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S CO

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

····	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	the diganization may have to use a copy of unstream to sairsty state reporting requirements			
Α	For th	ne 2010 calendar year, or tax year beginning , 2010, and ending			
В	1	f applicable C .		oyer identificat	
<u> </u>	i	s change FALLON FESTIVAL ASSOCIATION, INC	27	-181168	5
-	Name o	- 11.0. 2011 0101	Telep	hone number	
H	Termina	ITHEBON, NV 05407	77.	5 771-2	014
X	1	ed return	Grou	up Exemptio	on
	Applica	tion pending STATITE LINE	Num		<u> </u>
G	Accou	unting Method: X Cash Accrual Other (specific CENT) AUG 1 3 2014 H Check			ization is not
l	Webs			tach Schedi or 990-PF)	ule B (Form
<u>J</u>		tempt status (ck only one) $-$			
K	\$50,0	k ► ☐ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are 100 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required its incompleted return.			
		ines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if s (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		► \$	77,155.
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Insti	ructio	ons for Pa	
	т	Check if the organization used Schedule O to respond to any question in this Part I			. X
	1	Contributions, gifts, grants, and similar amounts received	\vdash	1	27,401.
	1	Program service revenue including government fees and contracts	· -	2	49,754.
	3	Membership dues and assessments	 -	3	
	4	Investment income	 -	4	
	1	Gross amount from sale of assets other than inventory . 5a	.	**	
	1	Less. cost or other basis and sales expenses 5b	— ä		
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	-	5c	
R		Gaming and fundraising events	١٠.	. "	
R E V E		Gross income from gaming (attach Schedule G if greater than \$15,000) 6a	— <u>,</u>		
Ë		Gross income from fundraising events (not including 5 of contributions	[*]		
Ų		from fundraising events reported on the state of such gross income and contributions exceeds \$15,000, Q 6b	ľ		
		Less direct expenses from gaming and fundraising events 6c			
	L .	Net income or (loss) from garage and findraising events (see lines 6a and	į.		
₽		ob and subtract line oc)	· -	6d	
	1	Gross sales of inventory, less refurns and allowances 7a Less cost of goods sold 7b			
֓֞֝֟֝֟֝֟֝֟֝֟	1 .	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
,	1	Other revenue (describe in Schedule O)	-	8	
:	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	` _	9	77,155.
: —	10	Grants and similar amounts paid (list in Schedule O)	` .	10	.,,,,,,,,,
9	11	Benefits paid to or for members		11	
) E	12	Salaries, other compensation, and employee benefits		12	
EXPEN	13	Professional fees and other payments to independent contractors.	_ ⊢	13	
, E	14	Occupancy, rent, utilities, and maintenance		14	19,337.
S E S	15	Printing, publications, postage, and shipping		15	421.
S	16	Other expenses (describe in Schedule O) SEE SCHEDULE O		16	40,946.
	17	Total expenses. Add lines 10 through 16		17	60,704.
<u> </u>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	16,451.
) ,	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year)	_{/ear}		
N S	20	figure reported on prior year's return)	,	19	0.
		Other changes in net assets or fund balances (explain in Schedule O)		20	
- <u>`</u>	21	Net assets or fund balances at end of year Combine lines 18 through 20	▶	21	16,451.
BA	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.		Forr	n 990-EZ (2010)

