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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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

OMB No 1545-1150\_

2012

Department of the Treasury

Inter	nal Reven	ue Service	▶ The organization may have to use a copy of this return to satisfy state report	rting require	ments.		
A	For the	e 2012 calend	dar year, or tax year beginning , and ending		_		
В	Check if a	applicable	C Name of organization		D	Employ	er identification number
	Address of	, ,	NEBRASKA AVIATION TRADES ASSOC.				
П	Name cha	•	c/o JUDY MCDOWELL			47-	0555338
$\Box$	Initial retu	•		Room/suite	E		ne number
	Terminate		192 WEST LAKESHORE DRIVE				-475-6282
	Amended	d return	City or town, state or country, and ZIP + 4			•	Exemption
		on pending	LINCOLN NE 68528		_	Number	<del></del>
G		nting Method.		_		_	the organization is not
ı			gonata.net	- 1	•		h Schedule B
<u>1</u>			heck only one) — 501(c)(3) <b>X</b> 501(c)( 6 ) <b>4</b> (insert no ) 4947(a)(1) or 527 organization is not a section 509(a)(3) supporting organization or a section 527 org				EZ, or 990-PF)
K	Check						
			000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postca	ard) may be	require	ea (see	instructions) But if
			oses to file a return, be sure to file a complete return	1- (D1)			
L			'b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total asselow) are \$500,000 or more, file Form 990 instead of Form 990-EZ	is (Part II,		•	90,524
	Part I	<u>` .'</u>	nue, Expenses, and Changes in Net Assets or Fund Balances (se	a the instr	uction	▶ \$ s for P	
Ŧ	φιι i		if the organization used Schedule O to respond to any question in this Part		uctiOH	3 IUI P	<b>X</b>
_	1		gifts, grants, and similar amounts received	· -		1	
	2		rvice revenue including government fees and contracts			2	55,014
	3	-	dues and assessments  See State	ment	ı	3	23,101
	4	Investment			ı	4	160
	5a		int from sale of assets other than inventory 5a				
	b		r other basis and sales expenses 5b				
	C		from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6		I fundraising events				
<u> </u>	a	=	ne from gaming (attach Schedule G if greater than				
Revenue	~	\$15,000)	6a				
Š	b	•	ne from fundraising events (not including \$ of contribution	ns			
_			sing events reported on line 1) (attach Schedule G if the				
			gross income and contributions exceeds \$15,000) 6b				
	C	Less. direct	expenses from gaming and fundraising events 6c	·			
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract				
		line 6c)			L	6d	
	7a	Gross sales	of inventory, less returns and allowances 7a				
	Ь	Less: cost o	of goods sold 7b			- 1	
	С		or (loss) from sales of inventory (Subtract line 7b from line 7a)		., ]	7c	
	8	Other reven	ue (describe in Schedule O)	/FD	. L	8	12,249
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		<u> </u>	9	90,524
	10	Grants and	similar amounts paid (list in Schedule O)	2012	ś  L	10	2,000
	11	•	١٨٥١	2013	51 F	11	
S	12		lei Compensation, and employee benefits	<u> </u>	⊈   -	12	
)SUS	13		I fees and other payments to independent contractors  OGDEN	LUT -	<b> </b>	13	760
Expenses	. 14		Tent, utilities, and maintenance		<u> </u>	14	4 00=
