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990 Form

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)

2010

OMB No 1545-0047

Department of the Treasury

Open to Public

Intern	al Reven	ue Service	► The organization	on may have to use a				requiremen		inspection		
A F	or the	2010 calend	lar year, or tax year beg			01 , 2010, and e	nding		-80	31 , 20 11		
B (theck if a	pplicable	C Name of organization Pro	escott Frontier	Days, Inc.				D	Employer identification no.		
	\ddress (change	Doing Business As							95-3382739		
	lame ch	ange	Number and street (or P O. b	ox of mail is not delivered to	street address)		Room	/suite	E	Telephone number		
一	nıtıad retu		PO Box 2037		•					(928) 445-3103		
二	erminate		City or town, state or countr	and 7IP + 4	 					915,912		
一	mended		Prescott, AZ 8						G	Gross recepts \$		
一		n pending	F Name and address of princ		udge-Cox					Gross recorpts V		
ш,	фриссис	ar panding	Same as C above		.		H(a) Is this a gro affiliates?	up retur	n for Yes X No		
	·~		501(c)(3) X 501(c) (4		4947(a)(1) or	527	HO					
	ax-exem	npt status	.worldsoldestrode		4947(a)(1) UI	321	→ `	If "No," attac	ch a list.	(see instructions)		
		<u> </u>			···	L Year of formation 1	H(c		•			
		-		sociation Other		L Year or tormation -		M State o	я iegai	domicie 222		
Pa		Summar		-ion or most significa-	ot actuation. One				- T.T	amidia Oldona		
		•	ibe the organization's mis	•		- · · · · - · · · · · · · · · · · · · ·	brese	nuing u	ile M	orid a Ordeac		
A c G		Rodeo, t	, the largest community event of its kind in Prescott.									
c G t o												
i y	1		. []									
Vе	1 .		ox if the organizatio	<u>-</u>					- 1			
t n i a	3		oting members of the gov	3 ,	•				3	10		
e n			ndependent voting membe		• •	b)	• • •	• • • • •	4	10		
3 E	5		r of individuals employed	-	•	• • • • • • • •	• • •		5	25		
20%	6		r of volunteers (estimate i				• • •	• • • • •	6	725		
62	/ a		ed business revenue from			EIAED···	· • • •	• • • • •	7a	0		
- 64	b	Net unrelate	d business taxable incom	e from Form 990-T, lin	ne 34 	• • • • • • • • • • • • • • • • • • • •	٠٠ إر		7b	0		
					IG ADD	0 2012	21	Prior Year		Current Year		
* PASA	8	Contribution	s and grants (Part VIII, line	e 1h) •••••••	· 1출1 · Wbk · 성	s.u zuiz[ř.	6,	313	6,463		
Æ	9		vice revenue (Part VIII, lin				٤;	854,	879	898,510		
M	10	Investment is	ncome (Part VIII, column	(A), lines 3, 4, and 7d)	OGD	チャーコナー		1,	133	686		
ij	11		ue (Part VIII, column (A), I					24,	954	10,253		
Z	12	Total revenu	e - add lines 8 through 11	(must equal Part VIII,	, column (A), line 1	2)		887,	279	915,912		
GCANINED	13	Grants and s	similar amounts paid (Part	IX, column (A), lines	1-3) • • • • •			7,	460	4,578		
ਹੋ	14	Benefits paid	to or for members (Part	X, column (A), line 4)		. 			\neg	0		
Ф	15	Salaries, oth	er compensation, employ	ee benefits (Part IX, c	olumn (A), lines 5-	10)		118,	479	129,490		
p e			fundraising fees (Part IX,	· · · · · · · · · · · · · · · · · · ·	• • •	· · · -				0		
n	1		sing expenses (Part IX, c			o F			\neg			
s e	1		ses (Part IX, column (A),)			735,	090	741,587		
8		-	ses. Add lines 13-17 (mus	· ·		-		861,		875,655		
	19	•	s expenses. Subtract line	•		<u> </u>		<u>.</u>	250	40,257		
Net	+						<u> </u>					
Asset	20	Total assets	(Part X, line 16)			. 		g of Current Yo 492,	_	End of Year 553, 519		
or Fund	21		es (Part X, line 26) · · ·						949	31,698		
Bal- ances			r fund balances. Subtrac	line 21 from line 20		. 		475,	\rightarrow	521,821		
	1			THIC 21 HOTH LINE 20					330	022,022		
Pat			re Block tare that I have examined this ret	um inclutino accompanino	schedules and statem	ents and to the hest of	my knowl	erine				
			complete, Declaration of prepare									
		L act.	Butner July	Lews					4	4-17.12		
Sig	.		re of effices						Date			
	- 1	_	Butner, Vice Pres	10 30 C	+wpuzz	TROASUREL			Date			
Her	e		print name and title	10011-0		1 FONSALE F						
	l			I		Date			. 1			
			eparer's name	Preparer's signature		Date		Check X	i	IN .		
Paid		Darlene		Darlene Wood		03-30-2012		self-employer	4			
	parer								Firm's EIN			
Use	Only	Firm's addres		mmit Ave			Phone	_{-no} 92	8-77	1-1950		
				: AZ 86301			L					
_			return with the preparer s					• • • • •	• • •	Yes No		
For I	Paperv	vork Reducti	on Act Notice, see the s	eparate instructions	-			E	EA	Form 990 (2010)		

