

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

OMB No. 1545-0047

2020**Open to Public Inspection**

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.

A For the 2020 calendar year, or tax year beginning 01,01, 2020, and ending 12,31, 2020	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION
	Doing business as
	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 LOGANDALE NV 89021
	F Name and address of principal officer: KELLY CHRISTENSEN PO BOX 1128 LOGANDALE, NV 89021
D Employer identification number 27-3464564	
E Telephone number 435-590-1547	
G Gross receipts \$ 244396	
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	
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 71
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 2
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 0
	6 Total number of volunteers (estimate if necessary) 6 200
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0	
Revenue	8 Contributions and grants (Part VII, line 1h) Prior Year 401 Current Year 1550
	9 Program service revenue (Part VIII, line 2g) 244496 195136
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1 2
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 38222 35337
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 283120 232025
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 45204 21826
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0
Expenses	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) 217737 175703
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 262941 197529
	19 Revenue less expenses. Subtract line 18 from line 12 20179 34496
	20 Total assets (Part X, line 16) Beginning of Current Year 127075 End of Year 163964
21 Total liabilities (Part X, line 26) 0 0	
22 Net assets or fund balances. Subtract line 21 from line 20 127075 163964	

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	Date			
	KELLY CHRISTENSEN, TREASURER	06/29/2021			
Paid Preparer Use Only	Print/Type preparer's name CANDACE STEVENS	Preparer's signature	Date 07/02/2021	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 4699426			
	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** (2020)

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 \$ 101899 including grants of \$ 0) (Revenue \$ 20505)
STATE FINALS RODEO FOR BOTH HIGH SCHOOL AND JR HIGH**CLIENT COPY****4b** (Code:) (Expenses \$ 29112 including grants of \$ 0) (Revenue \$ 19047)
NATIONALS RODEO FOR ELIGIBLE HIGH SCHOOL AND JR HIGH CONTESTANTS**4c** (Code:) (Expenses \$ 21444 including grants of \$ 0) (Revenue \$ 47627)
FUNDRAISING FOR SCHOLARSHIPS**4d** Other program services (Describe on Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)**4e** Total program service expenses ► 152455

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)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors 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? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	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? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part VII	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? If "Yes," complete Schedule D, Part VIII	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? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	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? If "Yes," complete Schedule F, Parts III and IV.	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	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? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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? If "Yes," complete Schedule I, Parts I and II	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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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 10	
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? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
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 on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	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	X
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	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
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? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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 on 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? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Check if Schedule O contains a response or note to any line in this Part VI ☒ **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 71		
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 on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent . . .	1b 2		
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, 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 on 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 on Schedule O)

19 Describe on 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 OVERTON NV 89040 4355901547

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

☒ 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) STATEMENT #3	(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 NEVADA STATE HS NATIONAL DIRE	5	X						0	0	0
(2) DUSTIN FEYDER NEVADA STATE JR HS NATIONAL D	5	X						0	0	0
(3) MIKE SCRANCE NEVADA STATE EXECUTIVE BOARD	5	X						0	0	0
(4) CURTIS ENGLISH NEVADA STATE EXECUTIVE REPR C	5	X						0	0	0
(5) TROY CHRISTENSEN NEVADA STATE EXECUTIVE REPR SO	5	X						0	0	0
(6) BETHIE IKONEN NEVADA STATE STUDENT PRESIDEN	5	X						0	0	0
(7) DUSTIN FEYDER NEVADA STATE EXECUTIVE BOARD	5	X					X	0	0	0
(8) WILL DELONG NEVADA STATE EXEC REP ALT NOR	2	X						0	0	0
(9) DALE OWEN NEVADA STATE EXC REP ALT CENT	2	X						0	0	0
(10) BUDDY KREBS NEVADA STATE EXEC REP ALTER S	2	X						0	0	0
(11) MIKE SCRANCE NEVADA STATE PRESIDENT	5			X				0	0	0
(12) SUZANN LEMAIRE NEVADA STATE VP	5			X				0	0	0
(13) KATHY GONZALEZ NEVADA STATE SECRETARY	10			X				0	0	0
(14) KELLY CHRISTENSEN NEVADA STATE TREASURER	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) ALI NORCUTT	5									
NEVADA STATE STUDENT VP	0	X						0	0	0
(16) MADI BORKMAN	5									
NEVADA STATE STUDENT SECRETAR	0	X						0	0	0
(17) MACADY BUNDY	5									
NEVADA STATE STUDENT PR OFFIC	0			X				0	0	0
(18) TRINITY SCRONCE	5									
NEVADA STATE HS RODEO QUEEN	0	X						0	0	0
(19) BROCK BORKMAN	5									
NEVADA STATE STUDENT JHS OFFI	0			X				0	0	0
(20) CHRIS CHRISTIAN	5									
DIRECTOR ALAMO	0	X						0	0	0
(21) ROBERT STEELE	5									
DIRECTOR ALAMO	0	X						0	0	0
(22) RON UNGER	5									
DIRECTOR BATTLE MOUNTAIN	0	X						0	0	0
(23) SUZANN LEMAIRE	5									
DIRECTOR BATTLE MOUNTAIN	0	X						0	0	0
(24) GEORGE COWAN	5									
DIRECTOR BOULDER CITY	0	X						0	0	0
(25) SCOTT PASTORE	5									
DIRECTOR BOULDER CITY	0	X						0	0	0
1b Subtotal								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 **0**