ш	''	=	blications, postage, and shipping			15	1,895
	16	•	nses (describe in Schedule O)		<u>,</u>	16	68,130
_	17		nses. Add lines 10 through 16		-	17	72,785
Ş	18		deficit) for the year (Subtract line 17 from line 9)		<u> </u>	18	17,739
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with		ſ	10	99,562
Ę	20	•	figure reported on prior year's return)		<u> </u>	19	33,302
Ž	20		ges in net assets or fund balances (explain in Schedule O)		•	20	117,301
	21	างยเ ฮรรยเร (	or fund balances at end of year Combine lines 18 through 20			41	<u> </u>

F	Part II	Balance Sheets	s (see the instructions for Pa	art II)				_
		Check if the organ	nization used Schedule O to	respond to any	question in this Part I	1		X
				_	(A) Beg	ginning of year		(B) End of year
22	Cash, savi	ngs, and investments				125,706	22	141,029
23	Land and I	ouildings				0	23	
24	Other asse	ets (describe in Sched	ule O)			2,611	24	2,377
25	Total asse	ets				128,317	25	143,406
26	Total liabi	lities (describe in Sch	nedule O)			28,755	26	26,105
27	Net assets	or fund balances (li	ine 27 of column (B) must agre	ee with line 21)		99,562	27	117,301
F	art III	Statement of Pr	rogram Service Accomp	<b>plishments</b> (se	e the instructions for	Part III)		Expenses
		Check if the organ	nization used Schedule O to	respond to any	question in this Part I		(Re	quired for section
Wr	nat is the org	ganization's primary ex					501	(c)(3) and 501(c)(4)
1	NOITAIVA	TRADE ASSOCIATIO	N				orga	anizations and section
			service accomplishments for e	each of its three la	rgest program services,		494	7(a)(1) trusts, optional
			ir and concise manner, describe				for o	others)
per	rsons benef	ted, and other relevar	nt information for each program	title.				,
28	PROVID	E CONVENTION & O	THER ACTIVITIES FOR MEM	ØBERS				
	(Grants \$		) If this amount includes f	foreian grants, che	ck here	▶ □	28a	
29	(Ciaino y			orange grants, and				
	(Grants \$		) If this amount includes f	foreign grants, che	ck here	▶ □	29a	
30	(Crants w		) II tills amount includes i	ioreign grants, one	<u> </u>		204	
50								
	(Grants \$		) If this amount includes f	foreian arante che	ck here	▶ □	30a	
24	<del></del>	ram services (describ		ioreign grants, one	CK Here		30a	
31	(Grants \$	rain services (describ	) If this amount includes f	foreian arante che	ck hara	▶ □	31a	
(22		rom convice expens	es (add lines 28a through 31a)		CK Hele		32	
~~~	art IV		rectors, Trustees, and Key Er		h one even if not compe	nsated (see the		ons for Part IV) —
	CHLIX	Check if the organiz	ation used Schedule O to resp	ond to any question	n in this Part IV			
		(a) Name ar	ad title	(b) Average	(c) Reportable compensation	(d) Heath ber contributions to e		(e) Estimated amount of
		(a) Name ar	id title	devoted to position	devoted to position (Forms W-2/1099-MISC) ben		and	other compensation
_	JUDY MC	DOMETT			(ii not paid, enter -0-)	deferred compe	nsalion	
	EXEC DI		:	26.00	20,640		0	,
	BRIAN W			20.00	20,040			
				3.00	0		0	l c
	PRESIDE TOM MAY			3.00	0			-
				1.00	o		0	١ ,
_		ESIDENT		1.00				
		AMBRECHT		1 00	o		0	1
_	SECRETA			1.00	<u> </u>			
	SCOTT D			1 00	_		^	,
	TREASUR			1.00	0		0	
		VANAUGH		1	_		_	١ .
