

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning , **2022**, and ending , **20**

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

D Employer identification number
27-3464564

E Telephone number
435-590-1547

G Gross receipts \$ **416102**

F Name and address of principal officer: **KELLY CHRISTENSEN**
 PO BOX 1128
 LOGANDALE, NV 89021

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: <http://www.nevadastateshra.net>

K Form of organization: Corporation Trust Association Other

L Year of formation: **2010**

M State of legal domicile: **NV**

H(c) Group exemption number **0**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: STATEMENT #1		
	2	Check this box <input type="checkbox"/> 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	53
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5	Total number of individuals employed in calendar year 2022 (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 V, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	16713	28069
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6	5
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	85721	101067
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	370743	399241
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	25080
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	16205	19315
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25)	0	0
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	258130	308951
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	299415	338671
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	71328	60570
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	235305	295925
	22	Net assets or fund balances. Subtract line 21 from line 20	0	0
			235305	295925

Part II Signature Block

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

Sign Here

Signature of officer: KELLY CHRISTENSEN, TREASURER Date: 06/13/2023

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: CANDACE STEVENS Preparer's signature: _____ Date: 06/13/2023 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** (2022)

Part III Statement of Program Service Accomplishments

Check 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 \$ 180757 including grants of \$ 0) (Revenue \$ 53240)
STATE FINALS

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4b (Code: _____) (Expenses \$ 66400 including grants of \$ 0) (Revenue \$ 7137)
SCHOLARSHIP FUND

4c (Code: _____) (Expenses \$ 18195 including grants of \$ 0) (Revenue \$ 24062)
NATIONALS FINALS

4d Other program services (Describe on Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 265352

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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? <i>If "No," provide an explanation on Schedule O</i>	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 the 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
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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

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		
	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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	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		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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on 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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		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?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on 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?		X
16b	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?		

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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) <small>STATEMENT #3</small>	(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 HS NATIONAL DIRECTOR	5 0	X						0	0	0
(2) DALE OWEN JH NATIONAL DIRECTOR	5 0	X						0	0	0
(3) CURTIS ENGLISH EXECIVE BOARD PRESIDENT	5 0	X						0	0	0
(4) SHAWN SILVA EXECUTIVE BOARD VC PRESIDENT	5 0	X						0	0	0
(5) JEFF GARIJO NEVADA STATE EXECUTIVE REPR N	0 0	X						0	0	0
(6) Nathan Morian NEVADA STATE EXECUTIVE REPR C	5 0	X						0	0	0
(7) CHRIS CHRISTIAN NEVADA STATE EXECUTIVE REPRE	5 0	X						0	0	0
(8) BROCK FEYDER NEVADA STATE STUDENT PRESIDEN	5 0	X						0	0	0
(9) MIKE SCRONCE NEVADA STATE EXECUTIVE BOARD P	5 0						X	0	0	0
(10) WILL DELONG NEVADA STATE EXEC REP ALT NOR	5 0	X						0	0	0
(11) JOEY MCKNIGHT NEVADA STATE EXEC REP ALT CEN	5 0	X						0	0	0
(12) TROY CHRISTENSEN NEVADA STATE EXEC REP ALT SOU	5 0	X						0	0	0
(13) CURTIS ENGLISH NEVADA STATE PRESIDENT	5 0			X				0	0	0
(14) SHAWN SILVA NEVADA STATE VICE PRECIDENT	5 0			X				0	0	0

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

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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

Table with 3 columns: Question number, Question text, Yes/No columns. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (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 Revenue

Check 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 8806				
	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 19263				
	g	Noncash contributions included in lines 1a-1f	1g \$ 0				
	h	Total. Add lines 1a-1f		28069			
Program Service Revenue			Business Code				
	2a	LICENSE PLATE REVENUE	711320	85424	0	0	
	b	CONTESTANT EVENT FEE	711320	71057	0	0	
	c	STATE FINALS	711320	53240	0	0	
	d	CONTESTANT ASSESSMENTS	711320	24062	0	0	
	e	STATE OF NV DEPT OF AGRIC	711320	10000	0	0	
	f	All other program service revenue . .	711320	26317	0	0	
g	Total. Add lines 2a-2f		270100				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5	0	0	
	4	Income from investment of tax-exempt bond proceeds		0	0	0	
	5	Royalties		0	0	0	
	6a	Gross rents	(i) Real	0			
			(ii) Personal	0			
			6c	Rental income or (loss)	0	0	0
	d	Net rental income or (loss)		0	0	0	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	0			
			(ii) Other	0			
			7c	Gain or (loss)	0	0	0
	d	Net gain or (loss)		0	0	0	
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	8a 117824				
	b	Less: direct expenses	8b 16861				
		Net income or (loss) from fundraising events		100963		0	0
	9a	Gross income from gaming activities. See Part IV, line 19	9a 0				
b	Less: direct expenses	9b 0					
	Net income or (loss) from gaming activities		0	0	0	0	
10a	Gross sales of inventory, less returns and allowances	10a 0					
b	Less: cost of goods sold	10b 0					
	Net income or (loss) from sales of inventory		0	0	0	0	
Miscellaneous Revenue			Business Code				
	11a	MISC	711320	29	0	0	
	b	RETURNED CHECK FEE	711320	75	0	0	
	c			0	0	0	
	d	All other revenue	0	0	0	0	
e	Total. Add lines 11a-11d		104				
12	Total revenue. See instructions		399241	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

