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Fòrm 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 private foundations)

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Α	For the	e 2013 calen	dar year, or tax year beginning , and ending				
В	Check if	applicable	C Name of organization	D Empl	oyer identification number		
	Address	change	NEBRASKA AVIATION TRADES ASSOC.				
П	Name ch	ange	c/o JUDY MCDOWELL	47	-0555338		
П	Initial retu	urn	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telep	hone number		
П	Terminate	led	192 WEST LAKESHORE DRIVE	402-475-6282			
П	Amended	d return	City or town, state or province, country, and ZIP or foreign postal code	F Grou	p Exemption		
П	Application	on pending	LINCOLN NE 68528		ber 🕨		
G	Accour	nting Method	X Cash Accrual Other (specify) ▶ H Chec	sk ▶ X	if the organization is not		
1		-		_	ach Schedule B		
J				n 990, 99	0-EZ, or 990-PF)		
ĸ		of organization			_		
L	Add line	es 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets				
(Pa	rt II, colu	ımn (B) below)	are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	112,345		
F	art I	Rever	ue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	tions for	Part I)		
		Check	if the organization used Schedule O to respond to any question in this Part I		X		
	1	Contributions	gifts, grants, and similar amounts received	1			
	2	Program se	rvice revenue including government fees and contracts	2	73,416		
	3	Membership	dues and assessments See Statement	3	24,134		
	4	Investment	income	4	99		
	5a	Gross amou	int from sale of assets other than inventory 5a	_			
	Ь	Less cost of	r other basis and sales expenses 5b				
	С	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
	6	Gaming and	fundraising events				
	а	Gross incon	ne from gaming (attach Schedule G if greater than				
ne		\$15,000)	6a	_			
Revenue	b	Gross incon	ne from fundraising events (not including \$ of contributions				
Re		from fundra	sing events reported on line 1) (attach Schedule G if the				
		sum of such	gross income and contributions exceeds \$15,000) 6b	_			
	С	Less direct	expenses from gaming and fundraising events 6c	_[
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	-			
		line 6c)		6d			
	7a	Gross sales	- -₹				
	b	Less cost of	f goods sold 7b	—			
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
	8		ue (describe in Schedule O)	8_	14,696		
<u>.</u>	9		ue (describe in Schedule 0) ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 RECEIVED similar amounts paid (list in Schedule 0)	9	112,345		
į	10		similar amounts paid (list in Schedule 0) d to or for members ner compensation, and employee benefits MAY 2 3 2014	10	1,500		
3	11	Benefits par	d to or for members	11			
a) &	12	Salaries, otl	ner compensation, and employee benefits MAY 23 2011	12	F 70F		
en:	13		I fees and other payments to independent contractors	13	5,785		
Expenses	14		d to or for members ner compensation, and employee benefits MAY 2 3 2014 I fees and other payments to independent contractors rent, utilities, and maintenance OGDEN, UT	14	2 220		
ш	'		Silvations, postage, and simpping	15	2,329		
	16		nses (describe in Schedule O)	16	97,531		
_	17		nses. Add lines 10 through 16	17	107,145		
S.	18	-	deficit) for the year (Subtract line 17 from line 9)	18	5,200		
se	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with	1	117 201		
Net Assets		•	figure reported on prior year's return)	19	117,301		
Ž	20		ges in net assets or fund balances (explain in Schedule O)	20	122 501		
_	21	Net assets	or fund balances at end of year Combine lines 18 through 20	21_	122,501		

Form 990-EZ (2013)