_		RED AGENT		1.00	0		0	<u> </u>
	RICK BO	_					_	_
_		PRESENTATIVE		1.00	0	ļ	0	· C
	CAMI KR						_	
_		REPRENT.		1.00	0	<del></del>	0	<u> </u>
		EISSENHERZ		1				
		LIED REP		1.00	0	ļ	0	<u> </u>
-	CHIP CO	SLOR				1		
	DIRECTO	R		1.00	0		0	
:	DAVID R	OTH						}
_ :	DIRECTO	R		1.00	0		0	
	TROY TH	OMAS	<del></del>					
_ :	DIRECTO	R		1.00	0		0	<u> </u>
_								

Form 990-EZ (2012) NEBRASKA AVIATION TRA	ADES ASSO	C. 47-05	55338		Page 2
Part II Balance Sheets (see the instructions for P	art II)				
Check if the organization used Schedule O to	respond to any	question in this Part I	<u>  </u>		
		(A) Beg	ginning of year		(B) End of year
22 Cash, savings, and investments			0	22	<del></del>
23 Land and buildings			0	23	
24 Other assets (describe in Schedule O)			0	24	
25 Total assets			0	25	0
26 Total liabilities (describe in Schedule O)			0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree	ee with line 21)		0	27	0
Part III Statement of Program Service Accom	plishments (se	e the instructions for	Part III)		Expenses
Check if the organization used Schedule O to	respond to any	question in this Part I		(Re	quired for section
What is the organization's primary exempt purpose?				501	(c)(3) and 501(c)(4)
				orga	anizations and section
Describe the organization's program service accomplishments for	each of its three lar	rgest program services,		494	7(a)(1) trusts; optional
as measured by expenses In a clear and concise manner, describ				for o	others)
persons benefited, and other relevant information for each program					,
28					
(Grants \$ ) If this amount includes	foreign grants, che	ck here	▶ □	28a	
29	toreign grants, one	OK HOLO		200	
25					
(Grants \$ ) If this amount includes	foreign grante, che	ick here	▶ 🗀	29a	
•	ioreign grants, one	CK HEIE		250	
30					
(Create C	foreign grants, abo	ok horo	▶ □	30a	
(Grants \$ ) If this amount includes	ioreign grants, che	ck nere		Jua	
31 Other program services (describe in Schedule O)	f	al. base	▶ □	94-	
(Grants \$ ) If this amount includes		ck nere		31a 32	
32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Er		h one even if not compe	nsated (see the		ons for Part IV)
Part IV  List of Officers, Directors, Trustees, and Key Electron Check if the organization used Schedule O to response.	ond to any question	n in this Part IV	nsated (see the	ii isa aca	ons for rail (14)
	(b) Average	(c) Reportable compensation	(d) Heath ben contributions to e	efits,	(a) Estimated amount of
(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans,	and	(e) Estimated amount of other compensation
CASEY WILLIAMS	· ·	(If not paid, enter -0-)	deferred compe	nsation	<del> </del>
	1.00	o	[	^	
DIRECTOR	1.00	<u> </u>		0	0
RYAN LIHS	1.00	_		^	
DIRECTOR	1.00	0		0	0
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			<u> </u>		
DAA					Form <b>990-EZ</b> (2012)

Form	990-EZ (2012)	NEBRASKA	AVIATION	TRADES	ASSOC.	47-05553	338		F	Page 3
Pa	rt V Ot	ther Information ( structions for Part V)	Note the Schedu Check if the org	le A and per anization use	sonal benefit con d Schedule O to	tract statement req respond to any qu	uirements in the estion in this Part V	/		
									Yes	No
33	Did the organ	nization engage in any	significant activity i	not previously	reported to the IRS	? If "Yes," provide a				
		cription of each activity						33	<u> </u>	X
34		Inificant changes made								
		mended documents if	<u>.</u>	ge to the orgar	ization's name. Ot	herwise, explain the				١
	_	chedule O (see instruc						34	<u> </u>	X
35a	_	nization have unrelated	-			e year from business				
		ch as those reported o						35a	X	<b>├</b> ─
b		ne 35a, has the organiz						35b	X	<del>-</del> -
С		anization a section 501					ce,		7.	