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	10405	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	19315	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	0	0	0	0
b Legal	0	0	0	0
c Accounting	875	0	0	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0	0	0	0
f Investment management fees	0	0	0	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	21408	0	0	0
12 Advertising and promotion	0	0	0	0
13 Office expenses	5861	0	0	0
14 Information technology	0	0	0	0
15 Royalties	0	0	0	0
16 Occupancy	0	0	0	0
17 Travel	9010	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	3311	0	0	0
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	572	0	572	0
23 Insurance	1375	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 NATINAL FINALS	18195	0	0	0
b NATIONAL JH FINALS	8961	0	0	0
c STATE FINALS	158000	0	0	0
d SCHOLARSHIP FUND	66400	0	0	0
e All other expenses	14983	0	0	0
25 Total functional expenses. Add lines 1 through 24e	338671	0	572	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0	0	0	0

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	219963	1	240042
	2 Savings and temporary cash investments	15368	2	53595
	3 Pledges and grants receivable, net	-26	3	0
	4 Accounts receivable, net	0	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	10a 2860		
	b Less: accumulated depreciation	10b 572	10c	2288
	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)	235305	16	295925	
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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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	235305	31	295925
	32 Total net assets or fund balances	235305	32	295925
33 Total liabilities and net assets/fund balances	235305	33	295925	

Part XI Reconciliation of Net Assets

Check 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	399241
2	Total expenses (must equal Part IX, column (A), line 25)	2	338671
3	Revenue less expenses. Subtract line 2 from line 1	3	60570
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	235305
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	50
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	295925

Part XII Financial Statements and Reporting

Check 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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and a 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . .		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 .		

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2022

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment
Sequence No. **179**

Name(s) shown on return NEVADA STATE HIGH SCHOOL RODEO ASSO	Business or activity to which this form relates Form 990 - Management and Ge	Identifying number 27 - 3464564
----------------------------------------------------------------	---------------------------------------------------------------------------------	------------------------------------

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	0

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	0
15	Property subject to section 168(f)(1) election	15	0
16	Other depreciation (including ACRS)	16	0

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 Yrs		S/L	
h	Residential rental property		27.5 Yrs	MM	S/L	
			27.5 Yrs	MM	S/L	
i	Nonresidential real property		39 Yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 Yrs		S/L	
c	30-year		30 Yrs	MM	S/L	
d	40-year		40 Yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	572
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	572
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	0

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2022)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2022 tax year (see instructions): 43 Amortization of costs that began before your 2022 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

Depreciation Detail Listing

Form 990 - Management and General Expenses

Name(s) as shown on return

EIN

NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION

27 - 3464564

No.	Description	Date	Cost	Business Percentage	Section 179	Depreciation Basis	Life	Method	Current depr.	Accumulated depreciation	Prior Expenses	Bonus Depreciation
1.	4 COMPUTERS	04012022	2860.00	100%	0.00	2860.00	5	200 DB HY	572.00	572.00	0.00	0.00
Total:			2860.00		0.00	2860.00			572.00	572.00	0.00	0.00

CLIENT COPY

**SCHEDULE A
(Form 990)**

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

2022

**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).)
- 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 33¹/₃% 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 33¹/₃% 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 on lines 12a through 12c 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	0 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	0 %
16a 33 1/3% support test—2022. 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		<input type="checkbox"/>
b 33 1/3% support test—2021. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2022. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2021. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

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 [X]

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows: 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15%; 16 Public support percentage from 2021 Schedule A, Part III, line 15 16%

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Rows: 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17%; 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18%

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization []

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, 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 on line 12 of 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).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		

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.		
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.		

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).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organization(s), 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?		
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).		
3 By reason of the relationship described on 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.		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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.		
b Did the activities described on 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.		
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 .		
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.		

