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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 private foundations)

OMB No 1545-1150 2014

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.

	110.1101								ь	······································	
Α	A For the 2014 calendar year, or tax year beginning , and ending										
В		·· •							D Employer identification number		
	Address	SSS Change NEBRASKA AVIATION TRADES ASSOC.									
	Name ch								47-0555338		
	Initial ret	return Number and street (or P O box, if mail is not delivered to street address) Room/suite						ETelephone			
	Final retu	urn/terminated		KESHORE DRIVE			l		402-4	<u> 175-6282</u>	
	Amended	d return	•	country, and ZIP or foreign postal code				F	Group Ex	emption	
	Application	on pending	LINCOLN	NE	68528				Number		
G	Accou	nting Method:	X Cash Accrua	al Other (specify) ▶			н	Check	► X if the	e organization is not	
1	Websi	te: ► <u>www</u>	v.gonata.net					require	d to attach S	Schedule B	
<u>J</u>	Tax-ex	empt status (c	heck only one) — 501(c)(3) X 501(c)(6) ∢ (insert n	o) 4947(a)	(1) or	527	(Form	990, 990-EZ	, or 990-PF).	
K	Form o	of organization	n X Corporation	Trust Associate	ion 🗌 O	ther					
L	Add line	es 5b, 6c, and 7	7b to line 9 to determine gros	s receipts If gross receipts are \$2	200,000 or more,	or if total as	sets				
(Par	t II, colu			orm 990 instead of Form 990-EZ					▶ \$	127,439	
P	art I	Reven	iue, Expenses, and	Changes in Net Assets	s or Fund B	alances	(see the ir	structio	ons for Par	t I)	
		Check	if the organization used	d Schedule O to respond to	o any questio	n in this P	art I			X	
	1	Contributions,	, gıfts, grants, and similar amo	unts received					1		
	2	Program se	rvice revenue including go	overnment fees and contracts		_		,	2	75,277	
	3	Membership dues and assessments See Statement Investment income						3	33,187		
	4							4	119		
	5a	· · · · · · · · · · · · · · · · · · ·							1 1		
	b								.		
	С	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)									
	6	6 Gaming and fundraising events									
	a	Gross incon	ne from gaming (attach So	chedule G if greater than							
ine	į	\$15,000)			. L	6a			4		
Revenue	b		ne from fundraising event			of contribu	tions				
8				ne 1) (attach Schedule G if the	e ı	1					
			-	butions exceeds \$15,000)	. -	6b			4		
	C		expenses from gaming a		L	6c			-{		
2	d		or (loss) from gaming and	d fundraising events (add lines	6a and 6b and	l subtract					
2	l _	line 6c)			ı	_ 1			6d	···	
- 1	7a		of inventory, less returns	and allowances	-	7a			-		
>	þ		of goods sold		. <u>-</u> . L	7b			┥_		
:	l °			ventory (Subtract line 7b from	line /a)				7c 8	18,856	
)	8		iue (describe in Schedule						9	127,439	
(—	9		nue. Add lines 1, 2, 3, 4, 5						- - 	1,500	
	10		similar amounts paid (list id)	in Schedule O)		REC		}	10	1,500	
;	12	•	her compensation, and en	anlayaa hanafita	m		•		12		
ses	13			s to independent contractors	18	A D D	9 0 2015	SS	13	10,830	
Expenses	14		, rent, utilities, and mainte	•	: : : : : : : : :	. 81.0	29 2015	RS-OSC	14		
, X	15		blications, postage, and sl]≝	15	2,387	
_	16		nses (describe in Schedul						16	72,396	
	17		nses. Add lines 10 through			~ ~~~~~		- <i>i'</i> ,	17	87,113	
_	18		deficit) for the year (Subtra		 				18	40,326	
ets	19			ning of year (from line 27, colu	mn (A)) (must:	agree with					
SS			figure reported on prior ye		(* 17) (111431)	-9.00 *****			19	122,501	
Net Assets	20	-		palances (explain in Schedule	O)		•		20		
ž	21	-	="" The state of	f year. Combine lines 18 throu			•	Ė	21	162,827	
For			tion Act Notice, see the		<u></u>			<u>.</u>	<u>., , </u>	Form 990-EZ (2014)	