C	n 990 (2010) Prescott Frontier Days, Inc.	95-3382739	Page 2
	Statement of Program Service Accomplishments	95-3362739	Fage 2
	Check if Schedule O contains a response to any question in this Part III	• • • • • • • • • •	••□
1	Briefly describe the organization's mission	6 : 1	
	Organizing and presenting the World's Oldest Rodeo, the largest community even in Prescott.	it of its kind	
	In Frescott.		
	Did the organization undertake any significant program services during the year which were not listed on		
-	the prior Form 990 or 990-EZ?	· · · · Yes X	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		N I –
	If "Yes," describe these changes on Schedule O.		NO
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grant		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 721,286 including grants of \$) (Revenue Prescott Frontier Days Inc. is a non profit volunteer organization and is ded:	\$ 898,51 icated to the	10)
	continuation and enhancement of the Worlds Oldest Rodeo and western tradtions		ıg
	its community both culturally and financially.		
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$	
		<u> </u>	•
Ac	(Code) (Expenses \$ including grants of \$) (Revenue	\$	
70	(Code) (Expenses #) (Nevenue	"	- ′
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 721,286		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	l i		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		l	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,			
	or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"		f [
_	complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II • • • • • • • • • • • • • • • • • •	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
4.0	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	4.		
44	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI · · · · · · · · · · · · · · · · · ·	11a	v	
	b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	114	Х	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII - · · · · · · · · · · · · · · · · · ·	11b		X
	c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	1.0		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII · · · · · · · · · · · · · · · · ·	12a		Х
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional • • • • • • • • • • • • • • • • • • •	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV · · · · · · · · · · · · · · · · · ·	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	ا ا		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II · · · · · · · · · · · · · · · · · ·	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ا ء		
20	If "Yes," complete Schedule G, Part III · · · · · · · · · · · · · · · · ·	19		X
20	, , , , , , , , , , , , , , , , , , , ,	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	306		
	r orm ood mero that operate one or more mospitals must attach abuneu imanual statements (see instructions) - • • • • • • • •	20b	; I	

Pa	rt IV Checklist of Required Schedules (continued)			
		Τ	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II · · · · · · · · · · · · · · · · · ·	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III - · · · · · · · · · · · · · · · · ·	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		•	
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	pnor year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I · · · · · · · · · · · · · · · · · ·	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III · · · · · · · · · · · · · · · · ·	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
_	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
-	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I · · · · · · · · · · · · · · · · · ·	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u>ن</u>		
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
-	III, IV, and V, line 1 · · · · · · · · · · · · · · · · · ·	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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," complete Schedule R,			
	Part V, line 2 · · · · · · · · · · · · · · · · · ·			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	33		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI · · · · · · · · · · · · · · · · · ·	37		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	-		<u>X</u>
	19? Note. All Form 990 filers are required to complete Schedule O	38	₩	
			X 990 (2	2010
	EEA .	1 31111	33U (4	(טוט

Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check is occidence of contains a response to any question in this rail v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable • • • • • • • • • • • 1a 83			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable • • • • • • • • 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			l
	gaming (gambling) winnings to prize winners? • • • • • • • • • • • • • • • • • • •	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return - • • • • 2a 25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O · · · · · · · · · · · · · · · · · ·	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ĺ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	١. ١		
_	account)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? • • • • • • • • • • • • • • • • • • •	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? • • • • • • • • • • • • • • • • • • •	5b		Х
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		
6a	organization solicit any contributions that were not tax deductible?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-		
U	gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •	6b		ĺ
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1	
-	and services provided to the payor?	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year - · · · · · · · · · · · · · · · · · ·			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ••	7g		
h	If the organization received a contribution of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			ĺ
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966? • • • • • • • • • • • • • • • • • •	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		
10	Section 501(c)(7) organizations. Enter:			1
a	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • • 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
a	Gross income from other sources (Do not net amounts due or paid to other sources against	l i		ĺ
b	amounts due or received from them.) • • • • • • • • • • • • • • • • • • •			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? • • • • • • • • • • • • • • • • • • •	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year • • • • • • • • 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			ĺ
-	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand • • • • • • • • • • • • • • • • • • •	1		ļ
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Par		Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			
		for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in			
		Schedule O. See instructions.			
		Check if Schedule O contains a response to any question in this Part VI	• • •	<u> </u>	• X
Sect	tion A. (Soverning Body and Management			
				Yes	No
1a		number of voting members of the governing body at the end of the tax year · · · · · · · · · 1a 10		.	l '
b		number of voting members included in line 1a, above, who are independent • • • • • • • • • • • • • • • • • • •			
2	Did any o	fficer, director, trustee, or key employee have a family relationship or a business relationship with			
	•	officer, director, trustee, or key employee?	2		X
3		ganization delegate control over management duties customarily performed by or under the direct			İ
	-	on of officers, directors or trustees, or key employees to a management company or other person?	3		X
4		ganization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5		ganization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6		organization have members or stockholders?	6	Х	<u> </u>
7a		organization have members, stockholders, or other persons who may elect one or more members		.	
		reming body?	7a	X	<u> </u>
b	-	ecisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	<u> </u>
8		ganization contemporaneously document the meetings held or written actions undertaken during			i
	-	by the following			لـــــا
а	_	ming body?	8a	<u> </u>	
b		mmittee with authority to act on behalf of the governing body? • • • • • • • • • • • • • • • • • • •	8b	_X	
9		ny officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	_		
		anization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sect	tion B. I	Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Deep the	emonitation have lead abouton branches or officetoe?	40-	Yes	No
10a		organization have local chapters, branches, or affiliates?	10a		X
b	-	loes the organization have written policies and procedures governing the activities of such chapters,	406	ļ	ĺ
44-		and branches to ensure their operations are consistent with those of the organization? • • • • • • • • • • • • • • • • • • •	10b		<u> </u>
11a		rganization provided a copy of this Form 990 to all members of its governing body before filing the	44-	.,	İ
_		in Schedule O the process, if any, used by the organization to review this Form 990.	11a	Х	
		organization have a written conflict of interest policy? If "No," go to line 13	42-		
12a b		rs, directors or trustees, and key employees required to disclose annually interests that could give	12a	<u> </u>	
U		nflicts?	12b	. l	
_		organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	<u> </u>	
С		n Schedule O how this is done	12c	x	ļ
13		organization have a written whistleblower policy?	13	-^ -	~
14		organization have a written document retention and destruction policy?	14	\dashv	X
15		ocess for determining compensation of the following persons include a review and approval by		\rightarrow	
		ent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	Ī	
а		nization's CEO, Executive Director, or top management official	15a		X
b		cers or key employees of the organization	15b	-	X
-		of tine 15a or 15b, describe the process in Schedule O. (See instructions.)	- 50	-+	
16a		ganization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1	į	ı İ
		able entity during the year?	16a		X
b		has the organization adopted a written policy or procedure requining the organization to evaluate	-		
		pation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		ŀ	i
	•	ization's exempt status with respect to such arrangements?	16b		
Sect		Disclosure			
17		ates with which a copy of this Form 990 is required to be filed AZ			
18		104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
		for public inspection. Indicate how you make these available. Check all that apply.			
		website Another's website X Upon request			
19	Describe	in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
		d financial statements available to the public.			
20	State the	name, physical address, and telephone number of the person who possesses the books and records of the			
	organizat	ion: ▶ Joe Schwartz (928)445-3103			