		d proxy tax requiremen						35c	X	+-
36		nization undergo a liqui			r significant dispos	ition of net assets				١.,
	-	ar? If "Yes," complete				. l l		36	<u> </u>	X
37a		t of political expenditur			d in the instructions	► 37a		<del></del>		١.,
b	-	nization file Form 1120						37b		X
38a	-	nization borrow from, o					re			٠.,
	•	ns made in a prior yea		-				38a	_	X
b	If "Yes," com	plete Schedule L, Part	II and enter the tot	al amount invo	lved	38b				
39	•	c)(7) organizations En								
а	Initiation fees	s and capital contribution	ons included on line	9		39a				1
b		ts, included on line 9, f				39b				
40a	Section 501(	c)(3) organizations En	iter amount of tax in							
	section 4911 ▶	<b>-</b>	, section 4912	≥▶		, section 4955 🕨				
b	Section 501(	c)(3) and 501(c)(4) org	anızatıons. Did the	organization e	ngage in any secti-	on 4958 excess bene	fit			1
	transaction d	luring the year, or did it	t engage in an exce	ss benefit trar	saction in a prior y	ear that has not been	ı			
	reported on a	any of its prior Forms 9	990 or 990-EZ? If "Y	'es," complete	Schedule L, Part I			40b	ļ <u>.</u>	ļ
С	Section 501(	c)(3) and 501(c)(4) org	janizations Enter a	mount of tax ir	nposed on					
	organization	managers or disqualifi	ed persons during	the year under	sections 4912,					
	4955, and 49	958				▶_		_		
d	Section 501(	c)(3) and 501(c)(4) org	janizations. Enter a	mount of tax o	n line 40c					
	reimbursed b	y the organization				▶_		_		
е	All organizati	ons At any time durin	g the tax year, was	the organization	on a party to a proh	nibited tax shelter				
	transaction?	If "Yes," complete For	m 8886-T					40e		<u> </u>
41	List the state	s with which a copy of	this return is filed I	None			<u>.</u>			
42a	The organiza	ation's books are in car	e of ▶ JUDY M	CDOWELL		Tel	lephone no 🕨 4	02-47	5-6	528
		192 W LAKESHORE								
	Located at ▶	LINCOLN				NE	ZIP + 4 ▶ 6	8528		
b	At any time of	during the calendar yea	ar, did the organiza	ion have an in	terest in or a signa	ture or other authority	over		Yes	No
	a financial ad	ccount in a foreign cou	ntry (such as a ban	k account, sed	curities account, or	other financial accoun	nt)?	42b		X
		er the name of the fore		-		<u>-</u>		_		
	See the instr	ructions for exceptions	and filing requirem	ents for Form	TD F 90-22.1, Rep	ort of Foreign Bank				
		al Accounts.						- 1		1
С	At any time of	during the calendar yea	ar, did the organiza	tion maintain a	n office outside the	e U.S ?		42c	]	X
		er the name of the fore								
43	Section 4947	7(a)(1) nonexempt cha	ritable trusts filing F	orm 990-EZ ır	lieu of Form 1041	I — Check here				▶ [
	and enter the	e amount of tax-exemp	t interest received	or accrued dur	ing the tax year		▶ 43			
									Yes	N.
44a	Did the orgai	nization maintain any d	donor advised funds	during the ye	ar? If "Yes," Form	990 must be			1	
	completed in	stead of Form 990-EZ						44a	<u> </u>	X
b	Did the organ	nization operate one o	r more hospital faci	lities during the	e year? If "Yes," Fo	orm 990 must be				
	completed in	stead of Form 990-EZ						44b	<u> </u>	X
С	Did the organ	nization receive any pa	ayments for indoor	anning service	es during the year?			44c		X
d	If "Yes" to Im	ne 44c, has the organiz	ation filed a Form	720 to report th	ese payments? If '	"No," provide an				
		n Schedule O						44d	ļ	┿
45a	Did the orga	nization have a control	led entity within the	meaning of se	ection 512(b)(13)?			45a		x
45b	_	nization receive any pa				trolled entity within the	е			$I^{-}$
		section 512(b)(13)? If "								
	<del>-</del>	Z (see instructions)			· 			45b	<u>L</u>	x
DAA						<del></del>		Form 99	0-EZ	(201

orm	990-EZ (20	012) <b>NEBI</b>	RASKA A	VIATIO	N TR	ADES	ASSO(	C	47-05	5533	8			P	age <b>4</b>
														Yes	No
46		organization enga	•	-	-		ın actıvıtie	s on beh	alf of or in oppo	sition					
		dates for public of				C, Part I							46	$oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}}}}}}}}}}}}}}}}}}$	X
