUT	5	X						0	0	0
(8) CASHLYN ENGLISH	0									
STUDENT PRESIDENT	5			X				0	0	0
(9) MIKE MONTERO	0									
EXECUTIVE BOARD PAST PRESIDEN	5			X			X	0	0	0
(10) MONYCA JENSEN	0									
EXEC REP ALTERNATE CENTRAL	2	X						0	0	0
(11) ROBERT STEELE	0									
EXEC REP ALTERNATE SOUTH	2	X						0	0	0
(12) DUSTIN FEYDER	0									
STATE ASSOCIATION PRESIDENT	5			X				0	0	0
(13) TROY CHRISTENSEN	0									
STATE ASSOCIATION VICE PRESID	5			X				0	0	0
(14) KATHY GONZALEZ	0									
STATE ASSOCIATION SECRETARY	10			X				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KELLY CHRISTENSEN	0									
STATE ASSOCIATION TREASURER	10			X				0	0	0
(16) JAYCE BLAKE	0									
STATE STUDENT SECRETARY	5	X						0	0	0
(17) RIATA GOEMMER	0									
STATE STUDENT PR OFFICER	5			X				0	0	0
(18) IZZE MILLER	0									
STATE HIGH SCHOOL RODEO QUEEN	5	X						0	0	0
(19) RILEE CHRISTENSEN	0									
STATE STUDENT JHS OFFICER	5			X				0	0	0
(20) CHRIS CHRISTIAN	0									
DIRECTOR ALAMO	5	X						0	0	0
(21) ROBERT STEELE	0									
DIRECTOR ALAMO	5	X						0	0	0
(22) RUN UNGER	0									
DIRECTOR BATTLE MOUNTAIN	5	X						0	0	0
(23) SUZANN LEMAIRE	0									
DIRECTOR BATTLE MOUNTAIN	5	X						0	0	0
(24) GREGG CARNES	0									
DIRECTOR BOULDER CITY	5	X						0	0	0
(25) SCOTT PASTORE	0									
DIRECTOR BOULDER CITY	5	X						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3	X	
4		X
5		X

Section B. Independent Contractors

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►	0	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line 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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 60				
	g	Noncash contributions included in lines 1a-1f: \$	0				
	h	Total. Add lines 1a-1f	60				
Program Service Revenue			Business Code				
	2a	STATE FINALS REVENUE	711320	79534	0	0	0
	b	LICENSE PLATE REVENUE	711320	73656	0	0	0
	c	CONTESTANT EVENT FEE	711320	63244	0	0	0
	d	STUDENT DUES	711320	34027	0	0	0
	e		711320	24636	0	0	0
	f	All other program service revenue .	711320	35267	0	0	0
	g	Total. Add lines 2a-2f		310364			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1	0	0	0
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0
	5	Royalties		0	0	0	0
			(i) Real	(ii) Personal			
	6a	Gross rents	0	0			
	b	Less: rental expenses	0	0			
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)		0	0	0	0
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			0	0			
	b	Less: cost or other basis and sales expenses	0	0			
	c	Gain or (loss)	0	0			
	d	Net gain or (loss)		0	0	0	0
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a 36324				
	b	Less: direct expenses	b 12250				
	c	Net income or (loss) from fundraising events		24074		0	0
	9a	Gross income from gaming activities. See Part IV, line 19	a 0				
	b	Less: direct expenses	b 0				
	c	Net income or (loss) from gaming activities		0	0	0	0
	10a	Gross sales of inventory, less returns and allowances	a 0				
b	Less: cost of goods sold	b 0					
c	Net income or (loss) from sales of inventory		0	0	0	0	
Miscellaneous Revenue		Business Code					
11a	RETURNED CHECK FEES	711320	129	0	0	0	
b			0	0	0	0	
c			0	0	0	0	
d	All other revenue		0	0	0	0	
e	Total. Add lines 11a-11d		129				
12	Total revenue. See instructions.		334628	0	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒ X**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	49087	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	0	0	0	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	0	0	0	0
10 Payroll taxes	0	0	0	0
11 Fees for services (non-employees):				
a Management	10320	0	0	0
b Legal	0	0	0	0
c Accounting	5000	0	0	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0	0	0	0
f Investment management fees	0	0	0	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	29468	0	0	0
12 Advertising and promotion	0	0	0	0
13 Office expenses	6669	0	0	0
14 Information technology	0	0	0	0
15 Royalties	0	0	0	0
16 Occupancy	0	0	0	0
17 Travel	490	0	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	5179	0	0	0
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	1250	0	0	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT	315	0	0	0
b CRISIS FUND	3000	0	0	0
c DUES	21823	0	0	0
d FEES	50	0	0	0
e All other expenses	207393	0	0	0
25 Total functional expenses. Add lines 1 through 24e	340044	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)	0	0	0	0

