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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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.

A For the 2010 calendar year, or tax year beginning

, 2010, and ending

, 20

B Check if applicable:

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

C Name of organization

Millard Days Inc.

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

P. O. Box 390512

Room/suite

City or town, state or country, and ZIP + 4

Omaha NE 68139-0512

D Employer identification number

47-0588645

E Telephone number

402-895-6931

F Group Exemption Number ►**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► www.MILLARDDAYS.COM**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

73609.

► \$

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	17100.
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	0
	4	Investment income	4	321.
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
b	Gross income from fundraising events (not including \$ 17100 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	56188	
c	Less: direct expenses from gaming and fundraising events	6c	52664	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	3524	
Expenses	7a	Gross sales of inventory, less returns and allowances	7a	0
	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	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	20945
	10	Grants and similar amounts paid (list in Schedule O)	10	12625
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	0
14	Occupancy, rent, utilities, and maintenance	14	800	
15	Printing, publications, postage, and shipping	15	0	
16	Other expenses (describe in Schedule O)	16	1455	
17	Total expenses. Add lines 10 through 16	17	14880	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6065
	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	118672
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	124737

For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II ☒

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	100637	22 103202
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	18035	24 21535
25	Total assets	118672	25 124737
26	Total liabilities (describe in Schedule O)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	118672	27 124737

Part III	Statement of Program Service Accomplishments (see the instructions for Part III.)
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Check if the organization used Schedule O to respond to any question in this Part III . . . ☒

What is the organization's primary exempt purpose? **Community Service**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28	Awards and contributions to area Community benefit programs - see attached Schedule O		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	12625
29			
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	12625

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 ☐

[illegible]

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. ☒

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
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, explain in Schedule O why the organization did not report the income 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), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
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) 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	40b	<input checked="" type="checkbox"/>
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 ▶		
d Section 501(c)(3) and 501(c)(4) 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	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶ N/A		
42a The organization's books are in care of ▶ Judi Diederich Telephone no. ▶ 402-895-6931		
Located at ▶ 12715 Southdale Drive Omaha, NE. ZIP + 4 ▶ 68137-4359		
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	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<input checked="" type="checkbox"/>
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 ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	✓
a 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)	45a	✓
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	46	✓

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 **▶** _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A **▶** ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Judith Dieterich</i>	Date <i>5-12-11</i>
	Type or print name and title <i>Judith Dieterich - Treasurer</i>	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no ▶			

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

Millard Days Inc.

Employer identification number

47-0588645

Part I

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		Carnival (event type)	N/A (event type)	N/A (total number)	
Revenue	1 Gross receipts	73,288			73,288
	2 Less: Charitable contributions	17,100			17,100
	3 Gross income (line 1 minus line 2)	56,188			56,188
Direct Expenses	4 Cash prizes	0			0
	5 Noncash prizes	0			0
	6 Rent/facility costs	0			0
	7 Food and beverages	0			0
	8 Entertainment	0			0
	9 Other direct expenses	52,664			52,664
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶	(52,664)			
11 Net income summary. Combine line 3, column (d), and line 10 ▶	3,524				

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

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

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

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010**Open to Public
Inspection**

Name of the organization

Millard Days, Inc.

Employer identification number

47-0588645

Part 1 - Line 10 - Grants and Similar Amounts Paid

Name	Grant Amount	Expense Amt	Donation type
Millard Athletic Assn, 4871 S. 136 St., Omaha, NE 68137	\$ 1,250.	0	Support boy/girl sporting activities
6 Boy Scouts Troops, Millard, NE	\$ 650.	0	Support boy scouting den activities
Austin Edmonds, 1335 S. 163 St, Omaha, NE 68135	\$ 500.	0	College scholarship
Brittany Yenney, 5420 S. 122 St, Omaha, NE 68137	\$ 500.	0	College scholarship
Joseph Paustian, 12825 Lillian St, Omaha, NE 68138	\$ 500.	0	College scholarship
Lindsey Mittlebrun, 16915 U St., Omaha, NE 68135	\$ 500.	0	College scholarship
Catherine Yuhas, 15312 Garfield St., Omaha, NE 68144	\$ 500.	0	College scholarship
Latino Employee Network, Omaha, NE	\$ 350.	0	Support Latino activities
Millard South High School Post Prom, 14409 Q St, Omaha, NE	\$ 250.	0	Support post prom activities
Millard West High School Post Prom, 5710 S. 176 Av, Omaha, NE	\$ 250.	0	Support post prom activities
Millard West High School Band, 5710 S. 176 Av, Omaha, NE	\$ 300.	0	Help pay for band uniforms
Millard North High School Band, 1010 S. 144 St, Omaha, NE	\$ 300.	0	Help pay for band uniforms
Millard South High School Band, 14409 Q St, Omaha, NE	\$ 300.	0	Help pay for band uniforms
Unlimited Possibilities, 15738 Farnam St, Omaha, NE 6818	\$ 500.	0	Support activities for disabled students
Mark & Angie Allen, 9704 W. 131 St, Overland Park, KS	\$ 1,000.	0	Support for child with SMA disease
Neihardt Fireworks Fund, Millard, NE	\$ 200.	0	Fireworks for 4th of July
Project Wee Care, Millard, NE	\$ 300.	0	Gifts for Christmas to poor
Knights of Columbus #14077, Gretna, NE	\$ 1,250.	0	Support Knights activities
Knights of Columbus #10160, 16701 S. St, Omaha, NE	\$ 1,250.	0	Support Knights activities
American Legion Post #374, 14334 U St, Omaha, NE	\$ 300.	0	Support veteran activities
Sons of Amer Leg. Post #374, 14334 U St, Omaha, NE	\$ 300.	0	Support veteran activities
Amer. Legion Post #374 Auxiliary, 14334 U St, Omaha, NE	\$ 300.	0	Support veteran activities
Millard VFW Post #8334, 5083 S. 136 St, Omaha, NE	\$ 300.	0	Support veteran activities
Millard AM Vets #13, 5083 S. 136 St, Omaha, NE	\$ 300.	0	Support veteran activities

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

Employer identification number

Millard Days, Inc.

47-0588645

Part 1 - Line 10 - Grants and Similar Amounts Paid (continued)

Name	Grant Amount	Expense Amt	Donation type
Millard VFW Post #8334 Auxiliary, 5083 S. 136 St, Omaha, NE	\$ 300.	0	Support auxiliary veterans activities
2 misc memorials - funerals	\$ 50.	0	Assistance funerals
NE Lupus Foundation, Omaha, NE	\$ 25.	0	Donation to Lupus Foundation
Brownie Troop #3845, 4376 S 149 Av. Cir, Omaha, NE	\$ 100.	0	Support girl scout activities
<i>Total</i>	<i>\$ 12,625.00</i>		

Part I Line 16 - Other Expenses

Conventions (\$ 592.15) , meetings (627.37) , licensing/tax on trailer purchase (235,25) for total of \$ 1455.

Part II Line 24 - Other Assets

Existing trailer & equipment \$ 18,035

2010 purchase of used trailer \$ 3,500. (Total including existing trailer/equipment = \$ 21,535.)

Part V, Line 35: Receipts from Business Activities not reported on Form 990-T.

Carnival is the club's special 5-day event. Income not reported on Form 990-T as event is not regularly carried on.