Pa	rt VI	Section 501													
		All section 50	1(c)(3) orga	nizations m	ust ansv	wer que	stions 4/	<b>-49b</b> ar	nd 52, and coi	mplete tr	ne tables for	lines			
		50 and 51 Check if the o	raanization	used School	dula O te	o roenor	nd to any	auestia	n in this Part	M					
		Check ii tile o	rgariization	used Sched	uie O to	o respoi	id to arry	questio	il ili tilis r ait					V 1	
47	Did the	organization enga	ge in lobbyin	g activities or	have a s	section 50	01(h) elec	tion in ef	fect during the t	ax				Yes	No
	year? If	"Yes," complete S	Schedule C, F	Part II									47		
48	Is the or	ganization a scho	ol as describ	ed in section	170(b)(1	)(A)(ıı)? l	f "Yes," co	omplete \$	Schedule E				48		
49a	Did the	organization make	e any transfe	rs to an exem	pt non-cl	haritable	related or	ganızatıd	on?				49a		
b	If "Yes,"	was the related of	rganization a	section 527	organiza	tion?							49b		
50	Complet	e this table for the	e organizatio	n's five highe:	st compe	ensated e	mployees	(other th	nan officers, dire	ectors, tru	stees and key	,			
	employe	es) who each rec	eived more t	han \$100,000	of comp	ensation	from the	organıza	tion If there is	none, ente	er "None "				
	•	(a) Name and tit	le of each emi	olovee			verage		Reportable		ealth benefits,	(e) E	stimate	ed amou	unt of
			than \$100,000				per week to position		mpensation W-2/1099-MISC)	benet	ons to employe fit plans, and	oth		pensati	
		<del></del>						,		deferred	d compensation	+			
						ł									
				-		1		1		-	-	+			
						<u> </u>						+-			
			<del></del>					<u> </u>				_			
								· -		-		1			
								<u> </u>							
f	Total nu	mber of other em	ployees paid	over \$100,00	00	-			<b>&gt;</b>						
51		e this table for the							ctors who each	received	more than				
	\$100,00	0 of compensatio	n from the or	ganization If	there is i	none, ent	ter "None	<u>"</u>							
	(a) Nan	ne and address of e	ach independe	ent contractor p	aid more	than \$100	,000		<b>(b)</b> Typ	e of servic	е	(c) (	Compe	nsation	
						<del></del>									
											+				
d	Total nu	mber of other ind	ependent cor	ntractors each	receivir	na over \$	100,000								
52		organization com	•			•		ations an	nd 4947(a)(1)						
		npt charitable trus	•				, 0					<b>▶</b>	Yes	;	No
Unde	r penalties	of perjury, I declare	that I have ex	amined this ref	turn, inclu	ding accor	mpanying s	chedules	and statements,	and to the	best of my knov	vledge a	nd belie	ef, it is	
true,	correct, an	d complete Declara	ation of prepar	other than o	officer) is b	pased on a	all information	on of whic	h preparer has a	ny knowled	lge				
		Juda	to Make	oull						<u>4-11</u>	-13				
Sigi	l i	Signature of office							D	ate					
Her	e	Type or print name	SEC.												—
	1-	rint/Type preparer's na			Des	eparer's sign	aure :	_/		Da	<u> </u>		PTIN		
	- 1	ппо туре ргерагет s па	ine		المراجع	parer s sign	- Constitution	112	_	l Da	Che		f		
Paid	<u>=</u> :	HOMAS E. GRAF				100	<u>" ()                                   </u>	sug		03	7/2//23	employed	1500	28266	
	·	irm's name	GRAFTO			ATES,		•			Firm's EIN	<u>47</u>	<u>-07</u>	609	51
Use	Only	ırm's address	5935 8		ST.		ITE A					400	400		
			LINCOL		685		-4				Phone no	<u>402-</u>			7
Мау	the IRS	discuss this return	n with the pre	parer shown	above? S	ee instru	uctions		<del></del>			<u> </u>		es 0-EZ	No
												FO	un 33	U-EZ	12012

#### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

OMB No 1545-0047 2012

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations. Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Nan	ne of organization NEBRASKA AVIATION TRA	c/o JUDY MCDOWELL					
Pai	t I-A Complete if the organization is exem	pt under section 501(c	or is a sectio	n 527 organizatio	n		
1	Provide a description of the organization's direct and indire	ct political campaign activities	ın Part IV				
2	Political expenditures			▶ \$			
3	Volunteer hours						
Pai	t I-B Complete if the organization is exem	pt under section 501(c	)(3).				