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	96710	1	92200
	2 Savings and temporary cash investments	14299	2	13707
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	315	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 0		
	b Less: accumulated depreciation	10b 0	10c	0
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	111324	16	105907	
Liabilities	17 Accounts payable and accrued expenses	0	17	0
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☐ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	0	27	0
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here ☒ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	111324	32	105907
33 Total net assets or fund balances	111324	33	105907	
34 Total liabilities and net assets/fund balances	111324	34	105907	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	334628
2	Total expenses (must equal Part IX, column (A), line 25)	2	340044
3	Revenue less expenses. Subtract line 2 from line 1	3	-5416
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	111324
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	105908

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? . . . 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		X
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018**Open to Public
Inspection**

Name of the organization

NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION

Employer identification number

27 3464564

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 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 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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 organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0	0	0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	0	0	0	0	0
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	0 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	0 %
16a 33¹/₃% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here. The organization qualifies as a publicly supported organization		► ☐
b 33¹/₃% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here. The organization qualifies as a publicly supported organization		► ☐
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► ☐
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► ☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► ☐

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

(Complete only if you checked the box on line 10 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0	60	60
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	0	0	0	0	334567	334567
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	0	0	0	0	334627	334627
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						334627

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	0	0	0	0	334627	334627
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	0	0	0	1	1
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	0	0	0	0	1	1
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	334628	334628
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☒						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%
19a 33⅓% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
b 33⅓% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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.		
c 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.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
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.		
c 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.		
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).		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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 .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).		
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).		
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 .		
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 .		
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 .		
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.		
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.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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		
b A family member of a person described in (a) above?		
11b		
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		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported 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 organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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 the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 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 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 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 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 supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
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.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a 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 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.			
a 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? Provide details in Part VI .			
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 Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
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):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
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		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
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 the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2018 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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.)

CLIENT COPY

SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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

2018**Open to Public Inspection**

Name of the organization

NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION

Employer identification number

27 3464564

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

Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** ☐ Mail solicitations **e** ☐ Solicitation of non-government grants
- b** ☐ Internet and email solicitations **f** ☐ Solicitation of government grants
- c** ☐ Phone solicitations **g** ☒ Special fundraising events
- d** ☐ In-person solicitations
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

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

NV

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 BBQ AND AUCTION (event type)	(b) Event #2 STUDENT OFFICER (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	14213	1601	20510	36324
	2 Less: Contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	14213	1601	20510	36324
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	0	0	12250	12250
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				12250
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				24074

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue	0	0	0	0
	2 Cash prizes	0	0	0	0
Direct Expenses	3 Noncash prizes	0	0	0	0
	4 Rent/facility costs	0	0	0	0
	5 Other direct expenses	0	0	0	0
	6 Volunteer labor	☐ Yes 0.0000% ☐ No	☐ Yes 0.0000% ☐ No	☐ Yes 0.0000% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				0
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				0

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | | |
|--------------------------------------|------------|---|---|
| a The organization's facility | 13a | 0 | % |
| b An outside facility | 13b | 0 | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ 0

Description of services provided ▶ _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 0

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION

Employer identification number

27 3464564

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 0
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 EVENT ENTRY FEES	100	20182	0		
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018**Open to Public
Inspection**

NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION

Employer identification number

27 3464564

Part I Questions Regarding Compensation**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organization | ☐ Approved by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- | | | | |
|--|-----------|--|---|
| a Receive a severance payment or change-of-control payment? | 4a | | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- | | | | |
|--|-----------|--|---|
| a The organization? | 5a | | X |
| b Any related organization? | 5b | | X |

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- | | | | |
|--|-----------|--|---|
| a The organization? | 6a | | X |
| b Any related organization? | 6b | | X |

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)							
	(ii)							
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Transactions With Interested Persons**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**▶ **Attach to Form 990 or Form 990-EZ.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018**Open To Public
Inspection**

Name of the organization

NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION

Employer identification number

27 3464564

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ 0

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ 0

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$ 0						

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Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2018

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018**Open to Public
Inspection**

Name of the organization

NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION

Employer identification number

27 3464564

FORM 990 - PART IX LINE 11G DESCRIPTION:

STATE FINALS WORKERS \$12118 STATE FINALS STOCK CONTRACTOR \$17350.00

FORM 990 - PART IX LINE 24E DESCRIPTION:

RODEO SUPPLIES EXPENSES \$896 SHIRTS \$1492 TAX PREP \$500. NHSRA NATIONAL FINALS

EXPENSES \$40910 STATE FINALS FACILITY RENTAL \$37232 STATE FINALS HAY \$2148 STATE

FINALS HOTEL ROOMS \$5887 STATE FINALS JACKETS \$6000 STATE FINALS PRIZES

\$107097 SSIR \$2281

FORM 990 - PART VI LINE 19 DESCRIPTION:

UPON REQUEST

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FORM 990 - PART VI LINE 11B DESCRIPTION:

A COMPLETED PRELIMINARY 990 WILL BE EMAILED TO THE GOVERNING BOARD FOR REVIEW.

FORM 990 - PART VI LINE 12C DESCRIPTION:

IT IS DISCUSSED AT EACH BOARD MEETING IF THERE ARE ANY CONFLICT OF INTEREST

SITUATIONS.

Form **8868**

(Rev. January 2019)

Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION	Employer identification number (EIN) or 27 3464564
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 1128	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOGANDALE NV 89021	

Enter the Return Code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► **KELLY CHRISTENSEN**

Telephone No. ► **435 5901547** Fax No. ►

• If the organization does not have an office or place of business in the United States, check this box ► ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **0** . If this is for the whole group, check this box ► ☐ . If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **05, 14**, 20 **19**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20 **18** or
 ► ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2019)

Form 8453-EO	Exempt Organization Declaration and Signature for Electronic Filing For calendar year 2018, or tax year beginning <u>01/01</u> , 2018, and ending <u>12/31</u> , 20 <u>18</u> For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868	OMB No. 1545-1879 2018
Department of the Treasury Internal Revenue Service Name of exempt organization NEVADA STATE HIGH SCHOOL RODEO		Employer identification number 27-3464564

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a** below and the amount on that line of the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ☒	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>334628</u>
2a Form 990-EZ check here ☐	b Total revenue, if any (Form 990-EZ, line 9) . . .	2b _____
3a Form 1120-POL check here ☐	b Total tax (Form 1120-POL, line 22) . . .	3b _____
4a Form 990-PF check here ☐	b Tax based on investment income (Form 990-PF, Part VI, line 5) . . .	4b _____
5a Form 8868 check here ☐	b Balance due (Form 8868, line 3c) . . .	5b _____

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically defined in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund.

