

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 **2015** 

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.

For the 2015 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number NEBRASKA AVIATION TRADES ASSOC. Address change Name change c/o JUDY MCDOWELL 47-0555338 Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 402-475-6282 Final return/terminated 192 WEST LAKESHORE DRIVE City or town, state or province, country, and ZIP or foreign postal code Amended return Group Exemption Application pending LINCOLN NE 68528 Number > X Cash Accrual Other (specify) ▶ Check ► X if the organization is not Accounting Method: Website: ▶ www.gonata.net required to attach Schedule B Tax-exempt status (check only one) — 501(c)(3) X 501(c)( 6) (insert no) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF) X Corporation Form of organization Trust Association Other 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 136,700 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 78,554 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 4 4 Investment income 5a Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line,5a). 5c 132-02C Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) ₹ 6¢ (D) Less direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a-and 6b and subtrate 6d **460B** 7a Gross sales of inventory, less returns and allowances 7b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с 30,462 8 Other revenue (describe in Schedule O) 8 136,700 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 ,500 10 10 Grants and similar amounts paid (list in Schedule O) Ø 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 10,885 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 1,926 15 Printing, publications, postage, and shipping 96,136 16 16 Other expenses (describe in Schedule O) 110,447 17 17 Total expenses. Add lines 10 through 16 26,253 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 162,827 end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (explain in Schedule O) 189,080 Net assets or fund balances at end of year Combine lines 18 through 20 21

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2015)





· · · · · · · · · · · · · · · · · · ·	WUDING WATUITON IN	DOGO ADDO	C. 47-03	33330		3
Part II Balance Sh	eets (see the instructions for P	art II)	<del></del>			
Check if the c	organization used Schedule O to	respond to any	question in this Part I	<u> </u>		X
·			(A) Beg	ginning of year		(B) End of year
22 Cash, savings, and investm	nents			196,149	22	<u>221,</u> 582
23 Land and buildings				0	23	
24 Other assets (describe in S	chedule O)			2,168	24	2,568
25 Total assets				198,317	25	224,150
26 Total liabilities (describe ii	n Schedule O)			35,490	26	35,070
27 Net assets or fund balance	ces (line 27 of column (B) must agre	ee with line 21)		162,827	27	189,080
Part III Statement	of Program Service Accom	<b>plishments</b> (se	e the instructions for	Part III)		
Check if the c	organization used Schedule O to	o respond to any	question in this Part I	II L		Expenses
What is the organization's prima	ary exempt purpose?				(Red	quired for section
AVIATION TRADE ASSOCIA	ATION				501	(c)(3) and 501(c)(4)
Describe the organization's pro-	gram service accomplishments for e	each of its three la	rgest program services,		orga	anizations, optional for
as measured by expenses In a	a clear and concise manner, describ	e the services prov	vided, the number of		othe	ers)
persons benefited, and other re	elevant information for each program	n title				
28 N/A			<del> </del>			<u>-</u>
(Grants \$	) If this amount includes t	foreign grants, che	ck here	▶ □	28a	
29						
(Grants \$	) If this amount includes t	foreign grants, che	ck here	▶ □	29a	
30						
(Grants \$	) If this amount includes t	foreign grants, che	ck here	▶ □	30a	
31 Other program services (de						
(Grants \$	) If this amount includes t	foreign grants, che	ock here	▶ □	31a	
<u> </u>	penses (add lines 28a through 31a)		- CONTROLO		32	
Part IV List of Officers	s, Directors, Trustees, and Key Er	mployees (list eac		nsated — see the		ctions for Part IV)
Check if the or	ganization used Schedule O to resp	T	n in this Part IV (c) Reportable	(-)	~f.i-	
(a) Na	me and title	(b) Average hours per week	compensation	(d) Heath ben contributions to e	mployee	(e) Estimated amount of
(2)		devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, deferred compe		other compensation
JUDITH MCDOWELL			, , , , , , , , , , , , , , , , , , , ,			
EXECUTIVE DIRECTO	)R	26.00	24,000		0	l 0
TOM MAY						
PRESIDENT		12.00	0		0	٥
LANNY LAMBRECHT						-
VICE PRESIDENT		1.00	0		0	٥
LUKE JOHNSON						-
SECRETARY		1.00	0		0	0
SCOTT DELONG		1				•
TREASURER		5.00	l		0	o
MIKE CAVANAUGH	· · · · · · · · · · · · · · · · · · ·	3.00				<del>                                     </del>
		1.00	٥		0	0
REGISTERED AGENT	· · · · · ·	1.00	0			<u> </u>
RYAN LIHS	r.m	10.00	_		^	
NAAA REPRESENTATI	.VE	10.00	0		0	<u> </u>
ALAN CORR	_	10.00	_		_	
EDUCATION DIRECTO	)K	10.00	0		0	0
ERIC JOBMAN			_			
ALLIED REPRESENT.	1	1.00	0		0	0
MARK DOZLER						
ALT ALLIED REP.		1.00	0		0	0
CHIP COSLOR						
DIRECTOR		1.00	0		0	0
ROB ASLESEN						
DIRECTOR		1.00	0		0	0