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	<input type="checkbox"/> 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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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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 D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

Table with 2 columns: Name of the organization (NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION) and Employer identification number (27 3464564).

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, and (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question number, description, and Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question number, description, and amount. Includes questions 1a, 1b, 2, and 2a, 2b regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------------------|--------|
| 1c Beginning balance | 0 |
| 1d Additions during the year | 0 |
| 1e Distributions during the year | 0 |
| 1f Ending balance | 0 |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|-------------------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 0 %
 - b** Permanent endowment 0 %
 - c** Term endowment 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-------------------------------------------------------------------------------------------------------------|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	2860	572	2288
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2288

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0	

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Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	0

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

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	(b) Event #2	(c) Other events	(d) Total events
		SCHOLARSHIP BBQ (event type)	RAFFLE TICKETS F (event type)	3 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	66322	47462	4040	117824
	2 Less: Contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	66322	47462	4040	117824
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	16861	0	16861
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					100963

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))
		1 Gross revenue	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	<input type="checkbox"/> Yes 0.00000 % <input type="checkbox"/> No	<input type="checkbox"/> Yes 0.00000 % <input type="checkbox"/> No	<input type="checkbox"/> Yes 0.00000 % <input type="checkbox"/> 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)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

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...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

SCHEDULE J (Form 990)

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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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
Travel for companions
Tax indemnification and gross-up payments
Discretionary spending account
Housing allowance or residence for personal use
Payments for business use of personal residence
Health or social club dues or initiation fees
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
Independent compensation consultant
Form 990 of other organization
Written employment contract
Compensation survey or study
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?

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)?

Table with 3 columns: Question ID, Yes, No. Rows include 1a, 1b, 2, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, 8, 9.

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 and/or 1099-NEC 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)							

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**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

2022

Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION

Employer identification number

27-3464564

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 2 DESCRIPTION:

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

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

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Form **8868**

Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2022)

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

► **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) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

• The books are in the care of HELIY CHRISTENSEN

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Telephone No. ► 435 5901547 Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0 . If this is for the whole group, check this box . . . ► . If it is for part of the group, check this box . . . ► and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05, 11, 20 23, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20 22 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-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-TE and Form 8879-TE for payment instructions.

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

Form **8868** (Rev. 1-2022)

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20_____

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION EIN or SSN 27 - 3464564

Name and title of officer or person subject to tax
KELLY CHRISTENSEN, TREASURER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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 . . . <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>399241</u>
2a Form 990-EZ check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here . . . <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here . . . <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . .	4b	_____
5a Form 8868 check here . . . <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____
6a Form 990-T check here . . . <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	_____
7a Form 4720 check here . . . <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	_____
8a Form 5227 check here . . . <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a Form 5330 check here . . . <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	_____
10a Form 8038-CP check here . . . <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

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 entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 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 _____ 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 2022 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 entity, I will enter my PIN as my signature on the tax year 2022 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 06/13/2023

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 2022 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 CANDACE N STEVENS Date 06/13/2023

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

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2022

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment
Sequence No. **179**

Name(s) shown on return NEVADA STATE HIGH SCHOOL RODEO ASSO	Business or activity to which this form relates Form 990 - Management and Ge	Identifying number 27 - 3464564
----------------------------------------------------------------	---------------------------------------------------------------------------------	------------------------------------

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	0

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	0
15	Property subject to section 168(f)(1) election	15	0
16	Other depreciation (including ACRS)	16	0

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 Yrs		S/L	
h	Residential rental property		27.5 Yrs	MM	S/L	
			27.5 Yrs	MM	S/L	
i	Nonresidential real property		39 Yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 Yrs		S/L	
c	30-year		30 Yrs	MM	S/L	
d	40-year		40 Yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	572
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	572
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	0

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2022)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2022 tax year (see instructions): 43 Amortization of costs that began before your 2022 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

Depreciation Detail Listing

Form 990 - Management and General Expenses

Name(s) as shown on return

EIN

NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION

27 - 3464564

No.	Description	Date	Cost	Business Percentage	Section 179	Depreciation Basis	Life	Method	Current depr.	Accumulated depreciation	Prior Expenses	Bonus Depreciation
1.	4 COMPUTERS	04012022	2860.00	100%	0.00	2860.00	5	200 DB HY	572.00	572.00	0.00	0.00
Total:			2860.00		0.00	2860.00			572.00	572.00	0.00	0.00

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2022

Work Pad

Name: NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION

Identifying number: 27 - 3464564

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

Description	Amount
STATE FINALS JUDGES FLAGGERS ANNOUNCERS6408	6408
STOCK CONTRACTOR	15000
Total	21408

