

Form **990EZ**


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)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020
B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Nebraska Arborists Association

% ADVANCED ASSOCIATION MGMT L
Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
521 FIRST STREET

City or town, state or province, country, and ZIP or foreign postal code
MILFORD, NE 68405

D Employer identification number
47-0592594
E Telephone number
(402) 761-2216
F Group Exemption Number ▶

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶
H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ WWW.NEARBORISTS.ORG
J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527
K 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 ▶ \$ 157,117

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)			
Check if the organization used Schedule O to respond to any question in this Part I ☒			
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	117,608
	3 Membership dues and assessments	3	25,725
	4 Investment income	4	2,072
	5a Gross amount from sale of assets other than inventory	5a	7,580
	b Less: cost or other basis and sales expenses	5b	5,085
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	2,495
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	2,824
Expenses	c Less: direct expenses from gaming and fundraising events	6c	0
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2,824
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe in Schedule O)	8	1,308
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	152,032
	10 Grants and similar amounts paid (list in Schedule O)	10	420
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	48,731
Net Assets	13 Professional fees and other payments to independent contractors	13	2,303
	14 Occupancy, rent, utilities, and maintenance	14	1,020
	15 Printing, publications, postage, and shipping	15	988
	16 Other expenses (describe in Schedule O)	16	81,283
	17 Total expenses. Add lines 10 through 16 ▶	17	134,745
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	17,287
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	113,541
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-3,909
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	126,919

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	128,731	22	143,922
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	2,804	24	0
25 Total assets	131,535	25	143,922
26 Total liabilities (describe in Schedule O).	17,994	26	17,003
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	113,541	27	126,919

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III ☐
 What is the organization's primary exempt purpose?
 TO PROMOTE THE ADVANCEMENT OF ARBORCULTURE
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 See Additional Data Table	
(Grants \$) If this amount includes foreign grants, check here ☐	28a
29 See Additional Data Table	
(Grants \$) If this amount includes foreign grants, check here ☐	29a
30	
(Grants \$) If this amount includes foreign grants, check here ☐	30a
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here ☐	31a
32 Total program service expenses (add lines 28a through 31a) ☒	32

Part IV List of Officers, Directors, Trustees, and Key Employees (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
Samantha Steward	4.0	0	0	0
SECRETARY				
Jerel Converse	3.0	0	0	0
TREASURER				
Kevin Popken	5.0	0	0	0
PRESIDENT				
Phil Pierce	0.5	0	0	0
NAA BOARD ADVISOR				
Stacy Hughes	0.5	0	0	0
NAA BOARD ADVISOR				
Advanced Association Management	28.0	48,731	0	0
NAA EXECUTIVE DIRECTOR				
Jeff Grewe	2.0	0	0	0
president-elect				
Jeff Melies	0.5	0	0	0
DIRECTOR				
Jennifer Morris	0.5	0	0	0
DIRECTOR				
Dustin Nelson	0.5	0	0	0
Director				

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a Yes	
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 Yes	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
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	
c 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, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41 List the states with which a copy of this return is filed. ▶		

42a The organization's books are in care of ▶ ADVANCED ASSOCIATION MGMT LLC Telephone no. ▶ (402) 761-2216
Located at ▶ 521 FIRST STREET MILFORD, NE ZIP + 4 ▶ 68405

	Yes	No
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)?	42b	No
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).		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	No
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**

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

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

Part VI Section 501(c)(3) Organizations Only
All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI ☐

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(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."

(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 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		2020-11-10 Date	
	KATHI SCHILDT Executive Director Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name Lisa M Moore	Preparer's signature	Date	Check ☐ if self-employed PTIN P01417925
	Firm's name ▶ Willnerd & Associates LLC			Firm's EIN ▶
	Firm's address ▶ 3200 Pine Lake Road Suite A Lincoln, NE 68516			Phone no. (402) 421-1811

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ **Yes** ☐ **No**

Additional Data

Software ID:
Software Version:
EIN: 47-0592594
Name: Nebraska Arborists Association

Form 990EZ, Part III - Statement of Program Service Accomplishments

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

Form 990EZ, Part III - Statement of Program Service Accomplishments	
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29 CERTIFICATION OF MEMBER ARBORISTS TO INSURE QUALITY CONTROL OVER THE PROFESSION OF ARBORISTS (Grants \$) If this amount includes foreign grants, check here . . . ☐	29a

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.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization
Nebraska Arborists Association

Employer identification number

47-0592594

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part V, Personal Benefit Contracts	THE ORGANIZATION DID NOT RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION ALSO DID NOT PAY ANY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 8	Description:ADVERTISING INCOME Amount:1308

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description:CREDIT CARD EXPENSES Amount:3710

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description:COMMUNICATION EXPENSES Amount:13247

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description:INSURANCE Amount:1434

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description:MEMBER SERVICES Amount:442

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description:SALES/USE TAXES Amount:138

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description:SOFTWARE EXPENSE Amount:833

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 20	Description:UNREALIZED LOSS ON INVESTMENTS Amount:3909