Sign Here	Signature of officer	09/16/2019 Date	Title
------------------	----------------------	--------------------	-------

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer ☒	Check if self-employed ☐	ERO's SSN or PTIN 516022837
	Firm's name (or yours if self-employed), address, and ZIP code NUMBER CRUNCHER LLC PO BOX 845 OVERTON NV 89040		EIN 261078153		Phone no. 702 7238715

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN P00830868
	Firm's name NUMBER CRUNCHER LLC	Firm's EIN 261078153		Phone no. 702 7238715	
	Firm's address PO BOX 845 OVERTON NV 89040				

2018**Work Pad**

Name: NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION

Identifying number: 27 - 3464564

Form 990 - Part IX - 11A FEES FOR MANAGEMENT - TOTAL EXPENSES

Description	Amount
CONTRACT LABOR AUDITOR	4128
CONTRACT LABOR SECRETARY	6192
Total	10320

Form 990 - Part IX - 11G OTHER FEES - TOTAL EXPENSES

Description	Amount
STATE FINALS WORKERS	12118
STATE FINALS STOCK CONTRACTOR	17350
Total	29468

Form 990 - Part IX - 13 OFFICE EXPENSES - TOTAL EXPENSES

Description	Amount
BANK FEES	153
POSTAGE	659
SOFTWARE COMPUTER PROGRAM	1234
SUPPLIES	4369
OFFICE EXPENSE	14
WEBSITE	60
RECONCILLIATION DISCREPANCIES	180
Total	6669

Form 990 - Part IX - 19 CONFERENCES CONVENTIONS AND MEETINGS - TOTAL EXPENSES

Description	Amount
MID WINTER & NATIONAL MEETINGS	2780
NATIONAL DIRECTOR EXPENSES MEALS	240
NATIONAL DIRECTOR EXPENSES	2159
Total	5179

Form 990 - Part IX - 2 GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS IN THE U.S - TOTAL EXPENSES

Description	Amount
NV DEPT OF AG GRANT	20182
SCHOLARSHIP FUND	28905
Total	49087

Form 990 - Part IX - 24C OTHER EXPENSES ITEMIZE EXPENSES NOT COVERED ABOVE - TOTAL EXPENSES

Description	Amount
DUES	675
NATIONAL DUES	21148
Total	21823

2018

Work Pad

Name: NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION

Identifying number: 27 - 3464564

Form 990 - Part IX - 24E ALL OTHER EXPENSES - TOTAL EXPENSES

Description	Amount
RODEO SUPPLIES EXPENSES	896
SHIRTS	1492
TAX PREP	500
STATE FINALS FACILITY RENTAL	37232
STATE FINALS HAY	2148
STATE FINALS HOTEL ROOMS	5887
STATE FINALS JACKETS	6000
STATE FINALS PRIZES	107097
SSIR	2281
REFUNDS	2950
NHSRA NATIONAL FINALS EXPENSES	40910
Total	207393

Form 990 - Part VIII - 2F ALL OTHER PROGRAM SERVICE REVENUE - TOTAL REVENUE

Description	Amount
CLASSIFIED ADS WEBSITE	25
CLUB ASSESSMENTS	2812
OFFICE FEE COLLECTED	9520
SPONSOR SUPPORT	2910
DEPT OF AGRICULTURE	20000
Total	35267

Form 990 - Part X - 1A CASH-NON-INTEREST-BEARING - BEGINNING OF YEAR

Description	Amount
Nevada State Bank JHS Checking	14034.07
Nevada State Bank HS Checking	82675.65
Total	96709.72

Form 990 - Part X - 1B CASH-NON-INTEREST-BEARING - END OF YEAR

Description	Amount
Nevada State Bank JHS Checking	14226.61
Nevada State Bank HS Checking	77973.55
Total	92200.16

Form 990 - Part X - 2A SAVINGS AND TEMPORARY CASH INVESTMENTS - BEGINNING OF YEAR

Description	Amount
Nevada State Bank Crisis Fund	12843.93
Nevada State Bank Savings	1455.17
Total	14299.1

Form 990 - Part X - 2B SAVINGS AND TEMPORARY CASH INVESTMENTS - END OF YEAR

2018

Work Pad

Name: NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION

Identifying number: 27 - 3464564

Description	Amount
Nevada State Bank Crisis Fund	12252.04
Nevada State Bank Savings	1455.23
Total	13707.27

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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018**Open to Public
Inspection**

Name of the organization

NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION

Employer identification number

27 - 3464564

STATEMENT #1 FORM 990 - PART I LINE 1 BRIEFLY DESCRIBE THE ORGANIZATIONS MISSION OR MOST SIGNI

DESCRIPTION

ASSIST IN THE ORGANIZATION OF RODEO CLUBS IN THE INDIVIDUAL COMMUNITIES OF THE

STATE OF NV SET YEARLY SCHEDULE OF QUALIFYING RODEOS FOR HIGH SCHOOL AND JR.