Form 990 - Part IX - 17 TRAVEL - TOTAL EXPENSES

Description	Amount
AIRFARE NATIONAL MEETINGS	3088
HOTEL NATINAL MEETINGS	1971
MILEAGE NATIONAL MEETINGS	1650
AIRFARE NATIONAL DIRECTOR	1066
HOTEL NATIONAL DIRECTOR	750
RENTAL CAR NATIONAL DIRECTOR	485
Total	9010

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

Description	Amount
DIRECTORS MEETING	735
MEETING REGISTRATION FEE	570
MIDWINTER & NATIONAL MEETINGS	2006
Total	3311

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

Description	Amount
QUEEN EXPENSES	1429
CRISIS FUND	2500
FEES	50
RODEO SUPPLIES	1294
WEBSITE	284
NATIONAL DUES	747
CONTESTANT EXPENSES	7339
REIMBURSE ENTRY FEES	40
SPONSOR SUPPORT REIMBURSEMENT	1300
Total	14983

Form 990 - Part IX - 5 COMPENSATION OF CURRENT OFFICERS DIRECTORSTRUSTEES AND KEY EMPLOYEES - TOTAL EXPENSES

Description	Amount
AUDITOR	6454
SECRETARY	7861
TREASURER	5000
Total	19315

2022

Work Pad

Name: NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION

Identifying number: 27 - 3464564

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

Description	Amount
CLUB ASSESSMENTS	3600
SCHOLARSHIP FUND	7137
SPONSOR SUPPORT	3780
STATE CLUB DUES	200
OFFICE FEE COLLECTED	11600
Total	26317

Form 990 - Part X - 10A LAND BUILDINGS AND EQUIPMENT - COST BASIS

Description	Amount
COMPUTERS	2860
Total	2860

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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 2022 was filed electronically with the _____ Submission Processing Center. The electronic filing services were provided by NUMBER CRUNCHER LLC.
2. Your return was accepted on _____ 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 _____.
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 May 12 2023 12:52PM. The Submission ID assigned to your extension is 8827332023132i00000c.

**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.

Form **9325** (Rev. 1-2017)

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

2022

Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

Employer identification number

NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION

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 NEVADA STATE HIGH SCHOOL RODEO FINALS AND JR. HIGH

FINALS

CLIENT COPY

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

2022

Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

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

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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	
<p>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.</p>	
<p>Record Number #7</p> <p>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.</p>	
<p>Record Number #8</p> <p>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.</p>	
<p>Record Number #9</p> <p>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.</p>	
<p>Record Number #10</p> <p>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.</p>	
<p>Record Number #11</p> <p>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.</p>	
<p> </p> <p> </p> <p> </p>	

STATEMENT #3

Name(s) shown on your return	Identifying number
NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION	
Record Number #12	
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 #13	
CHAIRMAN OF THE BOARD OF DIRECTORS AND THE EXECUTIVE BOARD AND AN EX-OFFICIO MEMBER OF ALL COMMITTTES EXCEPT THE COMMITTEE ON NOMINATIONS.	
Record Number #14	
CHAIRMAN OF THE BOARD OF DIRECTORS AND THE EXECUTIVE BOARD AND AN EX-OFFICIO MEMBER OF ALL COMMITTTES EXCEPT THE COMMITTEE ON NOMINATIONS	
Record Number #15	
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 S CRITERIA F 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 #16	
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 #17	
SERVE AS THE SUBSTITUTE ON THE EXECUTIVE BOARD IN THE ABSENCE OF THE STUDENT PRESIDENT.	
Record Number #18	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING	

STATEMENT #3

Name(s) shown on your return	Identifying number
NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION	
HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #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	
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 #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 DIRECTOR AS SIGNS 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 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 #27	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES	
GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON	
APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE	
BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT	
AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED	
REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE	
STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING	
HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #28	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES	
GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON	
APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE	
BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT	
AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED	
REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE	
STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING	
HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #29	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES	
GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON	
APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE	
BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT	
AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED	
REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE	
STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING	
HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #30	
TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES	
GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON	
APPLICATIONS FOR NSHSRA MEMBERSHIP HAVE THE POWER TO FILL ALL VACANCIES ON THE	
BOARD OF DIRECTORS PROVIDE THE PROPER CARE OF THE NSHSRA MATERIALS EQUIPMENT	
AND FUNDS CHECK IN WITH THE PRESIDENT OR THE PRESIDENT S APPOINTED	
REPRESENTATIVE BEFORE THE NSHSRA STATE FINALS RODEO ASSUME ALL DUTIES THE	
STATE BOARD OF DIRECTORS ASSIGNS SET THE DATE AND LOCATION OF THE FALL MEETING	
HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #31	