Ę	Part II	Balance Sheets (see the instruction	ns for Part II)					
		Check if the organization used Sched	lule O to respond to any	question in this Part I	<u> </u>			X
				(A) Beg	ginning of yea	r	ļ .	(B) End of year
22	Cash, savi	ngs, and investments			141,0	<u>29</u>	22	151,410
23	Land and b	puildings				0	23	
24	Other asse	ets (describe in Schedule O)			2,3		24	2,246
25	Total asse	ts			143,4			153,656
26	Total liabi	lities (describe in Schedule O)			26,1		26	31,155
27	Net assets	or fund balances (line 27 of column (B) n			117,3	01	27	122,501
F	art III	Statement of Program Service A	Accomplishments (se	ee the instructions for	Part III)			Expenses
Check if the organization used Schedule O to respond to any question in this Part III					(Re	quired for section		
Wŀ	nat is the org	ganization's primary exempt purpose?					501	(c)(3) and 501(c)(4)
_ }	VIATION '	TRADE ASSOCIATION		<u> </u>		_	org	anizations and section
De	scribe the or	rganization's program service accomplishm	ents for each of its three la	rgest program services,			494	7(a)(1) trusts; optional
		y expenses In a clear and concise manner	•	vided, the number of			for	others)
per	sons benefi	ted, and other relevant information for each	program title					
28	PROVID	E CONVENTION & OTHER ACTIVITIES	FOR MEMBERS					
	(Grants \$) If this amount i	ncludes foreign grants, che	eck here	•		28a	
29								
	(Grants \$) If this amount i	ncludes foreign grants, che	eck here	•		29a	
30								
	(Grants\$) If this amount i	ncludes foreign grants, che	eck here	•		30a	
31	Other prog	ram services (describe in Schedule O)						
	(Grants \$) If this amount i	ncludes foreign grants, che	eck here	•		31a	
<u>32</u>	Total prog	ram service expenses (add lines 28a thro				•	32	
F	Part IV	List of Officers, Directors, Trustees, and Check if the organization used Schedule C	d Key Employees (list each	ch one even if not compe	nsated — se	e th	e ınstru	ctions for Part IV)
		Check if the organization used Schedule C	(b) Average	(c) Reportable	(d) Heatl	n ber	efits.	
		(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions benefit p	s to e	mployee	(e) Estimated amount of other compensation
			devoted to position	(if not paid, enter -0-)	deferred co			other compensation
Ċ	JUDY MC	DOWELL						
_1	EXEC DI	R	26.00	20,640			()
1	BRIAN W	ILCOX						
1	PRESIDE	NT	12.50	0			(
7	TOM MAY							
	VICE PR	ESIDENT	1.25	0			((
1	LANNY L	AMBRECHT						
- 5	SECRETA	RY	1.25	0			C)
5	SCOTT D	ELONG						
	FREASUR	ER	1.25	0			()
1	MIKE CA	VANAUGH						
1	REGISTE	RED AGENT	1.25	0			C) (
	RICK BO	ARDMAN			_			
1	NAAA RE	PRESENTATIVE	1.25	0			C)
-	TOM BUS	s						
2	ALLIED 1	REPRENT.	1.25	0			(
I	OUSTY KI	NUTH						
2	ALT. AL	LIED REP	1.25	0			C)
_	CHIP CO			 	-			1
	DIRECTO		1.25	0			C	
	DAVID RO			†				·
	DIRECTO		1.25	0			C)
_	TROY THE			†				<u> </u>
	DIRECTO		1.25	0			C	