HIGH DECIDE [: WRE :] THE NEVADA STATE HIGH SCHOOL RODEO FINALS AND JR. HIGH

FINALS WILL BE HELD AND PRODUCE THE ANNUAL NEVADA STATE HIGH SCHOOL AND JR.

HIGH RODEO FINALS IN COOPERATION WITH A HOST COMMITTEE(S)

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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018**Open to Public
Inspection**

Name of the organization

NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION

Employer identification number

27 - 3464564

STATEMENT #2 FORM 990 - PART III LINE 1 BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION:

ASSIST IN THE ORGANIZATION OF RODEO CLUBS IN THE INDIVIDUAL COMMUNITIES OF THE

STATE OF NV SET YEARLY SCHEDULE OF QUALIFYING RODEOS FOR HIGH SCHOOL AND JR.

HIGH DECIDE [: WRE :] THE NEVADA STATE HIGH SCHOOL RODEO FINALS AND JR. HIGH

FINALS WILL BE HELD.

CLIENT COPY

STATEMENT #3

Name(s) shown on your return	Identifying number
NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION	27 - 3464564
FORM 990 - PART VII LINE 1a(b) ATTACHMENT	
Record Number #1	
ATTEND MEETINGS OF THE NHSRA AND THE NSHSRA. TEMPORARILY FILL ANY VACANCIES THAT OCCUR ON THE BOARD OF DIRECTORS OF THE EXECUTIVE BOARD. SERVE AS PART OF THE RULES COMMITTEE AND SHALL MAKE THE FINAL DECISION ON RULES INTERPRETATION AT THE STATE LEVEL. SERVE AS PART OF THE INSPECTION COMMITTEE FOR THE STATE FINALS RODEO. SERVE AS PART OF THE GRIEVANCE COMMITTEE.	
Record Number #2	
ATTEND MEETINGS OF THE NHSRA AND THE NSHSRA. TEMPORARILY FILL ANY VACANCIES THAT OCCUR ON THE BOARD OF DIRECTORS OF THE EXECUTIVE BOARD. SERVE AS PART OF THE RULES COMMITTEE AND SHALL MAKE THE FINAL DECISION ON RULES INTERPRETATION AT THE STATE LEVEL. SERVE AS PART OF THE INSPECTION COMMITTEE FOR THE STATE FINALS RODEO. SERVE AS PART OF THE GRIEVANCE COMMITTEE.	
Record Number #3	
ATTEND MEETINGS OF THE NHSRA AND THE NSHSRA. TEMPORARILY FILL ANY VACANCIES THAT OCCUR ON THE BOARD OF DIRECTORS OF THE EXECUTIVE BOARD. SERVE AS PART OF THE RULES COMMITTEE AND SHALL MAKE THE FINAL DECISION ON RULES INTERPRETATION AT THE STATE LEVEL. SERVE AS PART OF THE INSPECTION COMMITTEE FOR THE STATE FINALS RODEO. SERVE AS PART OF THE GRIEVANCE COMMITTEE. CALL MEETINGS OF THE EXECUTIVE BOARD WHEN DEEMED NECESSARY AND NOTIFY EXECUTIVE BOARD MEMBERS IN ADVANCE OF THE MEETING. SHALL CALL SPECIALS MEETINGS OF THE BOARD OF DIRECTORS.	
Record Number #4	
ATTEND MEETINGS OF THE NHSRA AND THE NSHSRA. TEMPORARILY FILL ANY VACANCIES THAT OCCUR ON THE BOARD OF DIRECTORS OF THE EXECUTIVE BOARD. SERVE AS PART OF THE RULES COMMITTEE AND SHALL MAKE THE FINAL DECISION ON RULES INTERPRETATION AT THE STATE LEVEL. SERVE AS PART OF THE INSPECTION COMMITTEE FOR THE STATE FINALS RODEO. SERVE AS PART OF THE GRIEVANCE COMMITTEE.	
Record Number #5	
ATTEND MEETINGS OF THE NHSRA AND THE NSHSRA. TEMPORARILY FILL ANY VACANCIES THAT OCCUR ON THE BOARD OF DIRECTORS OF THE EXECUTIVE BOARD. SERVE AS PART OF THE RULES COMMITTEE AND SHALL MAKE THE FINAL DECISION ON RULES INTERPRETATION AT THE STATE LEVEL. SERVE AS PART OF THE INSPECTION COMMITTEE FOR THE STATE FINALS RODEO. SERVE AS PART OF THE GRIEVANCE COMMITTEE.	
Record Number #6	