CLIENT COPY

STATEMENT #3

Name(s) shown on your return	Identifying number
NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION	
<p>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</p>	
Record Number #32	
<p>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</p>	
CLIENT COPY	
Record Number #33	
<p>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</p>	
Record Number #34	
<p>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</p>	
Record Number #35	
<p>TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES</p>	

STATEMENT #3

Name(s) shown on your return	Identifying number
NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION	
<p>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</p>	
Record Number #36	
<p>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</p>	
Record Number #37	
<p>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</p>	
Record Number #38	
<p>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</p>	
Record Number #39	
<p>TRANSACT THE GENERAL BUSINESS OF THE NSHSRA ESTABLISH ADMINISTRATIVE POLICIES GOVERNING THE AFFAIRS OF THE NSHSRA S GROWTH AND DEVELOPMENT ACT UPON</p>	

STATEMENT #3

Name(s) shown on your return	Identifying number
NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION	
<p>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</p>	
Record Number #40	
<p>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</p>	
Record Number #41	
<p>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</p>	
Record Number #42	
<p>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</p>	
Record Number #43	
<p>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</p>	

STATEMENT #3

Name(s) shown on your return	Identifying number
NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION	
<p>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</p>	
Record Number #44	
<p>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</p>	
Record Number #45	
<p>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</p>	
Record Number #46	
<p>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</p>	
Record Number #47	
<p>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</p>	

STATEMENT #3

Name(s) shown on your return	Identifying number
NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION	
<p>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</p>	
<p>Record Number #48</p> <p>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</p>	
<p>Record Number #49</p> <p>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</p>	
<p>Record Number #50</p> <p>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</p>	
<p>Record Number #51</p> <p>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</p>	

STATEMENT #3

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

STATEMENT #3

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

STATEMENT #3

Name(s) shown on your return	Identifying number
NEVADA STATE HIGH SCHOOL RODEO ASSOCIATION	
HELD IN CONJUNCTION WITH THE STATE FINALS RODEO	
Record Number #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	
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 #63	
ATTEND MEETINGS OF THE NHSRA AND THE NSHSRA. TEMPORARILY FILL ANY VACANCIES	
THAT OCCUR ON THE BOARD OF DIRECTORS OF THE EXECUTIVE BOARD. SERVE AS PART OF	
THE RULES COMMITTEE AND SHALL MAKE THE FINAL DECISION ON RULES INTERPRETATION	
AT THE STATE LEVEL. SERVE AS PART OF THE INSPECTION COMMITTEE FOR THE STATE	
FINALS RODEO. SERVE AS PART OF THE GRIEVANCE COMMITTEE.	

STATEMENT #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					
AARON ALBISU	5	0	X					
SHAWN SILVA-	5	0	X					
HOLLI ELSE-D	5	0	X					
MINDY FILIPP	5	0	X					
NORA HUNT LE	5	0	X					
MONICA RANDO	5	0	X					
JOEYMCKNIGHT	5	0	X					
WILL DELONG-	5	0	X					
JEFF GARIJO-	5	0	X					
EDDY FREHNER	5	0	X					
BRANDON POTR	5	0	X					
RITA CHEENEY	5	0	X					
SHANE CHEENE	5	0	X					
DAN DUNCAN-D	5	0	X					
MIKE SCRONCE	5	0	X					
TROY CHRISTE	5	0	X					
CHUCK PAASCH	5	0	X					
BUDDY KREBS-	5	0	X					
ANNA JOHNSON	5	0	X					
MIKE GENCHI-	5	0	X					
JEANNE METZG	5	0	X					
CHRISSY POPE	5	0	X					
DALE OWEN-DI	5	0	X					
SHANNON WILL	5	0	X					
BETH WEBB-DI	5	0	X					
MIKE MORRISO	5	0	X					
SHANNON SENA	5	0	X					
KENT LYNSKEY	5	0	X					
DUSTIN FEYDE	5	0	X					
BILL PROCESS	5	0	X					
KAREN HOLCHE	5	0	X					
CARRIE EARY-	5	0	X					
KATHY GONZAL	5	0	X					
JULIE BLASIN	5	0	X					
KATHY GONZAL	5	0	X					
JESSICA LANC	5	0	X					
FORM 990 - PART VII CONTINUE								