NEBRASKA AVIATION TR		C. 47-05	55338		
Part II Balance Sheets (see the instructions for I	•				
Check if the organization used Schedule O	to respond to any			Т	(B) 5 d of ware
•• • • • • • • • • • • • • • • • • • • •		(A) Beg	ginning of year		(B) End of year
22 Cash, savings, and investments		-		+	
23 Land and buildings		<u> </u>		+ -	
24 Other assets (describe in Schedule O)					
25 Total assets				_	0
26 Total liabilities (describe in Schedule O)	(b. 1 04)				0
27 Net assets or fund balances (line 27 of column (B) must ag			Dard III)	27	
· · · · · · · · · · · · · · · · · · ·	•		, L	/5	Expenses
Check if the organization used Schedule O What is the organization's primary exempt purpose?	to respond to any	question in this Part		⊣ `	equired for section
what is the organization's primary exempt purpose?					1(c)(3) and 501(c)(4) ganizations and section
Describe the organization's program service accomplishments for	each of its three la	raest program convecs		i -	47(a)(1) trusts, optional
as measured by expenses In a clear and concise manner, descri		• • •			others.)
persons benefited, and other relevant information for each program	•	vided, the number of		101	others.)
28	iii ttae			\vdash	
20					
(Grante \$) If this amount in this	foreign grants at a	ock horo	▶ □	20-	
(Grants \$) If this amount includes 29	ioreign grants, che	TON THEIR		28a	
2 5					
(Grants \$) If this amount includes	foreign erente abe	al bara	►	200	
(Grants \$) If this amount includes	foreign grants, che	еск пеге		29a	
30					
(Cramba ff	f	_t, t,	. —	00-	
(Grants \$) If this amount includes	roreign grants, che	eck nere		30a	
31 Other program services (describe in Schedule O)					
(Grants \$) If this amount includes		eck here		31a	
32 Total program service expenses (add lines 28a through 31a Part IV List of Officers, Directors, Trustees, and Key E		h one even if not compa	nsated – see th	32	ictions for Part IVA
Check if the organization used Schedule O to res	pond to any questic	on in this Part IV	iisateu — see ti	ie irisut	octions for Part (V)
	(b) Average	(c) Reportable	(d) Heath be contributions to	nefits,	o (a) Estimated amount of
(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	j benefit plans	s, and	other compensation
CASEY WILLIAMS		(If not paid, enter -0-)	deferred comp	ensation	
	1 05				
DIRECTOR	1.25	0			0 0
RYAN LIHS					
DIRECTOR	1.25	0		-	0 0
LUKE JOHNSON					
DIRECTOR	1.25	0		-	0 0
	 	<u> </u>			
			_		
	<u> </u>				ļ. <u> — </u>
				_	
<u> </u>					
	1	1	1		1
		<u></u>	L		

Page 3

P	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			l
	detailed description of each activity in Schedule O	33		X
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		<u> </u>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business		l	
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X	<u> </u>
D	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	X	<u> </u>
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	_		
26	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	'		v
37a	during the year? If "Yes," complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	36		X
b	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	376		x
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	37b	 	├ ┻
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	30a		<u> </u>
39	Section 501(c)(7) organizations Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1		
	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			Í
	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			ĺ
е	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	L	_ X
41	List the states with which a copy of this return is filed None	47	F 6	202
42a	The organization's books are in care of ▶ JUDY MCDOWELL 192 W LAKESHORE DR Telephone no ▶ 402	2-47	5-6	282
		528		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	120	Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	X
	If "Yes," enter the name of the foreign country	1.20		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			ĺ
	and Financial Accounts.			ĺ
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<u> </u>
	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			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
	Dill.		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			7.7
L	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	, ,	, 1	v
_	completed instead of Form 990-EZ	44b		X
c d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44c		
u	explanation in Schedule O	44d	,	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			x
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a		
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			ĺ
	Form 990-EZ (see instructions)	45b		x

Form 9	990-EZ (2013)	NEBRASKA	AVIATION	TRADES	ASSO	c.	47-05	55338			F	Page 4
		zation engage, directl for public office? If "Ye			gn activitie	s on bel	half of or in oppo	sition	_	46	Yes	No X
Par	t VI Sec All s 50 a	ction 501(c)(3) or section 501(c)(3) or and 51. eck if the organization	rganizations or ganizations must	nly answer que				•	tables for li		I	
	Did the organi	zation engage in lobb	ying activities or ha		<u> </u>						Yes	No
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 Did the organization make any transfers to an exempt non-charitable related organization? 						49:	+	 				
	-	he related organizatio				J	···			491		
50	Complete this	table for the organiza	tion's five highest o	ompensated e	employees	(other t	than officers, dire	ectors, truste	es and key			
	employees) wi	ho each received mor	e than \$100,000 of									
	(a)	Name and title of each e	employee	hours	lverage per week to position	l co) Reportable impensation W-2/1099-MISC)	contribution benefit	h benefits, s to employee blans, and ompensation	(e) Estima other co		
					-							
		of other employees partable for the organiza		omnensated u	ndenende	nt contra	tors who each	received mo	- ore than			
		ompensation from the					1	100014001111				
	(a) Na	ime and business addres	ss of each independer	nt contractor			(b) Typ	e of service		(c) Comp	ensation	<u> </u>
	<u></u>		<u>-</u> -									
		of other independent of zation complete Sche		•		ations a	nd 4947(a)(1)					
Under	penalties of perj	aritable trusts must at ury traclare that I have	examined this return	, including accor	mpanying s	chedules	and statements, a	and to the bes	t of my knowle	Yedge and be		No
true, co	orrect, and comp	plete Declaration of prep	parer (other than office	er) is based on a	all information	on of whi	ch preparer has ar	ny knowledge	W-14			
Sign Here	Sig	gnature of officer TVD / TTH	A. Mc DO	WELL 1	EXEC.	SE(ate	5 //			
	. ' '	pe or print name and title						,				
	Print/Type	e preparer's name		Preparer's sign	fure	11D	5	Date	Check	If PT	IN	
Paid	·	E. GRAFTON	037 0 7 5 5 5	Y 7	n o	J 24		05/1	4/ # 1		028266	
Prepared Use (5005		<u>CLAPES,</u> T., SUI	P.C. TE A				Firm's EIN	47-0	7609	51
	- 1			8516					Phone no 4	02-48	<u>6 - 3 6</u>	00
May t	he IRS discuss	s this return with the p	reparer shown abo	ve? See instru	ictions						Yes	No
										Form 9	90-EZ	(2013)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990.

