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A For the 2012 calendar year, or tax year beginning 07-01-2012 , and ending 06-30-2013	
B Check if applicable	C Name of organization NEBRASKA ARBORISTS ASSOCIATION
☒ Address change	
☐ Name change	% ADVANCED ASSOCIATION MGMT L
☐ Initial return	Number and street (or P O box, if mail is not delivered to street address) Room/suite 521 FIRST STREET
☐ Terminated	Suite
☐ Amended return	City or town, state or country, and ZIP + 4 MILFORD, NE 68405
☐ Application pending	
	D Employer identification number 47-0592594
	E Telephone number (402) 761-2216
	F Group Exemption Number ▶

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶ _____		H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: ▶ <u>WWW.NEARBORISTS.ORG</u>		
J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(5) (insert no) ☐ 4947(a)(1) or ☐ 527		

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 77,990

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		1			
	2	Program service revenue including government fees and contracts		2	55,605		
	3	Membership dues and assessments		3	13,040		
	4	Investment income		4	1,605		
	5a	Gross amount from sale of assets other than inventory	5a		5c	0	
	b	Less cost or other basis and sales expenses	5b	0			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					
	6	Gaming and fundraising events		6d	0		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) .	6a				
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				6b	
	c	Less direct expenses from gaming and fundraising events	6c			0	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0		
	7a	Gross sales of inventory, less returns and allowances	7a		7c	0	
	b	Less cost of goods sold	7b	0			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						
8	Other revenue (describe in Schedule O)		8	7,740			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ➡		9	77,990			
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10			
	11	Benefits paid to or for members		11			
	12	Salaries, other compensation, and employee benefits		12	40,704		
	13	Professional fees and other payments to independent contractors		13	1,661		
	14	Occupancy, rent, utilities, and maintenance		14	808		
	15	Printing, publications, postage, and shipping		15	629		
	16	Other expenses (describe in Schedule O)		16	37,644		
	17	Total expenses. Add lines 10 through 16 ➡		17	81,446		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-3,456		
	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	59,815		
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	1,296		
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ➡		21	57,655		

Part II

Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	62,189	22	69,787
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	4,419	24	2,550
25 Total assets	66,608	25	72,337
26 Total liabilities (describe in Schedule O)	6,793	26	14,682
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	59,815	27	57,655

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
TO PROMOTE THE ADVANCEMENT OF ARBORCULTURE

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 CONTINUING EDUCATION OF MEMBERS THROUGH CONFERENCES, WORKSHOPS, AND SEMINARS TO MAINTAIN THE INTEGRITY OF THE PROFESSION OF ARBORISTS
(Grants \$) If this amount includes foreign grants, check here

28a

29 CERTIFICATION OF MEMBER ARBORISTS TO INSURE QUALITY CONTROL OVER THE PROFESSION OF ARBORISTS
(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV

List of Officers, Directors, Trustees, and Key Employees (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
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 outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of ADVANCED ASSOCIATION MGMT LLC Telephone no (402) 761-2216 Located at 521 FIRST STREET MILFORD, NE ZIP + 4 68405		
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)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . .		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f	Total number of other employees paid over \$100,000	▶	
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51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000.	▶	
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52	Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	▶	☐ Yes ☒ No
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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		2013-08-12 Date			
	Kathi Schildt Executive Director Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature Lisa M Moore	Date	Check ☐ if self-employed	PTIN	
	Firm's name ▶ Willnerd & Associates LLC			Firm's EIN ▶		
	Firm's address ▶ 3200 Pine Lake Road Suite A Lincoln, NE 68516			Phone no (402) 421-1811		
May the IRS discuss this return with the preparer shown above? See instructions						☒ Yes ☐ No

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

OMB No 1545-0047

2012**Open to Public
Inspection**Name of the organization
NEBRASKA ARBORISTS ASSOCIATION**Employer identification number**

47-0592594

Identifier	Return Reference	Explanation
OTHER REVENUE SCHEDULE	FORM 990EZ PART I LINE 8	Description AUCTION INCOME Amount 6480
OTHER REVENUE SCHEDULE	FORM 990EZ PART I LINE 8	Description ADVERTISING INCOME Amount 1260
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description BOARD OF DIRECTORS Amount 878
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description CREDIT CARD EXPENSES Amount 1265
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description COMMUNICATION EXPENSES Amount 2043
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description INSURANCE Amount 1455
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description MEMBER SERVICES Amount 126
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description MISCELLANEOUS Amount 957
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description ARBORISTS SCHOLARSHIPS Amount 2950
OTHER CHANGES IN NET ASSETS - INCREASE	FORM 990EZ PART I LINE 20	Description UNREALIZED GAIN(LOSS) ON INVESTMENTS Amount 1296

Additional Data

Software ID:
Software Version:
EIN: 47-0592594
Name: NEBRASKA ARBORISTS ASSOCIATION

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

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
KENT HOLM PRESIDENT	5 0	0	0	0
KEN RITTGARN PRESIDENT-ELECT	2 0	0	0	0
LON NUTTER TREASURER	2 0	0	0	0
JIM KEEPERS SECRETARY	4 0	0	0	0
SCOTT NIELSON DIRECTOR	0 5	0	0	0
KEVIN POPKEN DIRECTOR	0 5	0	0	0
BRIAN MUTCHIE DIRECTOR	0 5	0	0	0
ERIC BERG NAA EXTERNAL REPRESENTATIVE	0 5	0	0	0
PHIL PIERCE NAA EXTERNAL REPRESENTATIVE	0 5	0	0	0
STEVE RODIE NAA EXTERNAL REPRESENTATIVE	0 5	0	0	0
KATHI SCHILDT NAA EXECUTIVE DIRECTOR	20 0	40,704	0	0
DR MARK HARRELL NAA EXTERNAL REPRESENTATIVE	0 5	0	0	0