840 Rodeo Drive Bldg 14 Prescott, AZ 86305

Pantivilla Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Coation A	Officers Disseters	Taustoon Ko	. Employees	and Highart Con	npensated Employees
Secuon A.	Officers, Directors,	, irusiees, ne	y Empioyees,	and nightest con	npensaleu Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees; and former such persons.

(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average	Posi	bon (c	theck	adi t	hat apply	y)	Reportable	Reportable	Estimated	
	hours per week (describe hours for related organizations in Schedule O)	ltd nrı dur ise	l t n r s u t s t e u e	Office	K e y e m p l o y e e	H c em gmp i e e o y t s e t e d	F	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
(1) Bill Oden											
Board Member	2.00	Х						d	0	0	
(2) Kemp Cheves						•					
Board Member	2.00	Х						l o	0		
(3) Marty Borgelt											
Board Member	2.00	Х						o	0		
(4) Richard Busby											
Board Member	2.00	x						d	o		
(5) Tina Cox-Prenovost											
Board Member	2.00	X						o	0		
(6) Diane Judge-Cox											
President	4.00			Х				o	o		
(7) Joe Butner											
Vice President	4.00			Х			1	l c	0		
(8) Joe Schwartz											
Treasurer	4.00			Х			<u> </u>	o	0		
(9) Rennie Anderson											
Secretary	4.00			Х					0		
(10)J C Trujillo											
General Manager	40.00				X	X	l	65,000		12,468	
(11)											
(12)											
(13)											
(14)											
(15)							_				
(16)					-						

Part VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	l Hiç	jhes	t Con	nper	sated Employees	(continued)			
(A)	(B)			(C)			(D)	Œ)		(F)	
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Positi t d n r i d u r i s e v t c i e t d e o u r a o i r	It nr su ts	O f f c e	Aditi K e y e m P l o y e	H C e I o m g m p h p i e e o s n y t s e t e d	F o r m e	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	CO OI 8	estimated imount of other impensate from the rganizate and related ganizated	f tion : : :on ed
(17)			-									
(18)								,				
(19)												
(20)								-				
(21)											<u>-</u>	
(22)												
(23)												
(24)												
(25)												
(26)												
(27)												
(28)												
1b Sub-total · · · · · · · · · · · · · · · · · · ·				• •	• •							
c Total from continuation sheets to Part VII, Section		• • •	• •	• •	• •	• • •		65,000	0		10	460
d Total (add lines 1b and 1c)					rece	ived m	nore	L	0	1	12,	*00
reportable compensation from the organization								• / 0 0 , 0 0 0	0			
	-										Yes	No
3 Did the organization list any former officer, director of employee on line 1a? If "Yes," complete Schedule J f			•	-	_					3		7
4 For any individual listed on line 1a, is the sum of repo										\ <u> </u>		X
the organization and related organizations greater tha	ın \$150,0003	If "Ye	es," (com	plete	e Sche	edule	J for such				
individual									• • • • • • •	4		X
5 Did any person listed on line 1a receive or accrue cor for services rendered to the organization? If "Yes," co			-			_		on or individual		5	 	X
Section B. Independent Contractors	inpicte out	Julie 0	, 101	300	ıı pc	13011				1 3	L	
Complete this table for your five highest compensated	d independe	nt conf	ract	ors	that	receiv	ed n	nore than \$100,000	O of			
compensation from the organization.									 		_	
(A) Name and business addres	s							(B) Description of s	ervices	Comp	(C) ensatro	n
												