STATEMENT #3

Name(s) shown on your return	Identifying number
NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION	
ATTEND MEETINGS OF THE NHSRA AND THE NSHSRA. TEMPORARILY FILL ANY VACANCIES THAT OCCUR ON THE BOARD OF DIRECTORS OF THE EXECUTIVE BOARD. SERVE AS PART OF THE RULES COMMITTEE AND SHALL MAKE THE FINAL DECISION ON RULES INTERPRETATION AT THE STATE LEVEL. SERVE AS PART OF THE INSPECTION COMMITTEE FOR THE STATE FINALS RODEO. SERVE AS PART OF THE GRIEVANCE COMMITTEE.	
Record Number #7	
ATTEND MEETINGS OF THE NHSRA AND THE NSHSRA. TEMPORARILY FILL ANY VACANCIES THAT OCCUR ON THE BOARD OF DIRECTORS OF THE EXECUTIVE BOARD. SERVE AS PART OF THE RULES COMMITTEE AND SHALL MAKE THE FINAL DECISION ON RULES INTERPRETATION AT THE STATE LEVEL. SERVE AS PART OF THE INSPECTION COMMITTEE FOR THE STATE FINALS RODEO. SERVE AS PART OF THE GRIEVANCE COMMITTEE.	
Record Number #8	
ATTEND MEETINGS OF THE NHSRA AND THE NSHSRA. TEMPORARILY FILL ANY VACANCIES THAT OCCUR ON THE BOARD OF DIRECTORS OF THE EXECUTIVE BOARD. SERVE AS PART OF THE RULES COMMITTEE AND SHALL MAKE THE FINAL DECISION ON RULES INTERPRETATION AT THE STATE LEVEL. SERVE AS PART OF THE INSPECTION COMMITTEE FOR THE STATE FINALS RODEO. SERVE AS PART OF THE GRIEVANCE COMMITTEE.	
Record Number #9	
ATTEND MEETINGS OF THE NHSRA AND THE NSHSRA. TEMPORARILY FILL ANY VACANCIES THAT OCCUR ON THE BOARD OF DIRECTORS OF THE EXECUTIVE BOARD. SERVE AS PART OF THE RULES COMMITTEE AND SHALL MAKE THE FINAL DECISION ON RULES INTERPRETATION AT THE STATE LEVEL. SERVE AS PART OF THE INSPECTION COMMITTEE FOR THE STATE FINALS RODEO. SERVE AS PART OF THE GRIEVANCE COMMITTEE.	
Record Number #10	
ATTEND MEETINGS OF THE NHSRA AND THE NSHSRA. TEMPORARILY FILL ANY VACANCIES THAT OCCUR ON THE BOARD OF DIRECTORS OF THE EXECUTIVE BOARD. SERVE AS PART OF THE RULES COMMITTEE AND SHALL MAKE THE FINAL DECISION ON RULES INTERPRETATION AT THE STATE LEVEL. SERVE AS PART OF THE INSPECTION COMMITTEE FOR THE STATE FINALS RODEO. SERVE AS PART OF THE GRIEVANCE COMMITTEE.	
Record Number #11	
ATTEND MEETINGS OF THE NHSRA AND THE NSHSRA. TEMPORARILY FILL ANY VACANCIES THAT OCCUR ON THE BOARD OF DIRECTORS OF THE EXECUTIVE BOARD. SERVE AS PART OF THE RULES COMMITTEE AND SHALL MAKE THE FINAL DECISION ON RULES INTERPRETATION AT THE STATE LEVEL. SERVE AS PART OF THE INSPECTION COMMITTEE FOR THE STATE FINALS RODEO. SERVE AS PART OF THE GRIEVANCE COMMITTEE.	

