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Short Form

Return of Organization Exempt From Income Tax

2013

Department of the Treasury
Internal Revenue Service

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

► 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.Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning

and ending

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

NEBRASKA BUSINESS AVIATION
ASSOCIATION, INC.

D Employer identification number

47-0844365

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

3909 DOOLITTLE PLAZA

City or town, state or province, country, and ZIP or foreign postal code

OMAHA, NE 68110

E Telephone number

(402) 341-0227

G Accounting Method: Cash Accrual Other (specify) ►I Website: ► WWW.NEBAAS.ORGJ Tax-exempt status (check only one) — 501(c)(3) 501(c)(6) ◀ (insert no.) 4947(a)(1) or 527K Form of organization: Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 63,118.

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 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ 50,250. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	1 50,250. 2 3 1,400. 4 25. SEE SCHEDULE O <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;">5a</td><td></td></tr> <tr><td>5b</td><td></td></tr> <tr><td colspan="2" style="text-align: center;">5c</td></tr> </table> 6a 6b 11,443. 6c 24,322. 6d -12,879. 7a 7b 7c 8 9 38,796.	5a		5b		5c	
5a								
5b								
5c								
Expenses	10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16	10 23,695. 11 12 13 520. 14 15 28. 16 12,480. 17 36,723.						
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20	18 2,073. 19 35,845. 20 0. 21 37,918.						

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

GJ 18

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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	35,845.	37,918.
23 Land and buildings	22	23
24 Other assets (describe in Schedule O)	24	
25 Total assets	35,845.	37,918.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	35,845.	37,918.

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 AVIATION.**

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 SEE SCHEDULE O

(Grants \$) If this amount includes foreign grants, check here ► **28a** 553.

29 ANNUAL CHARITY FUNDRAISING EVENTS - CHARITY FUNDRAISING
EVENTS INCLUDE A GOLF TOURNAMENT.

(Grants \$) If this amount includes foreign grants, check here ► **29a** 24,322.

30 PROVIDE ASSISTANCE TO LOCAL CHARITIES

(Grants \$ **23,695.**) If this amount includes foreign grants, check here ► **30a** 23,695.

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** 48,570.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - 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
DAVE POOLE	1.00	0.	0.	0.
PRESIDENT				
MIKE MORAVEC	1.00	0.	0.	0.
VICE PRESIDENT				
GREG YOUNG	1.00	0.	0.	0.
TREASURER				
KELLY LINSE	1.00	0.	0.	0.
SECRETARY				
LARRY BARTLETT	1.00	0.	0.	0.
MEMBER				
CHAD DOEHRING	1.00	0.	0.	0.
MEMBER				
GARY HAUSMANN	1.00	0.	0.	0.
MEMBER				
BRAD HOUCK	1.00	0.	0.	0.
MEMBER				
KEVIN NICHOLS	1.00	0.	0.	0.
MEMBER				
SCOTT ROBERTSON	1.00	0.	0.	0.
MEMBER				
JIM SIMONITCH	1.00	0.	0.	0.
MEMBER				
MICHAEL WHITE	1.00	0.	0.	0.
MEMBER				

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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 Sch. O to respond to any question in this Part V

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

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

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

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

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

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

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

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter: 39a

a Initiation fees and capital contributions included on line 9 39b

b Gross receipts, included on line 9, for public use of club facilities 40a Section 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 40b

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

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 40c

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d

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

41 List the states with which a copy of this return is filed ► NONE

42a The organization's books are in care of ► GREG YOUNG Telephone no. ► (402) 960-8819
Located at ► 3909 DOOLITTLE PLAZA, OMAHA, NE ZIP + 4 ► 68110

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

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

and enter the amount of tax-exempt interest received or accrued during the tax year 43

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

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

c Did the organization receive any payments for indoor tanning services during the year? 44c

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

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

Yes No

33

34

35a

35b

35c

36

37b

38a

38b

39a

39b

40b

40c

40d

40e

Yes No

42b

42c

43

44a

44b

44c

44d

45a

45b

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ASSOCIATION, INC.

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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

	Yes	No
46		X

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II 47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization? 49a

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." 49b

(a) Name and title of each employee N/A	(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 ►

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." N/A

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►

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

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 *Greg Young* Date *4/28/14*
► Type or print name and title *GREG YOUNG, TREASURER/DIRECTOR*

Paid Preparer Use Only	Print/Type preparer's name JULIE M. GERKEN	Preparer's signature <i>Julie M. Gerkem</i>	Date <i>4-23-2014</i>	Check <input type="checkbox"/> if self-employed	PTIN <i>P00400882</i>
	Firm's name ► SEIM JOHNSON, LLP			Firm's EIN ► 47-6097913	
	Firm's address ► 18081 BURT STREET, SUITE 200 OMAHA, NE 68022-4722			Phone no. (402) 330-2660	

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

Form 990-EZ (2013)

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form_990.