	990-EZ (2010) FALLON FESTIVAL			27	-1811	1685 Page 2
Pár	Balance Sheets. (see the ins Check if the organization used Sche	structions for Part II.)	estion in this Part II			. 🗵
	- January Control of the Control of	saute o to respond to dry qu		(A) Beginning of ye	ar	(B) End of year
22	Cash, savings, and investments			<u> </u>	22	16,051.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)	SEE SCHEDULE O)		24	450.
25	Total assets			0	. 25	16,501.
26	Total liabilities (describe in Schedule O)	SEE SCHEDULE O) [0		50.
	Net assets or fund balances (line 27 of			0	. 27	16,451.
Par	t III Statement of Program Sen					Expenses
	Check if the organization used Sc	chedule O to respond to any o	question in this Part	н [Х]		ired for section
What	s the organization's primary exempt purpose? SEF	E SCHEDULE O			organi	(3) and 501(c)(4) zations and section
desc	ribe what was achieved in carrying out the ribe the services provided, the number of	e organization's exempt purp persons benefited, and other	oses in a clear and r relevant informatior	concise manner, i for each	4947(a	a)(1) trusts; optional
prog	ram title				for oth	iers)
28	COMMUNITY EVENTS FOR THE	GENERAL PUBLIC THR	OUGHOUT CHURC	HILL COUNTY	1	
	NEVADA				1 1	
					1 1	
	(Grants \$) If th	is amount includes foreign gr	ants, check here	P	28 a	60,654.
29					1 1	
					1 1	
	70		,,,		ا 🚅 ا	
20	(Grants \$) If th	is amount includes foreign gr	ants, check here	P	29 a	
30			 		4	
					1	
	(Grants \$) If th	is amount includes foreign gr	onto chael hara		30 a	
21	Other program services (describe in Sch		ants, check here		Sua	
31		iedule O) ils amount includes foreign gr	ranta abaali bara	▶ [7]	31 a	
33	Total program service expenses (add in		ants, theth here		32	60,654.
	t IV List of Officers, Directors,		Novee List each and	avon if not components		
(1 G)	Check if the organization used So				J. (See the	e ilistructions for Part IV.)
	oneskii tile organization asea et	(b) Title and average hours			s to	(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0) employee benefit pla	ins and L	and other allowances
DET	E DEE HOWELL	to position DIRECTOR	(deferred compens	O.	0.
	55 RICE ROAD	DIRECTOR		' • 	١٠٠	υ.
	LLON, NV 89406	٦			j	
	CHARD HAYS	DIRECTOR		0.	0.	0.
	TO EASTLAKE BLVD	5		' •	٠٠,	0.
	SHOE VALLEY, NV 89704	3			l	
	CHARD LATTIN	DIRECTOR		0.	0.	0.
	55 MCLEAN ROAD	5	`	'	١.,	٠.
	LLON, NV 89406	,				
	TRICK PHARRIS	DIRECTOR		0.	0.	0.
	75 GIBRALTAR	5	`	'	٠.۱	٠.
	NO, NV 89509	Ĭ				
	RBARA KATHREIN	PRESIDENT	().	0.	0.
	31 ROBERSON LANE	5	Ì			• • • • • • • • • • • • • • • • • • • •
	LLON, NV 89406	_				
	SAN K PASALICH	SECRETARY	().	0.	0.
	1 LUCAS ROAD	5			•	
	LLON, NV 89406					
	LARIE FURTADO	TREASURER	().	0.	0.
	E EATON BLVD	5				
	ACY, CA 95376					
					T	
		<u> </u>	<u> </u>			
BAA	•	TEEA0812L 0	02/18/11			Form 990-EZ (2010)

Form 990-EZ (2010) FALLON FESTIVAL ASSOCIATION, INC 27-181	1685	Р	age 3			
Part V Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.						
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description each activity in Schedule Q	of	Yes	No X			
Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they re a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			Х			
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T.						
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?), or		v			
b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?.	35a 35b		<u> </u>			
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			Х			
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	0.					
b Did the organization file Form 1120-POL for this year?	37 b		<u>X</u>			
38 a 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?	38 a	<u> </u>	X			
	N/A					
39 Section 501(c)(7) organizations Enter:						
	N/A N/A					
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.	N/ A					
	/A					
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	ed 40 b		X			
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	0.					
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	0.					
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	40 e		x			
41 List the states with which a copy of this return is filed NONE						
42 a The organization's						
books are in care of ► <u>VALARIE I FURTADO</u> Telephone no ► 775 Located at ► 323 CORONADO WAY TRACY CA ZIP + 4 ► 955	<u>5 771-2</u>	014				
Located at ► 323 CORONADO WAY TRACY CA ZIP + 4 ► 95	3/6-212					
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	,	Yes	No			
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	— I I					
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.						
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country ►	42c		<u> X</u>			
11 Tes, enter the name of the loreign country	_					
45. C		. —				
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		~ \sqcup	N/A N/A			
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	ad 44a	Yes	No 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	44ь		Х			
c Did the organization receive any payments for indoor tanning services during the year?						
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation i			Х			
Schedule O . BAA TEEA0812L 02/18/11	44d Form 990)-EZ (2010)			