1	Enter the amount of any excise tax incurred by the organization			▶ \$			
2	Enter the amount of any excise tax incurred by organization		5	▶ \$			
3	If the organization incurred a section 4955 tax, did it file Fo	rm 4720 for this year?			Yes No		
4a	Was a correction made?			Yes No			
b	If "Yes," describe in Part IV						
Pa	t J-C Complete if the organization is exem	pt under section 501(c	), except section	on 501(c)(3).	<u></u>		
1	Enter the amount directly expended by the filing organization	on for section 527 exempt fund	tion				
	activities			▶ \$			
2	Enter the amount of the filing organization's funds contribut	ted to other organizations for s	ection				
	527 exempt function activities			▶ \$			
3	Total exempt function expenditures Add lines 1 and 2 Ent	er here and on Form 1120-PO	L,				
	line 17b			▶ \$			
4	Did the filing organization file Form 1120-POL for this year	?			Yes No		
5	Enter the names, addresses and employer identification nu	ımber (EIN) of all section 527 j	oolitical organizatio	ns to which the filing			
	organization made payments For each organization listed,	·					
	the amount of political contributions received that were pro	mptly and directly delivered to	a separate political	organization, such			
	as a separate segregated fund or a political action committee	ee (PAC). If additional space i	s needed, provide i	nformation in Part IV			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political		
				filing organization's funds If none, enter -0-	contributions received and promptly and directly		
				tunus ir none, enter -0-	delivered to a separate		
					political organization if		
		· · · · ·			none, enter -0-		
(1)							
(2)		-					
(3)		1	1				
(4)							
. <del></del>							
(5)							
(6)							
		<u> </u>					

Sche	edule C (Form 990 or 990-EZ) 2012	ASKA AVIATIO	ON TRADES A	ssoc.	4	7-0555338	Page 2			
	art II-A Complete if the organ	nization is exemp	t under section 5	501(c)(3) aı	nd filed	Form 5768 (ele				
_	section 501(h)).		CCU 1 . 1			.1 6622 1 1				
Α		•	• • •		Part IV each affiliated group member's					
_	name, address, EIN									
<u>R</u>	Check ▶ ☐ if the filing organiza			troi" provisi	ons app	oly				
	Limits on Lo The term "expenditures"	obbying Expendi			orga	(a) Filing	(b) Affiliated group totals			
_	a Total lobbying expenditures to influence			_	<del>                                     </del>					
							<u></u>			
	<ul> <li>d Other exempt purpose expenditures</li> </ul>	a and 10)								
		Llines 1c and 1d)								
	<ul> <li>Total exempt purpose expenditures (add f Lobbying nontaxable amount Enter the</li> </ul>	•	ving table in both							
	columns	amount nom the lonov	virig table in both							
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	ble amount is							
		20% of the amount on li		-	1					
	Not over \$500,000									
	Over \$500,000 but not over \$1,000,000	<del></del>	ne excess over \$500,000		1					
	Over \$1,000,000 but not over \$1,500,000		ne excess over \$1,000,000							
	Over \$1,500,000 but not over \$17,000,000		e excess over \$1,500,000							
	Over \$17,000,000	\$1,000,000	<del></del>		<del> </del>		······			
	g Grassroots nontaxable amount (enter 25	·								
	h Subtract line 1g from line 1a If zero or lo				<u> </u>	· · · · · · · · · · · · · · · · · · ·				
	i Subtract line 1f from line 1c If zero or le			Sia Carra 4700	<u> </u>					
	j If there is an amount other than zero on	either line in or line ii	, did the organization	me Form 4/20	,		☐ Yes ☐ No			
	reporting section 4911 tax for this year?					<del></del>	Yes No			
	(Some organizations the columns b	nat made a sectio	ng Period Under on 501(h) election tructions for line	do not ha	ve to c		he five			
	Lol	bying Expenditu	res During 4-Yea	ar Averagir	ng Perio	od	-			
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 20	11	(d) 2012	(e) Total			
2	a Lobbying nontaxable amount									
	b Lobbying ceiling amount (150% of line 2a, column(e))									
	c Total lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2012

 d Grassroots nontaxable amount
 e Grassroots ceiling amount (150% of line 2d, column (e))
 f Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2012

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT file (election under section 501(h)).	d For	m 5768		
		(a)	(t	)	
	rach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	s No	Amo	unt	
	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?				···
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?				