190 (	05/05/2016 3 33 PM			
orm	990-EZ (2015) NEBRASKA AVIATION TRADES ASSOC. 47-0555338		Р	age 3
Pi	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
3	. Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	Г	162	NO
	detailed description of each activity in Schedule O	33		Х
4	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		
4	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
		34		x
·=-	change on Schedule O (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year from business	- 37		11
Эa	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	x	
<b>L</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	
b	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	305		
С	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	x	
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	550		_
16	during the year? If "Yes," complete applicable parts of Schedule N	36		х
7.	Enter amount of political expenditures, direct or indirect, as described in the instructions	30		
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization line Form 1120-FOL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	370		
oa	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	l	X
_	1 1	30a		
		-		
19	Section 501(c)(7) organizations Enter  Initiation fees and capital contributions included on line 9  39a			
		-		
	Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	-		
wa	· · · · · · · · · · · · · · · · · · ·			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
D		•		
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	40b		
_	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		
С				
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958  Section 504(a)(4), and 504(a)(20) organizations. Enter amount of tax on line			
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
_	40c reimbursed by the organization  All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
е	transaction? If "Yes," complete Form 8886-T	40e		х
	List the states with which a copy of this return is filed None	100		
11 12a	The organization's books are in care of ▶ JUDY MCDOWELL  Telephone no ▶ 403	2-47	5-6	282
+ <b>L</b> a	192 W LAKESHORE DR		•	
		528		
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	1.00	X
	If "Yes," enter the name of the foreign country	1		
	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		Х
	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			
			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				[
	completed instead of Form 990-EZ	44b		x
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	OMBU B			
	explanation in Schedule O	44d	<u> </u>	Ь—
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		х
b				

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)

Form	990-EZ	(2015)	NEI	BRASKA	AVIA	TION	TRAD	ES	ASSO	c.	47-0	55 <u>5</u>	338	.=		_		Р	age 4
46		-		gage, direct office? If "Y	-				ın actıvıtıe	es on be	half of or in opp	osition	1			ſ	46	Yes	No X
Pa	art VI	Sec All s 50 a	ction 50 section 5 and 51.	01(c)(3) o 601(c)(3) o	rganiza rganizatio	tions on ons must	i <b>ly</b> answer	r que:			and 52, and co	-	te the	tables	for li	nes	40 ]		<u> </u>
		_								<u> </u>								Yes	No
47				gage in lobb Schedule (		ities or hav	e a sect	tion 50	01(h) elec	ction in e	effect during the	tax				ſ	47		
48	-		•			ection 170	(b)(1)(A	ነ/መነ? 1	f "Yes " c	omplete	Schedule E					<b> </b>	48	-	
49a		_		ike any tran												Ī	49a		
b		_		l organizatio						<b>J</b>							49b		
50	Comp	olete this t	table for	the organiza	ation's five	highest co	mpensa	ated e	mployees	s (other t	than officers, dir	ectors	s, truste	ees and	key	_			-
	emplo	oyees) wh	no each r	eceived mo	re than \$1	00,000 of c	compens	sation	from the	organiz	ation If there is	none,	enter	"None	n				
		(a) l	Name and	title of each	employee			nours p	verage per week to position	ìc	e) Reportable ompensation s W-2/1099-MISC	cont	ribution penefit i	th benef is to emp plans, a ompens	ployee nd			d amou pensati	
f 51	Comp	olete this ,000 of co	table for impensat	mployees p the organiza tion from the usiness addre	ation's five organiza	highest co	e is non	e, ent	ndepende ter "None	ent contra	actors who each	n recei		ore than	n	(c) C	omper	nsation	
d				ndependent			J	•											
52	comp	leted Sch	nedule A	<u> </u>							nust attach a	····					Yes		No_
											s and statements, ich preparer has a				knowle	edge and	d belie	f, it is	
Sig	n	_	M	with	1110	NO	M					5	-/	<u>3~</u>	14	,			
Her			makire of of	<sup>ficer</sup> <b>TH MC</b> D	OWELI						EXECUTI	Date <b>VE</b>	DIR	ECTO	OR				
пег	٠	<b>—</b>		ame and title		-													
		Print/Type	e preparer's	name			Prepare	er's sign	nature	_	4-		Date		Chast		PTIN		
Paid	d	THOMAS	E. GRA	AFTON				12	enS	ŹΨ,	100		05/4	05/16	Check self-er		  P002	28266	0
Pre	parer	Firm's nar		GRAF?	S NO	ASSOC	CIAT	ÉS,	P.C				1 00/1	Firm's E	<u>.                                    </u>			609	
Use	Only			5935		6TH SI								Phone r		02-4			
May	v the IR	S discuss	s this refi	urn with the				ınstn	uctions					I Prione i	וט דב	<u> </u>	Ye	-	No.
	,				,	===•	, 550		<del>-</del>							Forr		D-EZ	