- 3** Did the organization list any **former** officer, director, 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	1550					
	g	Noncash contributions included in lines 1a-1f	1g	\$ 0					
	h	Total. Add lines 1a-1f ▶						1550	
Program Service Revenue				Business Code					
	2a	LICENSE PLATE REVENUE	711320	71320	0	0	0		
	b	EVENT FEES	711320	40280	0	0	0		
	c	STATE FINALS	711320	20505	0	0	0		
	d	SCHOLARSHIPS	711320	19052	0	0	0		
	e		711320	19047	0	0	0		
	f	All other program service revenue . .	711320	24932	0	0	0		
	g	Total. Add lines 2a-2f ▶			195136				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			2	0	0	0	
	4	Income from investment of tax-exempt bond proceeds ▶			0	0	0	0	
	5	Royalties ▶			0	0	0	0	
	6a	Gross rents	(i) Real	(ii) Personal					
		6b	Less: rental expenses						
		6c	Rental income or (loss)						
	d	Net rental income or (loss) ▶			0	0	0	0	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		7b	Less: cost or other basis and sales expenses . .						
		7c	Gain or (loss)						
	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							
		8b	Less: direct expenses						
	c	Net income or (loss) from fundraising events . . ▶			35256		0	0	
	9a	Gross income from gaming activities. See Part IV, line 19							
		9b	Less: direct expenses						
	c	Net income or (loss) from gaming activities . . . ▶			0	0	0	0	
	10a	Gross sales of inventory, less returns and allowances							
		10b	Less: cost of goods sold						
	c	Net income or (loss) from sales of inventory . . . ▶			0	0	0	0	
Miscellaneous Revenue				Business Code					
	11a	MISC	711320	24	0	0	0		
	b	RETURNED CHECK FEE	711320	57	0	0	0		
	c			0	0	0	0		
	d	All other revenue		0	0	0	0		
e	Total. Add lines 11a-11d ▶			81					
12	Total revenue. See instructions ▶			232025	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	21826	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 (nonemployees):				
a	Management	8093	0	0	0
b	Legal	0	0	0	0
c	Accounting	5950	0	0	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	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.)	19545	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	6142	0	0	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17	Travel	454	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	4204	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 on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	JH FINALS	7854	0	0	0
b	HS FINALS	21258	0	0	0
c	DUES	2003	0	0	0
d	STATE FINALS	81104	0	0	0
e	All other expenses	17846	0	0	0
25	Total functional expenses. Add lines 1 through 24e	197529	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	111786	1	148958
	2 Savings and temporary cash investments	15059	2	15006
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	230	4	0
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	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	0		
	b Less: accumulated depreciation	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 33)	127075	16	163964	
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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	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 FASB ASC 958, check here ☐ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	0	27	0
	28 Net assets with donor restrictions	0	28	0
	Organizations that do not follow FASB ASC 958, check here ☒ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	127075	31	163964
	32 Total net assets or fund balances	127075	32	163964
33 Total liabilities and net assets/fund balances	127075	33	163964	

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	232025
2	Total expenses (must equal Part IX, column (A), line 25)	2	197529
3	Revenue less expenses. Subtract line 2 from line 1	3	34496
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	127075
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 on Schedule O)	9	2393
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	163964

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 financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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 on 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

2020**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f), divided by line 11, column (f))	14	0 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	0 %
16a 33¹/₃% support test—2020. 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—2019. 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—2020. 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—2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0	1550	1550
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	334627	283119	230475	848221
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	334627	283119	232025	849771
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.)						849771

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	0	0	334627	283119	232025	849771
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	0	1	1	0	2
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	1	1	0	2
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	334628	283120	232025	849773
14 First 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%
19a 33⅓% support tests—2020. 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—2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 line 2, above, 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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b 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 line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No," 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 (<i>explain in detail in Part VI</i>):	1e	
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 0.015 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 0.035.	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 0.85 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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.)

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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

2020**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**b** ☐ Internet and email solicitations**c** ☐ Phone solicitations**d** ☐ In-person solicitations**e** ☐ Solicitation of non-government grants**f** ☐ Solicitation of government grants**g** ☐ Special fundraising events**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.