е	Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?				
g	Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?  Total. Add lines 1c through 1i				
b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912				
<u>d</u>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	\ ===			
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5 501(c)(6).	), or s	ection	1	
1	Were substantially all (90% or more) dues received nondeductible by members?		1	Yes	No X
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		X
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (answered "Yes."				is
1 2	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	1		23,	745
	Current year Carryover from last year	2a 2b			
3	Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2c 3		4,	749
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5		-4,	749

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2; and Part II-B, line 1 Also, complete this part for any additional information.

# SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012 Open to Public

Inspection

OMB No 1545-0047

Name of the organization

NEBRASKA AVIATION TRADES ASSOC.

Employer identification number 47 – 0555338

Form 990-EZ, Part I, Line 8 -	Other	Reve	enue
Description		Amount	
NEWSLETTER ADVERTISING		\$	6,555
DIRECTORY ADVERTISING		\$	5,694
	Total	Ś	12.249

Form 990-EZ, Part I, Line 16	- Other Expenses
Description	Amount
DIRECTORY ADVERTISING	
DIRECT - CONTRACT SERVICE	\$ 1,129
DIRECT - PRINT & PUBLISHI	\$ 570
Readership Costs	\$ 5,097
NEWSLETTER ADVERTISING	
DIRECT - CONTRACT SERVICE	\$ 1,219
DIRECT - PUBLISHING	\$ 11
Readership Costs	\$ 4,627
Expenses	
OFFICE	\$ 3,720
MEETINGS & CONVENTIONS	\$ 12,574
NAA MEETINGS	\$ 1,806
INSURANCE	\$ 474
OPERATION SAFE	\$ 4,117
BOARD EXPENSES	\$ 545
DUES	\$ 750
PAASS TRAINING	\$ 9,730

_	•
Page	-

Schedule O (Form 990 or 990-EZ) (2012)							Pag	e <b>2</b>
Name of the organization  NEBRASKA AVIATION TRADES	AS	ssoc.	·			entification i		
CONTRACT SERVICES	\$	28,77	2					
LESS: READERSHIP COSTS	\$	-9,72	4					
SPECIAL PROJECTS	\$	2,49	5					
Non-investment Depreciation	\$	21	8					
Total	L \$	68,13	0					
Form 990-EZ, Part II, Line 24 - Oth	ner	Assets						
Description			Beg.	of	Year	End	of Year	ı
LAND, BUILDINGS, EQUIPMENT			\$	28	3,244	\$	26,58	4
Less Accumulated Depreciation			\$	2	5,633	\$	24,20	7
		Total	\$	:	2,611	\$	2,37	7
Form 990-EZ, Part II, Line 26 - Oth	ner	Liabilitie	s					
Description			Bea.	of	Year	End	of Year	•

Description 28,755 \$ 26,105 UNEARNED REVENUE

14190 NEBRASKA AVIATION TRADES ASSOC.

FYE: 12/31/2012

47-0555338

Federal Statements

3/27/2013 4:32 PM

## Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	 Amount
Memberships Less: Circulation Income	\$ 23,745 -644
Total	\$ 23,101