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47-0555338

Page 2 Form 990-EZ (2014) Part II Balance Sheets (see the instructions for Part II) X Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 151,410 196,149 22 22 Cash, savings, and investments 23 23 Land and buildings 2,246 2,168 24 24 Other assets (describe in Schedule O) 153,656 198,317 25 Total assets 25 31,155 35,490 26 Total liabilities (describe in Schedule O) 26 122,501 27 162,827 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 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 **Expenses** What is the organization's primary exempt purpose? (Required for section AVIATION TRADE ASSOCIATION 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for as measured by expenses. In a clear and concise manner, describe the services provided, the number of others.) persons benefited, and other relevant information for each program title. 28 N/A . . . 28a ) If this amount includes foreign grants, check here (Grants \$ ) If this amount includes foreign grants, check here 29a 30 ) 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) Ь 32 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV) Part IV Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Heath benefits. (b) Average compensation (Forms W-2/1099-MISC) contributions to employee benefit plans, and (e) Estimated amount of (a) Name and title hours per week other compensation devoted to position (if not paid, enter -0-) deferred compensation JUDY MCDOWELL 23,033 EXECUTIVE DIRECTOR 26.00 0 0 TOM MAY 0 PRESIDENT 5.00 0 0 LANNY LAMBRECHT VICE PRESIDENT 1.00 0 0 0 LUKE JOHNSON SECRETARY 1.00 0 0 0 SCOTT DELONG TREASURER 1.00 0 0 0 MIKE CAVANAUGH REGISTERED AGENT 0 0 1.00 0 RICK BOARDMAN NAAA REPRESENTATIVE 3.00 0 0 0 ALAN CORR EDUCATION DIRECTOR 10.00 0 0 0 DUSTY KNUTH ALLIED REPRESENT. 0 1.00 0 0 ERIC JOBMAN ALT ALLIED REP. 1.00 0 0 0 CHIP COSLOR 0 0 DIRECTOR 1.00 0 DAVID ROTH 0 DIRECTOR 1.00 0

| Form     | 990-EZ (2014) NEBRASKA AVIATION TRADES ASSOC. 47-0555338                                                                                                        |       | F        | age 3             |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------------------|
| P        | ort V Other Information (Note the Schedule A and personal benefit contract statement requirements in the                                                        |       |          | $\overline{\Box}$ |
|          | instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V                                                    |       | V        | ᆜ                 |
| 33       | . Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a                                               |       | Yes      | No                |
| 55       | 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    |          | X                 |
| 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   | X        |                   |
| 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   | 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,                                               |       |          | l                 |
|          | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III                                                                  | 35c   | Х        |                   |
| 36       | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets                                                  |       |          |                   |
| 27-      | during the year? If "Yes," complete applicable parts of Schedule N                                                                                              | 36    |          | X                 |
| 37a      | Enter amount of political expenditures, direct or indirect, as described in the instructions  Did the organization file Form 1120-POL for this year?            | 37b   |          | х                 |
| ь<br>38а | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were                                                 | 3/6   |          |                   |
| ooa      | 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                                                                                | Jou   |          |                   |
| 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                                                                                           | ]     |          |                   |
| 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), 501(c)(4), and 501(c)(29) 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   |          | ļ                 |
| С        | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed                                                                         |       |          |                   |
|          | on organization managers or disqualified persons during the year under sections 4912,                                                                           |       |          |                   |
| d        | 4955, and 4958  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line                                                          |       |          |                   |
| u        | 40c reimbursed by the organization                                                                                                                              |       |          |                   |
| 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   | ·        | X                 |
| 41       | List the states with which a copy of this return is filed None                                                                                                  |       |          |                   |
| 42a      | The organization's books are in care of ▶ JUDY MCDOWELL Telephone no. ▶ 402                                                                                     | 2-47  | 5 - 6    | 282               |
|          | 192 W LAKESHORE DR                                                                                                                                              |       |          |                   |
|          | Located at ► LINCOLN NE ZIP + 4 ► 68                                                                                                                            | 528   |          |                   |
| b        | At any time during the calendar year, did the organization have an interest in or a signature or other authority over                                           |       | Yes      | No                |
|          | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                              | 42b   |          | X                 |
|          | If "Yes," enter the name of the foreign country. ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and |       |          |                   |
|          | Financial Accounts (FBAR).                                                                                                                                      |       |          |                   |
| С        | At any time during the calendar year, did the organization maintain an office outside the U.S.?                                                                 | 42c   | ]        | x                 |
| •        | If "Yes," enter the name of the foreign country. ▶                                                                                                              |       | <u> </u> |                   |
| 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                                                                             |       |          |                   |
|          |                                                                                                                                                                 |       | 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   |          | X                 |
| 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   | <b> </b> | X                 |
| C        | Did the organization receive any payments for indoor tanning services during the year?                                                                          | 44c   | ļ        | X                 |
| 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   |          | ĺ                 |
| 4-       |                                                                                                                                                                 |       |          | 7,                |
| 45a      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                         | 45a   | -        | X                 |
| b        | 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   | 1        | х                 |
|          | Torn ook EE (acc manaciona)                                                                                                                                     | 1-100 |          |                   |