STATEMENT #3

Name(s) shown on your return	Identifying number
NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION	
Record Number #12	
CHAIRMAN OF THE BOARD OF DIRECTORS AND THE EXECUTIVE BOARD AND AN EX-OFFICIO MEMBER OF ALL COMMITTEES EXCEPT THE COMMITTEE ON NOMINATIONS	
Record Number #13	
IN THE ABSENCE OF THE PRESIDENT THE VICE PRESIDENT SHALL ASSUME THE DUTIES OF THE PRESIDENT. IN THE EVENT A VACANCY OCCURS IN THE OFFICE OF THE PRESIDENT THE VICE PRESIDENT SHALL SERVE AS PRESIDENT UNTIL THE NEXT ANNUAL ELECTIONS ARE HELD.	
Record Number #14	
ACCEPT CONFIRM AND RECORD ALL ACTIVITIES RELATED TO THE NSHSRA/NHSRA MEMBERSHIP AND MEMBER ASSOCIATIONS AND EACH MEMBER AND MEMBER ASSOCIATION S COMPLIANCE TO THE NSHSRA AND NHSRA RULES. RODEO SECRETARY OF THE STATE FINALS RODEO AND SHALL COLLECT ALL ENTRIES ENTRY FEES AND OTHER RELATED CHARGES AND FEES AND CONDUCT THE STATE FINALS RODEO ACCORDING TO NSHSRA AND NHSRA RULES ATTEND EXECUTIVE BOARD MEETINGS.	
Record Number #15	
RESPONSIBLE FOR COLLECTING AND DISPERSING ALL MONIES OWED TO THE NSHSRA FOR AND AT THE STATE FINALS RODEOS AND SHALL BE RESPONSIBLE FILING ALL NECESSARY FORMS AND DOCUMENTS TO COMPLY WITH THE INTERNAL REVENUE SERVICE STATUTES RULES AND REGULATIONS.	
Record Number #16	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #17	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE	

STATEMENT #3

Name(s) shown on your return	Identifying number
NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION	
STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #18	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #19	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #20	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #21	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING	

STATEMENT #3

Name(s) shown on your return	Identifying number
NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION	
HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #22	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES	
GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON	
APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE	
BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT	
AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED	
REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE	
STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING	
HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #23	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES	
GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON	
APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE	
BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT	
AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED	
REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE	
STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING	
HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #24	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES	
GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON	
APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE	
BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT	
AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED	
REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE	
STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING	
HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #25	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES	
GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON	
APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE	
BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT	
AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED	
REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE	
STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING	
HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	

STATEMENT #3

Name(s) shown on your return	Identifying number
NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION	
Record Number #26	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES	
GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON	
APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE	
BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT	
AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED	
REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE	
STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING	
HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #27	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES	
GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON	
APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE	
BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT	
AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED	
REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE	
STATE BOARD OF DIRECTOR ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING	
HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #28	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES	
GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON	
APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE	
BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT	
AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED	
REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE	
STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING	
HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #29	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES	
GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON	
APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE	
BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT	
AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED	
REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE	
STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING	
HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	