								-				
2 Total number of independent contractors (including be more than \$100,000 in compensation from the organi		to the	se I	isted	d ab	ove) w	ho r	eceived				

Part V	7.03	Statement of Revenue	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns · · · · · ·	• 1a					
	ь	Membership dues	- 1b	6,463				
Contri- butions,	С	Fundraising events · · · · · · ·	- 1c		1			
giffs,	d	Related organizations	· 1d		1			
grants	е	Government grants (contributions) -			[1
and : other		All other contributions, gifts, grants,			j			i
similar	•	and similar amounts not included abo	ve 1f					
amounts	а	Noncash contributions included in lin	es 1a-1f: \$	5				1
	h	Total. Add lines 1a-1f · · · · · ·			6,463			
				Business Code	,			
	2a	Worlds Oldest Rodeo		711300	772,938	772,938		
		Other Events		711300	65,539	65,539		
Program	_	Special Events		711300	60,033	60,033		
Service Revenue	d			722300	30,033	00,000		
REVERUE	_							
	e	All other program service revenue • •	 .					
	_	Total. Add lines 2a-2f · · · · · ·		L	898,510			
	_				030,310	··· · · · · · · · · · · · · · · · · ·		
	3	Investment income (including dividend other similar amounts) • • • • • • •	ls, interest	, and	686	686		
		Income from investment of tax-exemp			000	- 080		
	4	Royalties · · · · · · · · · · · · · · · · · · ·						
i	5			1				
) Read	(ii) Personal	{			
		Gross Rents · · · · ·						
		Less: rental expenses · · ·		ļ				
	i e	Rental income or (loss)		L	ļl-			
	d	Net rental income or (loss)	• • • • •	•••••				
	7a	Gross amount from sales of (i) S assets other than inventory	ecunties	(ii) Other				
	b	Less: cost or other basis and sales expenses · · · ·						
0	С	Gain or (loss)			1			
h	d	Net gain or (loss) · · · · · · · ·	• • • • •	• • • • • • •				
e		Gross income from fundraising						
r		events (not including \$						
R		of contributions reported on line 1c).				}		
e ·		See Part IV, line 18 · · · · · · ·	а					
ė	ь	Less. direct expenses			1			
n		Net income or (loss) from fundraising				ľ		1
u e		Gross income from garning activities.						
	••	See Part IV, line 19 · · · · · · ·	a			ľ		
	l h	Less: direct expenses · · · · · ·		-	i i			
		Net income or (loss) from gaming acti		•••••	-			
	l	, , , ,			 			
	าบล	Gross sales of inventory, less returns and allowances · · · · · ·	a					1
	h	Less cost of goods sold · · · · ·			†			
)	Net income or (loss) from sales of inv						1
		Miscellaneous Revenue		Business Code				
	112	Other	-	711300	10,253	10,253		1
	Ь				,			
	l	· · · · · · · · · · · · · · · · · · ·	 		-			
	۲ د	All other revenue · · · · · · · ·						1
	l .				10,253			
	1.0	Total revenue See instructions	.		915 912	909 449		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete column	(A) but are not require			(D)
	not include amounts reported on lines 6b,	Total expenses	(B) Program service	(C) Management and	Fundraising
_	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	4			
	organizations in the U.S. See Part IV, line 21	4,578	4,578		
2	Grants and other assistance to individuals in		1		
	the U.S. See Part IV, line 22 · · · · · · · · · · · · ·				
3	Grants and other assistance to governments,			1	
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16 · · · · · · · · ·			İ	
4	Benefits paid to or for members • • • • • • • • • •				·
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · ·				
7	Other salaries and wages	106,754		106,754	·
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions) • • • • • •				
9	Other employee benefits • • • • • • • • • • • • • • • • • • •	12,468		12,468	
	Payroll taxes · · · · · · · · · · · · · · · · · · ·	10,268		10,268	
10	- ·	10,200		10,200	
11	Fees for services (non-employees). Management				
a	Legal · · · · · · · · · · · · · · · · · · ·	1 024		1 024	
D		1,234		1,234	
C	Accounting	550		550	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 •				
f	Investment management fees • • • • • • • • • • • • • • • • • •				
g	Other				
12	Advertising and promotion	119,707	119,707		
13	Office expenses · · · · · · · · · · · · · · · · · ·	10,883		10,883	
14	Information technology				
15	Royalties · · · · · · · · · · · · · · · · · · ·				
16	Occupancy	11,251	11,251		
17	Travel · · · · · · · · · · · · · · · · · · ·				_
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials]		
19	Conferences, conventions, and meetings				
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates • • • • • • • • • • • • • • • • • • •				
22	Depreciation, depletion, and amortization • • • • • •	33,689	33,689		
23	Insurance	21,916	21,916		
24	Other expenses. Itemize expenses not covered	,	,		
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column		1		
	(A) amount, list line 24f expenses on Schedule O.)		1]	
•	Rodeo Expenses	179,240	179,240		
d L	Rodeo Arena Expenses	254,347	254,347		
	Other Rodeo Other PFD Sp Evn				
C	• • • • • • • • • • • • • • • • • • • •	82,055	82,055		
đ	Membership	5,397	5,397		
e	Att sale as a second				
f	All other expenses	21,318	9,106	12,212	
25	Total functional expenses. Add lines 1 through 24f · ·	875,655	721,286	154,369	0
26	Joint Costs. Check here ▶ if following SOP 98-2 (ASC 958-720). Complete this line	1			
	only if the organization reported in column		-	1	
	(B) joint costs from a combined educational		İ	1	
	campaign and fundraising solicitation				
					Form 990 (2010)