## 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

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

ion 501(c) and section 527

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No 1545-0047

• 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," on 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.

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

• 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," on 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

• 5	Section 501(c)(4), (5), or (6) organizations: Complete Part II	1					
Vam	e of organization NEBRASKA AVIATION T	RADES ASSOC.		Employer ident 47 - 05553	ification number		
Pai	c/o JUDY MCDOWELL t I-A Complete if the organization is exen	ent under section 501/c	or is a section				
1	Provide a description of the organization's direct and indire			n ozr organizatio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2	Political expenditures	cot pointed campaign donvites	WIT CITETY	<b>▶</b> \$			
3	Volunteer hours			•			
•							
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	zation under section 4955		▶ \$			
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 Fo	orm 4720 for this year?			Yes No		
	Was a correction made?				Yes No		
	If "Yes," describe in Part IV	504/2		504( )(0)			
	t I-C Complete if the organization is exen		·	on 501(c)(3).			
1	Enter the amount directly expended by the filing organization	ion for section 527 exempt func	tion				
_	activities			▶ \$			
2	Enter the amount of the filing organization's funds contribu	ited to other organizations for s	ection				
527 exempt function activities   \$\Bigsir \\$							
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL,							
	line 17b  ► \$						
	4 Did the filing organization file Form 1120-POL for this year?						
5	Enter the names, addresses and employer identification n	` ,	ū	ŭ			
	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 commit				<del></del>		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and		
				filing organization's funds If none, enter -0-	promptly and directly		
				·	delivered to a separate		
					political organization If none, enter -0-		
1)							
''							
2)							
-,							
3)							
٠,							
4)	<del></del>		-				
,							
5)							
6)							