Form 990-È	Z (2010) FALLON FESTIVAL ASS	OCIATION, INC		· · · · · · · · · · · · · · · · · · ·	27-1811	.685	P	age 4
45 1:	and the second s				\ (1 2 \ 2	<u> </u>	Yes	No
	y related organization a controlled entity	•	•	•	• • •	45		X
of sec	ne organization receive any payment from ction 512(b)(13)? If 'Yes,' Form 990 and S	n or engage in any tran Schedule R may need t	isaction with a ci	instead of Form	vithin the meani 990-EZ (see in:	ng st) 45a	_	Х
46 Did th	ne organization engage, directly or indirect	ctly, in political campai	gn activities on t	ehalf of or in op	position to			
Part VI	dates for public office? If 'Yes,' complete Section 501(c)(3) organizations		(aV1) noneye	mnt charitah	le trusts only	46 All sec	tion	Х
1 416 61	501(c)(3) organizations and sec	tion 4947(a)(1) nor	nexempt char	itable trusts	nust answer	question	าร	
	47-49b and 52, and complete th	e tables for lines 5	i0 and 51.			•		
	Check if the organization used Schedul	e O to respond to any	question in this I	Part VI				
479 5							Yes	No
	ne organization engage in lobbying activit e organization a school as described in se	•			•	47		-
	ne organization a school as described in se ne organization make any transfers to an		•			49 a		
	s,' was the related organization a section	· ·				49b		
50 Comp	olete this table for the organization's five	highest compensated e	employees (other	r than officers, d	lirectors, trustee	s and key		
emplo	oyees) who each received more than \$10	0,000 of compensation (b) Title and average	from the organi (c) Compensat	·····	s none, enter 'N		pense	
(a)	Name and address of each employee paid more than \$100,000	hours per week devoted to position	(c) compensat	bene	fit plans and for compensation	accou other all	nt and	s
		,						
			<u> </u>	<u></u>				
	number of other employees paid over \$1	· · · · · · · · · · · · · · · · · · ·	ndonondont con		.b	a than ¢1(000	o f
comp	plete this table for the organization's five pensation from the organization. If there i	s none, enter 'None.'	naepenaent con	tractors who ead	n received mon	= man \$10		01
	(a) Name and address of each independent conti	ractor paid more than \$100,000)	(b) Type o	f service	(c) Comp	oensatio	n
	······					······································		
d Total	number of other independent contractors	s each receiving over \$	100,000	>				
52 Did th	he organization complete Schedule A? N	ote: All section 501(c)(3) organizations	and 4947(a)(1)	nonexempt	.		¬
	table trusts must attach a completed Sch		adulas and statements	and to the best of m	y knowledge and hel	Yes		No
true, correct,	es of perjury, I declare that I have examined this return and complete Declaration of preparer (other than offic		of which preparer has	any knowledge	2 /-1/			
٥.	Signature of officer	rado	.	Date	<u> </u>			
Sign Here	VALARIE FURTADO			TREAS	, IIRFR			
ricic	Type or print name and title			IILIAS	ORLIN			
	Print/Type preparer's name	Preparer's signature	Date	•	Check X if PT	N		
Paid	BARNETT HADEN /	Soft The	sery 13		self-employed N	/A		
Preparer	Firm's name BARNETT HADEN B		X CONSUMIL	NG I	-			
Use Only	Firm's address > 356 S TAYLOR ST				/225	N/A 5) 423-	1046	
May the IR	FALLON, NV 8940 RS discuss this return with the preparer sl		uctions	1	Phone no (7/5) 423- ►X Yes		No
BAA	the discuss this retain with the preparer si	nomi above: See ilisti				Form 99		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