| Form      | 990-EZ (20                                                                                           | 14)                     | NEBRASKA AVIATION                                                                                                                | <b>TRADES</b>          | ASSO                               | c.        | 47-05                                      | 55338                                  |                                                           |               | Page <b>4</b>               |
|-----------|------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------|-----------|--------------------------------------------|----------------------------------------|-----------------------------------------------------------|---------------|-----------------------------|
| 46        |                                                                                                      |                         | ation engage, directly or indirectly, in polit<br>r public office? If "Yes," complete Schedi                                     | tical campaig          | gn activitie                       |           | nalf of or in oppo                         | sition                                 |                                                           | 46            | Yes No                      |
| Pa        | art VI                                                                                               | Sect<br>All se<br>50 ar | ion 501(c)(3) organizations onlection 501(c)(3) organizations must and 51.  k if the organization used Schedule                  | <b>y</b><br>answer que | stions 47                          |           |                                            | •                                      | tables for li                                             |               |                             |
| <b>47</b> |                                                                                                      |                         |                                                                                                                                  |                        |                                    |           |                                            |                                        |                                                           | 47            | Yes No                      |
| 48<br>49a | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E |                         |                                                                                                                                  |                        |                                    |           |                                            |                                        | 48<br>49a                                                 |               |                             |
| b<br>50   | If "Yes," \                                                                                          | was the                 | e related organization a section 527 organished or the organization's five highest con                                           | nization?              |                                    |           |                                            | ectors, truste                         | ees and key                                               | 49b           |                             |
|           | employee                                                                                             | es) who                 | each received more than \$100,000 of c                                                                                           | ompensatior            | n from the                         | organiza  | ation If there is i                        | none, enter                            | "None "                                                   |               |                             |
|           |                                                                                                      | (a) Na                  | ame and title of each employee                                                                                                   | hours                  | Average<br>per week<br>to position | l co      | Reportable<br>mpensation<br>W-2/1099-MISC) | contribution<br>benefit                | h benefits,<br>s to employee<br>plans, and<br>ompensation |               | ed amount of<br>pensation   |
|           |                                                                                                      | •                       |                                                                                                                                  |                        |                                    |           |                                            |                                        |                                                           |               |                             |
|           |                                                                                                      |                         |                                                                                                                                  |                        |                                    |           |                                            |                                        |                                                           |               | _                           |
|           |                                                                                                      |                         |                                                                                                                                  |                        |                                    | <u> </u>  |                                            |                                        |                                                           |               |                             |
|           |                                                                                                      |                         |                                                                                                                                  |                        |                                    |           |                                            |                                        |                                                           |               |                             |
|           |                                                                                                      |                         |                                                                                                                                  |                        |                                    |           |                                            |                                        |                                                           |               |                             |
| f<br>51   | Complete                                                                                             | this ta                 | other employees paid over \$100,000<br>able for the organization's five highest con<br>opensation from the organization of there | mpensated i            | ndepende                           | nt contra | ictors who each                            | received me                            | -<br>ore than                                             |               |                             |
|           |                                                                                                      |                         | e and business address of each independent                                                                                       |                        | ici itolic                         |           | <b>(b)</b> Typ                             | e of service                           |                                                           | (c) Compe     | nsation                     |
|           |                                                                                                      |                         |                                                                                                                                  |                        |                                    |           |                                            |                                        |                                                           |               |                             |
|           |                                                                                                      |                         |                                                                                                                                  |                        | •                                  |           |                                            |                                        |                                                           |               |                             |
|           |                                                                                                      |                         | <del>_</del>                                                                                                                     |                        |                                    |           |                                            |                                        |                                                           |               |                             |
|           |                                                                                                      |                         |                                                                                                                                  |                        |                                    |           |                                            |                                        |                                                           |               |                             |
|           | Total nur                                                                                            | nber of                 | other independent contractors each rece                                                                                          | eiving over \$         | 100 000                            | <b>—</b>  | •                                          | ······································ |                                                           |               |                             |
| 52        |                                                                                                      | rganiza                 | ation complete Schedule A? Note. All sec                                                                                         |                        |                                    | ations m  | ust attach a                               |                                        | •                                                         | Yes           | No                          |
|           |                                                                                                      |                         | y, I declare that I have examined this return, in<br>the Declaration of preparer (other than officer)                            |                        |                                    |           |                                            |                                        |                                                           | edge and beli | ef, it is                   |
| Sigi      | ,   ]                                                                                                | a signa                 | auth melow                                                                                                                       |                        |                                    |           |                                            | 4 - 2 3<br>ate                         | -15                                                       |               |                             |
| Here      |                                                                                                      | Type                    | or print name and title                                                                                                          | FXEC. S                | /                                  |           |                                            |                                        |                                                           |               |                             |
| Paid      | i II                                                                                                 |                         | reparer's name  E. GRAFTON                                                                                                       | Preparer's stor        | Em E                               | Sk        | D                                          | Date 04/2                              | Check<br>20/15 self-er                                    |               | 282660                      |
|           | O-1.                                                                                                 | m's name                |                                                                                                                                  |                        | P.C.                               |           |                                            |                                        | Fırm's EIN ▶                                              | 47-07         | 60951                       |
|           | Fir                                                                                                  | m's addre               |                                                                                                                                  | 516                    | TE A                               |           |                                            | ·                                      | Phone no 4                                                | 02-486        |                             |
| May       | the IRS d                                                                                            | scuss                   | this return with the preparer shown above                                                                                        | e? See instru          | uctions                            |           |                                            |                                        |                                                           |               | es No<br><b>0-EZ</b> (2014) |