OMB No 1545-0047
2013

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	e of organization NEBRASKA AVIATION TR C/O JUDY MCDOWELL	ADES ASSOC.		Employer identificati	
Pai	t I-A Complete if the organization is exen	npt under section 501(c)	or is a section	527 organizatio	n.
1 2 3	Provide a description of the organization's direct and indirect Political expenditures Volunteer hours	ect political campaign activities	ın Part IV	▶\$	
Pai	t I-B Complete if the organization is exen	npt under section 501(c)	(3).		
1	Enter the amount of any excise tax incurred by the organiz		, ,	▶ \$	
2	Enter the amount of any excise tax incurred by organization	on managers under section 495	5	▶ \$	
3	If the organization incurred a section 4955 tax, did it file Fe	orm 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV	4 1 2 204/ 1		E04()(0)	
	t I-C Complete if the organization is exer			n 501(c)(3).	
1	Enter the amount directly expended by the filing organizat	ion for section 527 exempt func	tion	▶ ¢	
2	activities	stand to ather arganizations for a	nation	▶ \$	
2	Enter the amount of the filing organization's funds contribution activities	ned to other organizations for s	ection	▶ \$	
- 3	Total exempt function expenditures Add lines 1 and 2 En	iter here and on Form 1120-PO			
•	line 17b	nor nore and on rount 1120 ro		▶ \$	
4	4 Did the filing organization file Form 1120-POL for this year?				Yes No
5	Enter the names, addresses and employer identification in		olitical organization	s to which the filing	
	organization made payments For each organization listed				
	the amount of political contributions received that were pro-	omptly and directly delivered to	a separate political (organization, such	
	as a separate segregated fund or a political action commi	ttee (PAC) If additional space is	needed, provide in	formation in Part IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)					
(2)	<u>-</u>				
(3)					
(4)					
(5)					
(6)					