	Employer identification number
FALLON FESTIVAL ASSOCIATION, INC	27-1811685
AMENDED RETURN_PAGE 1, ITEM J	
ORIGINAL FORM 990 WAS FILED AS A 501(C)(6)TAX EXEMPT ORGANIZATI	ON AS REQUESTED IN
THE APPLICATION. AFTER REVIEWING THE APPLICATION, THE INTERNAL	REVENUE SERVICE
DETERMINED THAT THE ORGANIZATION WAS EXEMPT FROM FEDERAL INCOME	TAX UNDER SECTION
501(C)(4) OF THE INTERNAL REVENUE CODE WITH AN EFFECTIVE DATE O	F FEBRUARY 1,2010.
THERE ARE NO OTHER CHANGES TO THE TAX RETURN.	
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	
PURPOSE IS TO PROMOTE THE COMMUNITY OF FALLON AND CHURCHILL COU	NTY BY ORGANIZING
COMMUNITY EVENTS FOR THE GENERAL PUBLIC THROUGHOUT CHURCHILL CO	UNTY_NEVADA
~	

2010 SCHEDULE O - SUPPLEME	NTAL INFORMATION	PAGE 2
FALLON FESTIVAL ASSO	OCIATION, INC	27-1811685
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES ADVERTISING AND PROMOTION BANK FEES CONFERENCES, CONVENTIONS, AND MEETINGS DEPRECIATION ENTERTAINMENT EXPENSE FESTIVIAL OPERATING EXPENSE INSURANCE SECURITY SUPPLIES	\$ TOTAL \$	11,478. 490. 835. 50. 16,975. 3,086. 1,740. 4,410. 1,882. 40,946.
FORM 990-EZ, PART II, LINE 24 OTHER ASSETS	BEGINNING	ENDING
MACHINERY AND EQUIPMENT	TOTAL $\frac{\$}{\$}$ 0. $\frac{\$}{\$}$	450. 450.
FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES		
ACCOUNTS PAYABLE AND ACCRUED EXPENSES .	$\begin{array}{c c} & \underline{BEGINNING} \\ \hline \\ $	ENDING 50. 50.

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Form 4562

Department of the Treasury Internal Revenue Service (99) Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

2010

Attachment Sequence No 67

Name(s) shown on return identifying number FALLON FESTIVAL ASSOCIATION, INC 27-1811685 Business or activity to which this form relates FORM 990/990-PF Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1, If zero or less, enter -0- If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 3, 8, . Note: Do not use Part II or Part III below for listed property Instead, use Part V Part.lic | Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2010 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (a) Classification of property (b) Month and (c) Basis for depreciation (d) (f) Method (e) (g) Depreciation year placed in service (business/investment use Recovery period Convention see instructions) 19a 3-year property **b** 5-year property 500 HY S/L 50 c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L h Residential rental 27.5 yrs MM S/L property 27.5 yrs MM S/L i Nonresidential real 39 yrs MM S/L property MM S/L Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20 a Class life. S/L b 12-year 12 yrs S/L c 40-year MM S/L 40 yrs Part IV | Summary (See instructions) Listed property. Enter amount from line 28. 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions 22 50 For assets shown above and placed in service during the current year, enter

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2010 FEDERAL SUPPORTING DETAIL PAGE 1 FALLON FESTIVAL ASSOCIATION, INC 27-1811685 BALANCE SHEET ACCOUNTS PAYABLE AND ACCRUED EXPENSES VENDOR SPACE DEPOSITS . . . TOTAL \$ 50.