#### **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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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.

► Complete If the organization is described below.

· 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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| • S  | ection 501(c)(4), (5), or (6) organizations: Complete Part III. | ı                                |                        |                                                |                                                     |
|------|-----------------------------------------------------------------|----------------------------------|------------------------|------------------------------------------------|-----------------------------------------------------|
| Name | e of organization NEBRASKA AVIATION TE                          | RADES ASSOC.                     |                        |                                                | ification number                                    |
|      | c/o JUDY MCDOWELL                                               |                                  |                        | 47-05553                                       |                                                     |
|      | t I-A Complete if the organization is exem                      | -                                |                        | n 527 organizatio                              | on.                                                 |
| 1    | Provide a description of the organization's direct and indire   | ct political campaign activities | in Part IV             |                                                |                                                     |
| 2    | Political expenditures                                          |                                  |                        | ▶ \$                                           |                                                     |
| 3    | Volunteer hours                                                 |                                  |                        |                                                | •                                                   |
| Par  | 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 | ation under section 4955         |                        | ▶ \$                                           |                                                     |
| 2    | Enter the amount of any excise tax incurred by organization     | n managers under section 495     | 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                                   |                                  |                        |                                                |                                                     |
| Par  | t I-C Complete if the organization is exem                      | pt under section 501(c           | <u>), except secti</u> | on 501(c)(3).                                  |                                                     |
| 1    | Enter the amount directly expended by the filing organization   | on for section 527 exempt func   | 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 p | oolitical organizatio  | ns to which the filing                         |                                                     |
|      | organization made payments For each organization listed,        | · ·                              |                        |                                                |                                                     |
|      | the amount of political contributions received that were pro-   | • •                              |                        | •                                              |                                                     |
|      | as a separate segregated fund or a political action committee   | ee (PAC) If additional space is  | s needed, provide      | information 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<br>promptly and directly |
|      |                                                                 |                                  |                        | iunus il none, enter -o-                       | delivered to a separate                             |
|      |                                                                 |                                  |                        |                                                | political organization If                           |
|      |                                                                 | *                                |                        |                                                | none, enter -0-                                     |
| (1)  |                                                                 |                                  |                        |                                                |                                                     |
|      |                                                                 |                                  |                        |                                                |                                                     |
| (2)  |                                                                 |                                  |                        |                                                |                                                     |
| (3)  |                                                                 |                                  |                        |                                                |                                                     |
| ,    |                                                                 |                                  |                        |                                                |                                                     |
| (4)  |                                                                 |                                  |                        |                                                |                                                     |
|      |                                                                 |                                  |                        |                                                |                                                     |
| (5)  |                                                                 |                                  |                        |                                                |                                                     |
| (6)  |                                                                 |                                  |                        |                                                |                                                     |
| (V)  |                                                                 |                                  |                        |                                                |                                                     |
|      | 15 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                        | 000 000 E7                       | -                      | <u> </u>                                       |                                                     |

| Lobbying Expenditures During 4-Year Averaging Period         |          |                 |          |                  |           |  |
|--------------------------------------------------------------|----------|-----------------|----------|------------------|-----------|--|
| Calendar year (or fiscal year beginning in)                  | (a) 2011 | <b>(b)</b> 2012 | (c) 2013 | ( <b>d)</b> 2014 | (e) Total |  |
| 2a Lobbying nontaxable amount                                |          |                 |          |                  |           |  |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |                 |          |                  |           |  |
| c Total lobbying expenditures                                |          |                 |          |                  |           |  |
| d Grassroots nontaxable amount                               |          |                 |          |                  |           |  |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |                 |          |                  |           |  |
| f Grassroots lobbying expenditures                           |          |                 |          |                  |           |  |