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 SCHOLARSHIP BBQ (event type)	(b) Event #2 FUNDRAISER (event type)	(c) Other events 0 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	13095	32370	0	45465
	2 Less: Contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	13095	32370	0	45465
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	12371	0	12371
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				12371
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				33094

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
Direct Expenses	2 Cash prizes	0	0	0	0
	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 0.00000 ☐ No	☐ Yes 0.00000 ☐ No	☐ Yes 0.00000 ☐ 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

2020

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) 2020

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 ENTRY FEES	11	17462	0	FMV	
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.

[illegible]

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

Name of the organization

Compensation Information**For 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

2020**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 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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

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 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

2020**Open to Public
Inspection**

Name of the organization

ARIZONA STATE HIGH SCHOOL RODEO ASSOCIATION

Employer identification number

27-3464564

FORM 990 - PART IX LINE 11G DESCRIPTION:

STATE FINALS PAYMENT TO JUDGES FLAGGERS AND ANNOUNCER \$7,545.00 STATE FINALS

PAYMENT TO STOCK CONTRACTOR \$12,000.00

FORM 990 - PART IX LINE 24E DESCRIPTION:

STUDENT OFFICER EXPENSE \$1290.00 RODEO SUPPLIES \$34.00 GENERAL AND ADMIN

EXPENSE OTHER \$87.00 MISC \$106.00 NATIONAL DIRECTOR EXPENSES

\$2,832.00 NHSRA CONTESTANT EXPENSES \$9,780.00 QUEEN CONTEST EXPENSES

\$3753.00

FORM 990 - PART VI LINE 2 DESCRIPTION:

SOME DIRECTORS AND OFFICERS ARE SPOUSES OR CHILDREN OR OTHER DIRECTORS AND

OFFICERS

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 990 - PART VI LINE 19 DESCRIPTION:

UPON REQUEST

FORM 990 - PART XI LINE 9 DESCRIPTION:

CHECKS WRITTEN IN 2019 WERE VOIDED IN 2020 BECAUSE THEY WERE NOT CASHED.

Name of the organization

Employer identification number

NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION

27-3464564

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Form **8868**

(Rev. January 2020)

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

OMB No. 1545-0047

► **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.

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	Taxpayer identification number (TIN) 27 3464564
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 1128	
	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) **011**

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 **CANDACE N. SEVENS**

Telephone No. ► **702 4699426** Fax No. ► **866 3562419**

- 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 TINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until **05, 17**, 20 **21**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► ☒ calendar year 20 **20** 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. 1-2020)

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2020, or fiscal year beginning 01/01, 2020, and ending 12/31, 20 20

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.**2020**

Name of exempt organization or person subject to tax

NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION

Taxpayer identification number

27 - 3464564

Name and title of officer or person subject to tax

KELLY CHRISTENSEN, TREASURER

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, 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 232025
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
6a Form 990-T check here ▶ ☐	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here ▶ ☐	b Total tax (Form 4720, Part III, line 1)	7b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☐ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal direct debit entry to the financial institution account indicated in the tax preparation software for payment of the 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. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize NUMBER CRUNCHER LLC to enter my PIN 6 4 5 6 4 as my signature
ERO firm name

Enter five numbers, but
do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ 07/02/2021

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

8 8 2 7 3 3 0 0 7 7 9

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 07/02/2021

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

2020**Work Pad**

Name: NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION

Identifying number: 27 - 3464564

Form 990 - Part III - Line 4 - EXPENSES

Description	Amount
NATIONAL JH FINALS	7854
NATINAL FINALS	21258
Total	29112

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

Description	Amount
AUDITOR	3093
SECRETARY	5000
Total	8093

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

Description	Amount
STATE FINALS JUDGES FLAGGERS ANNOUNCER	7545
STATE FINALS STOCK CONTRACTOR	12000
Total	19545

Form 990 - Part IX - 17 TRAVEL - TOTAL EXPENSES

Description	Amount
QUEEN TRAVEL EXPENSE	454
Total	454

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

Description	Amount
MID WINTER AND NATIONAL MEETINGS	2182
DIRECTORS MEETING EXPENSES	2022
Total	4204

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

Description	Amount
GRANTS	382
SCHOLARSHIP FUND	21444
Total	21826

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

Description	Amount
STUDENT OFFICER EXPENSE	1290
RODEO SUPPLIES	34
GENERAL AD ADMIN EXPENSE OTHER	50
MISC	106

2020

Work Pad

Name: NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION

Identifying number: 27 - 3464564

NATIONAL DIRECTOR EXPENSES	2832
NHSRA CONTESTANT EXPENSES	9780
QUEEN CONTEST EPENSES	3754
Total	17846

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

Description	Amount
NATIONALS FINALS JACKETS	819
PRIZES	500
CLUB ASSESSMENTS	3200
OFFICE FEES	8275
SCHOLARSHIP FUND	500
STUDENT DUES	11638
Total	24932

Form 990 - Part XI - OTHER CHANGES IN NET ASSETS OR FUND BALANCES (EXPLAIN IN SCHEDULE 0)

Description	Amount
2020 VOIDED CHECKS	2393
Total	2393

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Form **9325**
(January 2017)

Department of the Treasury - Internal Revenue Service

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS e-file.