Sch	nedule C (Form 990 or 990-EZ) 2013 NEBRAS	KA AVIATIO	ON TRADES A	ssoc.	47-0555338		Page 2	
P	Part II-A Complete if the organiz	ation is exemp	t under section 5	01(c)(3) and fi	led Form 5768 (elec	ction under		
_	section 501(h)).							
Α	Check ▶ ☐ if the filing organization					p member's		
_	name, address, EIN,	•			•			
ㅂ	Check ▶ ☐ If the filing organization			trol" provisions	apply			
		bying Expendit			(a) Filing	(b) Affiliated		
	(The term "expenditures" n				organization's totals	group totals		
1	1a Total lobbying expenditures to influence pu							
	b Total lobbying expenditures to influence a l		ct lobbying)					
	c Total lobbying expenditures (add lines 1a a	ind 1b)		_				
	d Other exempt purpose expenditures			<u> </u>		 		
	e Total exempt purpose expenditures (add lin			<u> </u>	+			
	f Lobbying nontaxable amount Enter the am	ount from the follow	ing table in both					
	columns.			——————————————————————————————————————			··	
	If the amount on line 1e, column (a) or (b) is.	The lobbying nontaxat						
	Not over \$500,000	20% of the amount on li						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of th						
	Over \$1,000,000 but not over \$1,500,000		e excess over \$1,000,000					
	Over \$1,500,000 but not over \$17,000,000		excess over \$1,500,000		\dashv			
	Over \$17,000,000	\$1,000,000						
	g Grassroots nontaxable amount (enter 25%	•		<u> </u>				
	 h Subtract line 1g from line 1a. If zero or less i Subtract line 1f from line 1c. If zero or less. 			-				
	j If there is an amount other than zero on eit		did the ergenization f	L				
	reporting section 4911 tax for this year?	ner ine m or ine n	, did the organization i	ile Form 4/20		Yes	No	
—	reporting section 4911 tax for this year?					ITES	NO	
		4-Year Averagi	ing Period Under S	ection 501(h)				
	(Some organizations t	hat made a section	on 501(h) election	do not have to d	complete all of the fiv	е		
	columns b	elow. See the ins	structions for lines	2a through 2f o	on page 4.)			
	Lo	bbying Expenditu	ures During 4-Year	Averaging Peri	od			
	Calendar year (or fiscal year							
	beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Tota	ıl	
2	2a Lobbying nontaxable amount							
	b Lobbying ceiling amount							
	(150% of line 2a, column(e))							
_	c Total lobbying expenditures							
	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) 2013

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Part II-B	Complete if	the organization	n is exempt ur	nder sectio	n 501(c)(3)	and has NC	T filed Form	5768	
	(election und	der section 501	(h)).					_	
								72.1	

For	For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		1)	(b)
			No	Amount
1	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			
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			
	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			· · · · · · · · · · · · · · · · · · ·
i j	Other activities? Total Add lines 1c through 1i			
	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			
	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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	25,245
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	5,000
b	Carryover from last year	2b	
С	Total	2c	5,000
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	5,049
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	-49

Part IV Supplemental Information

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 (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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

NEBRASKA AVIATION TRADES ASSOC.

Form 990-EZ, Part I, Line 8 - Other Revenue

Employer identification number

c/o JUDY MCDOWELL

47-0555338

Description	scription Amount				
DIRECTORY ADVERTISING	\$	6,616			
NEWSLETTER ADVERTISING	\$	5,975			
MISCELLANEOUS	\$	2,032			
NATA SCHOLARSHIPS	\$	73			
	Total \$	14,696			
Form 990-EZ, Part I, Line 16	- Other Exp	enses			
Description		Amount			
DIRECTORY ADVERTISING					
DIRECT - CONTRACT SERVICE	\$	993			
DIRECT - PRINT & PUBLISHI	\$	590			
Readership Costs	\$	5,615			
NEWSLETTER ADVERTISING					
DIRECT - CONTRACT SERVICE	\$	987			
DIRECT - PUBLISHING	\$	9			
Readership Costs	\$	4,863			
Expenses					
OFFICE	\$	4,054			
WEBSITE	\$	997			
MEETINGS & CONVENTIONS	\$	30,310			
NAA MEETINGS	\$	2,289			
INSURANCE	\$	576			

\$

2,465

OPERATION SAFE

Schodulb	O /Form	990 or 990	E71 (2012)

Page 2

Name of the organization				-	Employer identification number
<u> </u>	NEBRASKA AVIATIO	N TRADES	ASSOC.		47-0555338
BOARD	EXPENSES		\$	740	
DUES			\$	750	
MISCE	LLANEOUS		\$	2,910	
PAASS	TRAINING		\$	11,350	
CONTRA	ACT SERVICES		\$	37,910	
LESS:	READERSHIP COSTS		\$	-10,478	
SPECIA	AL PROJECTS		\$	470	
Non-ir	nvestment Depreciat	ion	\$	131	
		Total	\$	97,531	

Form 990-EZ, Part II, Line 24 - Other Assets

Description		Beg.	of Year	End	of Year
LAND, BUILDINGS, EQUIPMENT		\$	26,584	\$	26,584
Less Accumulated Depreciation		\$	24,207	\$	24,338
	Total	\$	2,377	\$	2,246

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg.	of Year	End of Year
UNEARNED REVENUE	\$	26,105	\$ 31,155