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 NEBRASKA AVIATION TRADES ASSOC. Page 3 · Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed Yes No Amount description of the lobbying activity. 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: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 2 2 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? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 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." 35,240 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). 10,000 a Current year 49 2b b Carryover from last year 10,049 2c Total 7,048 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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 3,001 and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 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, lines 1 and 2 (see instructions); 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

Open to Public Inspection

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. Name of the organization

NEBRASKA AVIATION TRADES ASSOC. c/o JUDY MCDOWELL

Employer identification number 47-0555338

| Form 990-EZ, Part I, Line 8 - 0 | ther Reve | nue             |  |
|---------------------------------|-----------|-----------------|--|
| Description                     |           | Amount          |  |
| DIRECTORY ADVERTISING           | \$        | 10,800          |  |
| NEWSLETTER ADVERTISING          | \$        | 6,183           |  |
| MISCELLANEOUS                   | \$        | 1,873           |  |
|                                 | Total \$  | 18,856          |  |
| Form 990-EZ, Part I, Line 16 -  | Other Exr | Jenges          |  |
| Description                     | _         | Amount          |  |
| DIRECTORY ADVERTISING           |           |                 |  |
| DIRECT - CONTRACT SERVICE       | \$        | 1,048           |  |
| DIRECT - PRINT & PUBLISHI       | \$        | 605             |  |
| Readership Costs                | \$        | 6,294           |  |
| NEWSLETTER ADVERTISING          |           |                 |  |
| DIRECT - CONTRACT SERVICE       | \$        | 1,075           |  |
| DIRECT - PUBLISHING             | \$        | . 7             |  |
| Readership Costs                | \$        | 5,439           |  |
| Expenses                        |           |                 |  |
| OFFICE                          | \$        | 3,790           |  |
| WEBSITE                         | \$        | 90              |  |
| MEETINGS & CONVENTIONS          | \$ .      | 16,104          |  |
| NAA MEETINGS                    | \$        | 2,785           |  |
| INSURANCE                       | \$        | 576 <sub></sub> |  |
| OPERATION SAFE                  | \$        | 3,198           |  |
| BOARD EXPENSES                  | \$        | 780             |  |

| • Schedule O (Form 990 or 990-EZ) (2014) |             |            |              |               | Page 2  |
|------------------------------------------|-------------|------------|--------------|---------------|---------|
| Name of the organization                 |             |            | Employer Ide | ntification n |         |
| NEBRASKA AVIATION TRADES ASSOC.          |             |            | 47-05        | 5533          | 8       |
| DUES                                     | <b>,</b> \$ | 810        |              |               |         |
| MISCELLANEOUS                            | \$          | 1,232      |              |               |         |
| PAASS TRAINING                           | \$          | 13,420     |              |               |         |
| CONTRACT SERVICES                        | <b>, \$</b> | 25,129     |              |               |         |
| LESS: READERSHIP COSTS                   | \$          | -11,734    |              |               |         |
| SPECIAL PROJECTS                         | \$          | 1,670      |              |               |         |
| Non-investment Depreciation              | \$          | 78         |              |               |         |
| Total                                    | L \$        | 72,396     |              |               | •       |
|                                          |             |            |              |               |         |
| Form 990-EZ, Part II, Line 24 - Oth      | ner A       | ssets      |              |               |         |
| Description                              |             | Ве         | eg. of Year  | End           | of Year |
| LAND, BUILDINGS, EQUIPMENT               |             | \$         | 26,584       | \$            | 26,584  |
| Less Accumulated Depreciation            |             | \$         | 24,338       | \$            | 24,416  |
|                                          |             | Total \$   | 2,246        | \$            | 2,168   |
|                                          |             |            |              |               |         |
| Form 990-EZ, Part II, Line 26 - Oth      | ıer Ļ       | iabilities |              |               |         |
| Description                              |             | Ве         | g. of Year   | End           | of Year |

31,155 \$

35,490

UNEARNED REVENUE

•14190 NEBRASKA AVIATION TRADES ASSOC.
47-0555338 Federal Statements 4/20/2015 1:59 PM

47-0555338

FYE: 12/31/2014

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

| Description              | <br>Amount   |  |  |  |  |
|--------------------------|--------------|--|--|--|--|
| Memberships              | \$<br>35,240 |  |  |  |  |
| Less: Circulation Income | <br>-2,053   |  |  |  |  |
| Total                    | \$<br>33,187 |  |  |  |  |