<u>Part</u>	<u>X </u>	Balance Sheet			
			(A)		(B)
			Beginning of year		End of year
i	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	141,457	1	203,294
	2	Savings and temporary cash investments • • • • • • • • • • • • • • • • • • •	169,499	2	175,027
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,216	4	9,578
	5	Receivables from current and former officers, directors, trustees, key			•
		employees, and highest compensated employees. Complete Part II of			
		Schedule L · · · · · · · · · · · · · · · · · ·		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		1 1	
A		employers and sponsoring organizations of section 501(c)(9) voluntary			
s s		employees' beneficiary organizations (see instructions)		6	
e	7	Notes and loans receivable, net	· <u>· · · · · · · · · · · · · · · · · · ·</u>	7	
t s	8	Inventories for sale or use	15,526	8	11,069
•		Prepaid expenses and deferred charges	5,247	9	4,233
	9		3,247	• -	4,233
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D · · · · · 10a 534, 992	140 540		450.010
	ь	Less accumulated depreciation · · · · · · · · · · · · · 10b 384,674	143,748	10c	150,318
	11	Investments - publicly traded secunties · · · · · · · · · · · · · · · · · · ·	12,652	11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11 • • • • • • • • • • • • • • • •		13	
	14	Intangible assets • • • • • • • • • • • • • • • • • • •		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	492,345	16	553,519
	17	Accounts payable and accrued expenses • • • • • • • • • • • • • • • • • •	16,949	17	22,156
	18	Grants payable • • • • • • • • • • • • • • • • • • •		18	
.	19	Deferred revenue		19	9,542
ĩ	20	Tax-exempt bond liabilities · · · · · · · · · · · · · · · · · · ·		20	
a	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
b	22	Payables to current and former officers, directors, trustees, key			
!		employees, highest compensated employees, and disqualified			
!		persons. Complete Part II of Schedule L		22	
i	23	Secured mortgages and notes payable to unrelated third parties		23	
e	24	Unsecured notes and loans payable to unrelated third parties		24	
s	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	16,949	26	31,698
_		Organizations that follow SFAS 117, check here▶ [X] and			
F		complete lines 27 through 29, and lines 33 and 34.			
u	27	Unrestricted net assets	475,396	27	521,821
n		Temporarily restricted net assets	473,330		321,021
d	28	Permanently restricted net assets · · · · · · · · · · · · · · · · · · ·		28	
В	29			29	
a		Organizations that do not follow SFAS 117, check here ▶ □		1	
a	••	and complete lines 30 through 34.		 	
n	30	Capital stock or trust principal, or current funds		30	
C	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
s	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances · · · · · · · · · · · · · · · · · · ·	475,396	33	521,821
	34	Total liabilities and net assets/fund balances · · · · · · · · · · · · · · · · · · ·	492,345	34	553,519