Taxpayer name NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION

Taxpayer address (optional)

1. ☒ Your federal income tax return for 2020 was filed electronically with the Fresno Submission Processing Center. The electronic filing services were provided by NUMBER CRUNCHER LLC.
2. ☒ Your return was accepted on 07-21-2021 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 8827332021202g000010
3. ☐ Your return was accepted on _____ Allow 4 to 6 weeks for the processing of your return.
4. ☐ Your electronic funds withdrawal payment request was accepted for processing.
5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. ☐ Your Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

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

2020

**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 LOCATION OF THE NEVADA STATE HIGH SCHOOL RODEO FINALS AND JR. HIGH

FINALS.

CLIENT COPY

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

2020**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 LOCATION OF NEVADA STATE HIGH SCHOOL RODEO FINALS AND JR. HIGH

FINALS

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	
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 #12	
CHAIRMAN OF THE BOARD OF DIRECTORS AND THE EXECUTIVE BOARD AND AN EX-OFFICIO MEMBER OF ALL COMMITTEES EXCEPT THE COMMITTEE ON NOMINATIONS	

STATEMENT #3

Name(s) shown on your return	Identifying number
NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION	
Record Number #13	
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 #14	
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	
STATUES RULES AND REGULATIONS.	
Record Number #15	
SERVE AS THE SUBSTITUTE ON THE EXECUTIVE BOARD IN THE ABSENCE OF THE	
STUDENT PRESIDENT.	
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 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	

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 #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 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	

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 #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	
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	

STATEMENT #3

Name(s) shown on your return	Identifying number
NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION	
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	
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 #28	
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 #29	
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 #30	
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	

STATEMENT #3

Name(s) shown on your return	Identifying number
NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION	
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	
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	

STATEMENT #3

Name(s) shown on your return	Identifying number
NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION	
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	
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	

STATEMENT #3

Name(s) shown on your return	Identifying number
NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION	
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 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	

STATEMENT #3

Name(s) shown on your return	Identifying number
NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION	
THE FALL MEETING HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #43	
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 #44	
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 #45	
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 #46	
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 #47	
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 #48	
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 #49	
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 #50	
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 #51	
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 #52	
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 #53	
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 #54	
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 #55	

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 #56	
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 #57	
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 #58	
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 #59	
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 #60	
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 #61	
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 #62	
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 #63	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON	

[illegible]

STATEMENT #4

Name(s) shown on your return					Identifying number			
NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION					27 - 3464564			
FORM 990 - PART VII								
NAME & TITLE	COMHOURS	AVGHOURS	INDTRUST	INSTTRUST	OFFICER	KEYEMP	EMPLOYEE	FORMER
NATHAN MORIA 5	0	X						
CURTIS ENGLI 5	0	X						
DUSTIN FEYDE 5	0	X						
HOLLI ELSE-D 5	0	X						
MINDY FILIPP 5	0	X						
JULIANNE IKO 5	0	X						
MONYCA JENSE 5	0	X						
ALIXI CERESA 5	0	X						
JOEY MCKNIGH 5	0	X						
WILL DELONG- 5	0	X						
JEFF GARIJO- 5	0	X						
DARREL MOSER 5	0	X						
BRANDON POTR 5	0	X						
RTA CHEENEY- 5	0	X						
SHANE CHEENE 5	0	X						
ELIZABETH UH 5	0	X						
DAN DUNCAN-D 5	0	X						
MIKE SCRONCE 5	0	X						
TROY CHRISTE 5	0	X						
CHUCK PAAASC 5	0	X						
BUDDY KREBS- 5	0	X						
ANNA JOHNSON 5	0	X						
BRAIN THAYER 5	0	X						
SHANNON WILL 5	0	X						
DALE OWEN-DI 5	0	X						
SHAWN DISON- 5	0	X						
BETH WEB-DIR 5	0	X						
JOHN RODERIC 5	0	X						
MIKE MORRISO 5	0	X						
DUSTY KEPPNE 5	0	X						
KENT LYNKEY 5	0	X						
TOBEY BORKMA 5	0	X						
CARRIE EARY- 5	0	X						
KAREN HOLCHE 5	0	X						
KATHY GONZAL 5	0	X						
MONYCA JENSE 5	0	X						
JULIE BLASIN 5	0	X						
KATHY GONZAL 5	0	X						
ALIXI CERESO 5	0	X						

STATEMENT #4

[illegible]