Name of the organization

**NEBRASKA BUSINESS AVIATION
ASSOCIATION, INC.**

Employer identification number
47-0844365

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes

No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No			

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

NEBRASKA BUSINESS AVIATION

Schedule G (Form 990 or 990-EZ) 2013 ASSOCIATION, INC.

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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	(a) Event #1 GOLF EVENT (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	61,693.		61,693.
	2 Less: Contributions	50,250.		50,250.
	3 Gross income (line 1 minus line 2)	11,443.		11,443.
Direct Expenses	4 Cash prizes			
	5 Noncash prizes	1,937.		1,937.
	6 Rent/facility costs	16,523.		16,523.
	7 Food and beverages	1,918.		1,918.
	8 Entertainment	800.		800.
	9 Other direct expenses	3,144.		3,144.
	10 Direct expense summary Add lines 4 through 9 in column (d)			► 24,322.
	11 Net income summary Subtract line 10 from line 3, column (d)			► -12,879.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7 Direct expense summary Add lines 2 through 5 in column (d)			►
	8 Net gaming income summary Subtract line 7 from line 1, column (d)			►

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

 Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

 Yes No

b If "Yes," explain _____

NEBRASKA BUSINESS AVIATION
ASSOCIATION, INC.

Schedule G (Form 990 or 990-EZ) 2013 ASSOCIATION, INC.

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11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

13a	%
13b	%

Name ► _____

Address ➤ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ .

c If "Yes," enter name and address of the third party.

Name ►

Address ► 1000 10th Street, Suite 100, Washington, DC 20004

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Part IV Supplemental Information (continued)

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 990-EZ or to provide any additional information.

► 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.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

NEBRASKA BUSINESS AVIATION
ASSOCIATION, INC.

Employer identification number
47-0844365

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST INCOME

25.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION:

GRANTEE NAME: JUVENILE DIABETES RESEARCH FOUNDATION

GRANTEE ADDRESS: 9202 WEST DODGE ROAD, SUITE 304 OMAHA, NE 68114

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 08/29/13

AMOUNT GIVEN:

10,000.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: AUTISM ACTION PARTNERSHIP

GRANTEE ADDRESS: 14301 FIRST NATIONAL BANK PARKWAY, SUITE 115

OMAHA, NE 68154

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 08/29/13

AMOUNT GIVEN:

2,500.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: THE LEUKEMIA & LYMPHOMA SOCIETY

GRANTEE ADDRESS: 10832 OLD MILL ROAD, SUITE 2 OMAHA, NE 68154

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 08/29/13

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
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Name of the organization

NEBRASKA BUSINESS AVIATION
ASSOCIATION, INC.

Employer identification number
47-0844365

AMOUNT GIVEN:

2,500.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: METHODIST ESTABROOK CANCER CENTER

GRANTEE ADDRESS: 8303 DODGE STREET OMAHA, NE 68114

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 08/29/13

AMOUNT GIVEN:

2,500.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: UNO AVIATION INSTITUTE

GRANTEE ADDRESS: 6001 DODGE STREET #CB120 OMAHA, NE 68182

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 07/03/13

AMOUNT GIVEN:

1,600.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: UNIVERSITY OF NEBRASKA FOUNDATION

GRANTEE ADDRESS: 2285 SOUTH 67TH STREET, SUITE 200 OMAHA, NE 68106

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 04/09/13

AMOUNT GIVEN:

2,500.

ACTIVITY CLASSIFICATION: GRANT TO INDIVIDUAL THROUGH JUVENILLE DIABETES

RESEARCH FOUNDATION

GRANTEE RELATIONSHIP: NONE

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
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Name of the organization

NEBRASKA BUSINESS AVIATION
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47-0844365

DATE OF GIFT: 09/24/13

AMOUNT GIVEN:

1,095.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: WESTERN NEBRASKA COMMUNITY COLLEGE

GRANTEE ADDRESS: 371 COLLEGE DRIVE SIDNEY, NE 69162

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 04/08/13

AMOUNT GIVEN:

1,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

23,695.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

OFFICE SUPPLIES

67.

POST OFFICE BOX RENT

78.

BANK FEES

2,105.

INSURANCE

1,242.

INTERNET FEES

85.

MISCELLANEOUS

200.

WEBSITE CREATION & TRAINING

8,150.

LUNCHEONS

553.

TOTAL TO FORM 990-EZ, LINE 16

12,480.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

QUARTERLY MEMBERSHIP MEETINGS ARE FACILITATED BY NEBRASKA

BUSINESS AVIATION ASSOCIATION, INC. THIS BRINGS TOGETHER

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 990-EZ or to provide any additional information.

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Name of the organization

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OVER 165 INDIVIDUALS EXCHANGING INFORMATION ON AVIATION

RELATED TOPICS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.