orm	990 (2010) Prescott Frontier Days,	, I	Inc.		95-	338273	19	Pa	age 12
Par		Reconciliation of Net Assets Check if Schedule O contains a response to any qu	ues	stion in this Part XI					• • •	·X
1	Total reve	nue (must equal Part VIII, column (A), line 12)				.	1		915,	912
2		enses (must equal Part IX, column (A), line 25)					2		875,0	655
3	Revenue	less expenses. Subtract line 2 from line 1 · · · ·					3		40,2	257
4	Net assets	s or fund balances at beginning of year (must equal	l Pa	Part X, line 33, column (A))		•	4		475,3	396
5	Other cha	nges in net assets or fund balances (explain in Sch	nedi	dule O)		.	5	•	6,3	168
6	Net assets	s or fund balances at end of year. Combine lines 3,	4,	, and 5 (must equal Part X,	line 33,					
	column (B	()) · · · · · · · · · · · · · · · · · ·				-	6		521,8	321
Par	t XII F	inancial Statements and Reporting heck if Schedule O contains a response to any que	estic	ion in this Part XII					• • •	•□_
				. .					Yes	No
1	Accountin	g method used to prepare the Form 990: 🔲 Casl	h	X Accrual C	Other					
	If the orga	nization changed its method of accounting from a p	prio	or year or checked "Other,"	explain in					
	Schedule	O.								
2a	Were the	organization's financial statements compiled or revi	iew	wed by an independent acci	ountant? • • • • • •	• •		2a		X
b	Were the	organization's financial statements audited by an in	ıde	ependent accountant? · ·			<i></i> .	2b		X
C	If "Yes" to	line 2a or 2b, does the organization have a commit	ittee	e that assumes responsibil	ity for oversight of					
	the audit,	review, or compilation of its financial statements an	nd s	selection of an independent	t accountant? · ·			2c		
	If the orga	nization changed either its oversight process or sel	lect	ction process during the tax	year, explain ın					
	Schedule	O.							1	
d	If "Yes" to	line 2a or 2b, check a box below to indicate whether	er t	the financial statements for	the year were			l		
	issued on	a separate basis, consolidated basis, or both:								
	Separ	ate basis 🔲 Consolidated basis 🔲 Both	h co	consolidated and separate b	asis					
3a	As a resul	t of a federal award, was the organization required	to ı	undergo an audit or audits	as set forth in					
	the Single	Audit Act and OMB Circular A-133? • • • • •		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • •	• •		3a		X
b	If "Yes," d	id the organization undergo the required audit or au	udit	ts? If the organization did n	ot undergo the					
	required a	udit or audits, explain why in Schedule O and descr	aibe	e any steps taken to under	go such audits ••••			3b		
			EE/	A				Form	990 (2010)