14190 NEBRASKA AVIATION TRADES ASSOC.
47-0555338 Federal Statements

•FYE: 12/31/2013

5/12/2014 10:02 PM

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

Description	 Amount		
Memberships Less: Circulation Income	\$ 25,245 -1,111		
Total	\$ 24,134		

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

(Kev. January 201	14)	▶ File	a separate	application for each return.	•		ŀ	
Department of the Internal Revenue		▶ Information about For	m 8868 and	its instructions is at www.	irs.gov/form8	B68.		
		rtomatic 3-Month Extension, comple	ete only Par	t I and check this box				▶ X
•	•	iditional (Not Automatic) 3-Month E	-	• • • •	e 2 of this form).		····· —
•	•	less you have already been granted a					68 .	
_								
		ou can electronically file Form 8868 if y						
-	•	Form 990-T), or an additional (not aut						
		n of time to file any of the forms listed		•			អា	
		ated With Certain Personal Benefit Co	·-					
***************		is on the electronic filing of this form, v				lonpr	ofits.	
Part I		c 3-Month Extension of Time						
A corporation	required to file	Form 990-T and requesting an autom	atic 6-mont	n extension – check this box	and complete			. \Box
Part I only								▶∐
All other corpo	orations (includ	ling 1120-C filers), partnerships, REMI	Cs, and trus	its must use Form 7004 to re	quest an exten	sion (of time	
to file income	tax returns.							
								see instructions
Type or		empt organization or other filer, see ins			Employer ide	entific	ation number	(EIN) or
print		KA AVIATION TRADES	ASSOC	•			_	
		DY MCDOWELL			47-055	533	8	
File by the		eet, and room or suite no. If a P.O. box	k, see instru	ctions.	Social securi	ity nu	mber (SSN)	
due date for	192 WE	ST LAKESHORE DRIVE			<u> </u>			
filing your return. See		post office, state, and ZIP code. For a						
instructions.	LINCOL	N NE	68528	<u> </u>				
Fater the Reti	um code for the	return that this application is for (file a	a senarate s	notication for each return)				01
				T -				
Application	1		Return	Application				Return
ls For			Code	Is For				Code
Form 990 or	r Form 990-EZ		01	Form 990-T (corporation)				07
Form 990-B	L	·	02	Form 1041-A				08
Form 4720	(individual)		03	Form 4720 (other than individual)			09	
Form 990-P	F		04	Form 5227			10	
Form 990-T	(sec. 401(a) o	r 408(a) trust)	05	Form 6069			11	
Form 990-T	(trust other tha	n above)	06	Form 8870				12
		JUDY MCDOWELL						
		192 W LAKESHORE DR						
 The books a 	are in the care of	▶ LINCOLN					NE (58528
•		2-475-6282	FAX No	· · · · · · · · · · · · · · · · · · ·				
		ot have an office or place of business						▶ 📙
 If this is fo 	r a Group Retu	m, enter the organization's four digit G			If this i	is		
	group, check th		the group, o	check this box 🕨 📙	and attach			
a list with the r	names and EIN	is of all members the extension is for.						
		3-month (6 months for a corporation re						
until O	8/15/14	, to file the exempt organization retur	n for the org	panization named above. The	extension is			
	rganization's re							
▶ X	calendar year_	2013 or						
								
▶ 📙 🖠	tax year beginn	ing, and ending						
2 If the tax	cyear entered i	n line 1 is for less than 12 months, ch	eck reason:	Initial return Fi	nal return			
	nange in accou							
3a If this ap	plication is for	Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, ent	er the tentative tax, less any				
nonrefun	dable credits.	See instructions.				3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								
estimate	d tax payment	s made. Include any prior year overpa-	yment allow	ed as a credit.		3b_	\$	0
c Balance	due. Subtract	line 3b from line 3a. Include your pays	ment with th	is form, if required, by using				
EFTPS (Electronic Fed	eral Tax Payment System). See instru	ctions.			3c	\$	0
		an electronic funds withdrawal (direct debit)		n 8868, see Form 8453-EO and F	om 8879-EO for	payıt	ent instructions	
For Privacy A	ct and Paperw	ork Reduction Act Notice, see instr	uctions.	-			Form	8868 (Rev. 1-2014)