Sche	edule C (Form 990 or 990-EZ) 2015 <b>NEBR</b>	SKA AVIAT	ION TRADES	ASSOC.	47-0555	338	Page
Pa	art II-A .Complete if the organiz	zation is exem	ot under section	501(c)(3) an	d filed Form 576	8 (election und	ler
	section 501(h)).						
Α	Check ▶ ☐ If the filing organization	_	- , ,			d group membe	er's
	name, address, EIN,	•			•		
В	Check ▶ ☐ If the filing organization	on checked box	A and "limited cor	ntrol" provisio	ns apply		
	Limits on Lob	bying Expendi	tures		(a) Filing	(b) Affili	ated
	(The term "expenditures" i	means amounts	paid or incurred.)		organization's totals	group to	otals
1a	a Total lobbying expenditures to influence pu	ıblıc opınıon (grass	roots lobbying)				
k	Total lobbying expenditures to influence a	legislative body (dir	ect lobbying)				
C	Total lobbying expenditures (add lines 1a	and 1b)					
C	d Other exempt purpose expenditures						
•	Total exempt purpose expenditures (add li	nes 1c and 1d)					
1	f Lobbying nontaxable amount Enter the an	nount from the follow	wing table in both				
	columns						
	If the amount on line 1e, column (a) or (b) is	The lobbying no	ontaxable amount is.				
	Not over \$500,000	20% of the amou	nt on line 1e				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15	% of the excess over \$5	00,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10	% of the excess over \$1	,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	6 of the excess over \$1,5	500,000			
	Over \$17,000,000	\$1,000,000					
ç	Grassroots nontaxable amount (enter 25%	of line 1f)					
ŀ	Subtract line 1g from line 1a If zero or less	s, enter -0-					
	i Subtract line 1f from line 1c If zero or less	, enter -0-			-		
	j If there is an amount other than zero on ei	ther line 1h or line 1	i, did the organization	file Form 4720			
	reporting section 4911 tax for this year?					Ye	s 🗌 No
		4-Year Averag	ing Period Under	section 501(h	)		-
	(Some organizations that mad			•	•	columns below.	
		•	instructions for lin				
	Lo	bbying Expendit	tures During 4-Yea	r Averaging F	eriod		
	Calendar year (or fiscal year						
	beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 201	5 (e)	Total
			ļ. <u></u>				
<b>2</b> a	Lobbying nontaxable amount						
Ł	Lobbying ceiling amount						
	(150% of line 2a, column(e))						
•	Total lobbying expenditures						
c	d Grassroots nontaxable amount						
			1				
•	Grassroots ceiling amount				1		
	(150% of line 2d, column (e))		<u> </u>				
	Crescrete lebburg evpenditures		1		l		

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 NEBRASKA AVIATION TRADES ASSOC. Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(8	1)	(b)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	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			
а	Volunteers?			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?	:		
d	Mailings to members, legislators, or the public?			
е	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?	Ì		
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			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Da	# 181 A Complete if the organization is exempt under section E01(a)(4) section E01(	~\/E\	ar c.	action

#### 'art 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	29,005
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	10,000
b	Carryover from last year	2b	3,001
c	Total	2c	13,001
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	8,702
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	4,299
_ 5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### 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, 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.

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

Amount

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Description

▶ Attach to Form 990 or 990-EZ.

**Open to Public** Inspection

Name of the organization NEBRASKA AVIATION TRADES ASSOC. c/o JUDY MCDOWELL

Employer identification number 47-0555338

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

Description		Amount
MISCELLANEOUS	\$	17,165
NEWSLETTER ADVERTISING	\$	6,057
FUEL REBATE	\$	3,749
DIRECTORY ADVERTISING	\$	3,491
	Total \$	30.462

## Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount				
DIRECTORY ADVERTISING					
DIRECT - CONTRACT SERVICE	\$	1,437			
DIRECT - PRINT & PUBLISHI	\$	697			
Readership Costs	\$	6,774			
NEWSLETTER ADVERTISING					
DIRECT - CONTRACT SERVICE	\$	1,201			
DIRECT - PUBLISHING	\$	7			
Readership Costs	\$	6,337			
Expenses					
OFFICE	\$	3,326			
WEBSITE	\$	10,000			
MEETINGS & CONVENTIONS	\$	20,154			
NAA MEETINGS	\$	3,920			
INSURANCE	\$	576			
OPERATION SAFE	\$	8,560			

Schedule O (Form 990 or 990-EZ) (2015)  Name of the organization			Employer ide	entification num	Page 2
NEBRASKA AVIATION TRADES ASSOC.			' '	555338	Dei
BOARD EXPENSES	\$	689			
DUES	\$	810			
MISCELLANEOUS	\$	4,118			
NAAREF	\$	11,270			
CONTRACT SERVICES	\$	21,362			
LESS: READERSHIP COSTS	\$	-13,111			
SPECIAL PROJECTS	\$	1,670			
NWSC EXPENSE	\$	5,819			
TAXES	\$	322			
Non-investment Depreciation	\$	198			
Tot	al \$	96,136			
Form 990-EZ, Part II, Line 24 - O	Other As		. of Year	End o	of Year
LAND, BUILDINGS, EQUIPMENT		\$	26,584	\$	27,182
Less Accumulated Depreciation		\$	24,416	\$	24,614
		Total \$	2,168	<b>A</b>	2,568

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

Description	Beg.	of Year	End of Year
UNEARNED REVENUE	\$	35,490	\$ 35,070