STATEMENT #3

Name(s) shown on your return	Identifying number
NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION	
Record Number #30	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES	
GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON	
APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE	
BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT	
AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED	
REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE	
STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING	
HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #31	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES	
GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON	
APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE	
BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT	
AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED	
REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE	
STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING	
HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #32	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES	
GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON	
APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE	
BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT	
AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED	
REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE	
STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING	
HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #33	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES	
GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON	
APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE	
BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT	
AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED	
REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE	
STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING	
HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #34	

STATEMENT #3

Name(s) shown on your return	Identifying number
NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #35	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #36	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #37	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #38	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES	

STATEMENT #3

Name(s) shown on your return	Identifying number
NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION	
GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON	
APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE	
BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT	
AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED	
REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE	
STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING	
HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #39	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES	
GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON	
APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE	
BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT	
AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED	
REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE	
STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING	
HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #40	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES	
GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON	
APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE	
BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT	
AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED	
REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE	
STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING	
HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #41	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES	
GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON	
APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE	
BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT	
AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED	
REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE	
STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING	
HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #42	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES	
GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON	

STATEMENT #3

Name(s) shown on your return	Identifying number
NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION	
APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #43	
TRANSACTION THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #44	
TRANSACTION THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #45	
TRANSACTION THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #46	
TRANSACTION THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE	

STATEMENT #3

Name(s) shown on your return	Identifying number
NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION	
BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #47	
TRANSACTION THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #48	
TRANSACTION THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #49	
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Record Number #50	
TRANSACTION THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT	

STATEMENT #4

Name(s) shown on your return				Identifying number			
NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION				27 - 3464564			
FORM 990 - PART VII							
NAME & TITLE	AVGHOURS	INDTRUST	INSTTRUST	OFFICER	KEYEMP	EMPLOYEE	FORMER
JAYCE BLAKE-STATE 5	0		X				
RIATA GOEMMER-STAT5	0		X				
IZZE MILLER-STATE 5	0		X				
RILEE CHRISTENSEN-5	0		X				
CHRIS CHRISTIAN-DI5	0		X				
ROBERT STEELE-DIRE5	0		X				
RUN UNGER-DIRECTOR5	0		X				
SUZANN LEMAIRE-DIR5	0		X				
GREGG CARNES-DIREC5	0		X				
SCOTT PASTORE-DIRE5	0		X				
JOHNNY RAPER-DIREC5	0		X				
CURTIS ENGLISH-DIR5	0		X				
DUSTIN FEYDER-DIRE5	0		X				
CODY JONES-DIRECT05	0		X				
JULIANNE IKONEN-DI5	0		X				
MONYCA JENSEN-DIRE5	0		X				
CRAIG KING-DIRECT05	0		X				
ALIXI CERESOLA-DIR5	0		X				
MIKE MONTERO-DIREC5	0		X				
EDDY FREHNER-DIREC5	0		X				
JEFF REES-DIRECTOR5	0		X				
RITA CHEENEY-DIREC5	0		X				
KRISTAL ROMANS-DIR5	0		X				
DAN DUNCAN-DIRECT05	0		X				
TROY CHRISTENSEN-D5	0		X				
MIKE SCRONCE-DIREC5	0		X				
BUDDY KREBS-DIRECT5	0		X				
WILLIAM SUTTON-DIR5	0		X				
TODD GOODWIN-DIREC5	0		X				
STEVE CAVALLARO-DI5	0		X				
BRIAN THAYER-DIREC5	0		X				
SHANNON WILLIAMS-D5	0		X				
BETH WEBB-DIRECTOR5	0		X				
SHAWN DIXON-DIRECT5	0		X				
MIKE MORRISON JR-D5	0		X				
MIKE MORRISON-DIRE5	0		X				
KENT LYNKEY-DIREC5	0		X				
JIMMY JORDAN-DIREC5	0		X				
CONNIE ODGERS-NEVA5	0		X				

