



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)

OMB No 1545 1150

2007

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 7/01, **2007, and ending** 6/30, **2008**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type. See Specific Instructions. NEBRASKA CHAPTER ASHRAE 1044 NORTH 115TH STREET, SUITE 300 OMAHA, NE 68154	D Employer identification number 23-7180286
		E Telephone number
		F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

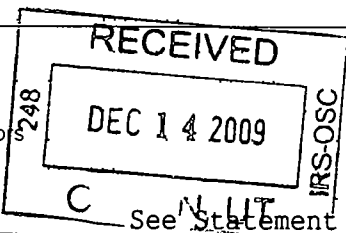
J Organization type (check only one) — 501(c) (6) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 38,457.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	6,265.
4	Investment income	4	299.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory Subtract in 5b from in 5a (attach schd)	5c	
6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	31,893.
6b	Less direct expenses other than fundraising expenses	6b	17,430.
6c	Net income or (loss) from special events and activities Subtract line 6b from line 6a See Statement 1	6c	14,463.
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a	7c	
8	Other revenue (describe ▶ _____)	8	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	21,027.
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ▶ _____)	16	19,113.
17	Total expenses (add lines 10 through 16)	17	19,113.
18	Excess or (deficit) for the year Subtract line 17 from line 9	18	1,914.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	20,245.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	22,159.



Part II Balance Sheets — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ (See Instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	20,245.	22,159.
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 Total assets	20,245.	22,159.
26 Total liabilities (describe ▶ _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	20,245.	22,159.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0803L 08/06/07 Form **990-EZ** (2007)

SCANNED JAN 05 2010

P 22

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose?		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	Helping Nebraska's mechanical engineers advance heating, ventilation, air conditioning, and refrigeration to serve humanity and promote a sustainable world. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	19,113.
29	----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses Add lines 28a through 31a	32	19,113.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See Instructions)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-.)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 3		0.	0.	0.

Part V Other Information (Note the statement requirement in the instructions)	See Statement 4	Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	33		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b		N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a		0.
b Did the organization file Form 1120-POL for this year?	37b		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	38b		N/A
39 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 9	39a		N/A
b Gross receipts, included on line 9, for public use of club facilities	39b		N/A

Part V Other information (Note the statement requirement in the instructions.) (Continued)

40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A

b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation

	Yes	No
40b	N/A	
40c		
40d		
40e		X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.

d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

41 List the states with which a copy of this return is filed ▶ None

42 a The books are in care of ▶ RENEE MEYERSICK Telephone no ▶ _____
 Located at ▶ 1044 NORTH 115TH STREET, SUITE 300 OMAHA NE ZIP + 4 ▶ 68154

b 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)?

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

c At any time during the calendar year, did the organization maintain an office outside of the U S ?

If 'Yes,' enter the name of the foreign country ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

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

Please Sign Here

Signature of officer: *Renee Meyersick* Date: 12/11/09
 Type or print name and title: RENEE MEYERSICK ASHRAE NEBRASKA CHAPTER TREASURER 2009-2010

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 12/9/09 Check if self-employed Preparer's SSN or PTIN (See General Instruction X) 700065501
 Firm's name (or yours if self-employed), address, and ZIP + 4: LACEY & ASSOCIATES, CPAs PC
5005 S 84 St
Ralston, NE 68127 EIN 20-2069034
 Phone no ▶ (402) 339-7330

Client 20

NEBRASKA CHAPTER ASHRAE

23-7180286

12/09/09

03 14PM

Statement 1
Form 990-EZ, Part I, Line 6
Net Income (Loss) from Special Events

<u>Special Events</u>	<u>Gross Receipts</u>	<u>Less Contributions</u>	<u>Gross Revenue</u>	<u>Less Direct Expenses</u>	<u>Net Income (Loss)</u>
Annual Golf Outing	17,255.	0.	17,255.	17,430.	-175.
Luncheon Sales	7,988.	0.	7,988.	0.	7,988.
Other Income	4,400.	0.	4,400.	0.	4,400.
Product Directory Advertising	2,250.	0.	2,250.	0.	2,250.
Total	<u>\$ 31,893.</u>	<u>\$ 0.</u>	<u>\$ 31,893.</u>	<u>\$ 17,430.</u>	<u>\$ 14,463.</u>

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Board Full Circle	\$	300.
Board Meetings		3,260.
Chapter CRC - Hospitality		2,416.
Engineers Roundtable		100.
Meal Expense		6,780.
Miscellaneous Expenses		200.
Past Presidents Pin		133.
Region 9 CRC Assessment		1,151.
Student Activities		1,925.
Supplies		1,620.
Travel		1,228.
Total	<u>\$</u>	<u>19,113.</u>

Statement 3
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Contribution to EBP & DC</u>	<u>Expense Account/Other</u>
Darrell Brewster 8024 Colby Street Lincoln, NE 68505	President 0	\$ 0.	\$ 0.	\$ 0.
Rich Woodson 11620 Arbor Street, Suite 100 Omaha, NE 68144	Vice President 0	0.	0.	0.
Andrew Vinckier 1006 Bailey Drive Papillion, NE 68046	Secretary 0	0.	0.	0.

Client 20

NEBRASKA CHAPTER ASHRAE

23-7180286

12/09/09

03 14PM

Statement 3 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Rob Harper 7607 Park Drive Omaha, NE 68127	Treasurer 0	\$ 0.	\$ 0.	\$ 0.
Kim Cowman 8600 Indian Hills Drive Omaha, NE 68114	Board Member 0	0.	0.	0.
Renee Meyersick 1044 North 115th Street Omaha, NE 68154	Board Member 0	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.

Statement 4
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No