Form 990 (2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Internal Revenue Service

		organization tt Frontier Da	vo Tno						1	identification	number		
				y Status (All organiz	ratione mui	et complete	thic part	\ See upstr	4	302 /39			
	rt I			ause it is (For lines 1 th					dulons.				
4		•		association of churches	-	•	•						
2	\vdash			1)(A)(ii). (Attach Sched		iii Secaon	170(0)(1)	(~)(י).					
3	H			rvice organization description	•	ction 170/	h)(4)(A)(iii	;)					
4	H	-	=	ated in conjunction with		•		•	(A)(iii) En	ter the hos	enital'e n	ame	
•	Ш	city, and state:	organization opere	ated in conjunction was	а поэркаг	uescribeu i	ii Secuoii	170(0)(1)	(A)(111)- C11	ter are mos	spitar 5 ii	ame,	
5		· —	rated for the bene	fit of a college or univer	sity owned	or operate	d by a do	/emments	Lunit desc	ribed in		-	
•	ш	section 170(b)(1)(A			sity Owned	or operate	u by a gov	remmenta	i unii uesc	ribeu iri			
6				•	cribed in e	action 178) 	v)					
7	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
•	A	described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8				n 170(b)(1)(A)(vi). (Con	nolete Pari	EH.Y							
9	H			: (1) more than 33 1/3%	•	-	ontribution	is membe	ershin fees	and ares	•		
•				cempt functions - subject	•			•	•	•	•		
				and unrelated business		•							
		• • •		e 30, 1975. See section		•		•					
10				ed exclusively to test for			-						
11	Ħ			ed exclusively for the be					carry out ti	he			
	ш	-	· ·	orted organizations des		-		•	•				
		509(a)(3). Check the	e box that describe	es the type of supporting	organizat	on and cor	mplete line	es 11e thro	ough 11h.				
		a Type I	ь 🗌 Тур	ell c	Type III	-Functiona	lly integra	ted	d	Туре	III-Other		
e		By checking this box	k, I certify that the	organization is not conti	rolled direc	tly or indire	ectly by on	e or more	disqualifie	ed .			
		persons other than f	oundation manage	ers and other than one o	or more put	blicty suppo	orted orga	nizations (described i	n section			
		509(a)(1) or section	509(a)(2).										
f		If the organization re	eceived a written d	etermination from the IF	RS that it is	a Type I,	Type II, or	Type III s	upporting				
		organization, check	this box										••
g		Since August 17, 20	06, has the organi	ization accepted any gift	t or contrib	ution from	any of the						
		following persons?											
		(i) A person who o	directly or indirectly	y controls, either alone o	or together	with perso	ns describ	ed ın (ii)				Yes	No
		and (iii) below,	the governing bod	y of the supported organ	nization?	• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	11g(i)		
		(ii) A family memb	er of a person des	cribed in (i) above? • •		• • • •	• • • • •	• • • • •	• • • • •	• • • • •	11g(ii)		
		(iii) A 35% controlle	ed entity of a perso	on described in (i) or (iı)	above? •	• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	11g(B)	<u> </u>	<u></u>
h		Provide the following	information abou	t the supported organiza	ation(s).								
	(i) N	arne of supported organization	(ii) EIN	(iii) Type of organization	1	organization	(v) Did y	-	1	s the		Amoun	of
		organization		(described on lines 1-9 above or IRC section		sted in your document?	the organ col. (i)		organizat		s	upport	
				(see instructions))			sup	port?	U.	S.?			
				ļ	Yes	No	Yes	No	Yes	No	ļ		
(A)				ļ	-								
-			 	ļ	+	ļ			<u> </u>	ļ			
(B)				1									
					_	 							
(C)											1		
<u></u>					 	 	 	ļ		ļ			
(D)							ŀ	1			1		
<u>/E\</u>					 -	 	<u> </u>	 	ļ				
(E)													
					+	 		 	-		 -	_	
Tota	1			1		.	}	1					
		151	4.41.42	<u> </u>	<u> </u>		L	<u> </u>		L			

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Part III. If the organization fails to qualify under the tests listed below, please	complete Part III.)
---	---------------------

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Grits, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	23,804	28,225	31,519	6,313	6,463	96,324
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · ·	23,804	28,225	31,519	6,313	6,463	96,324
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from In 4						96,324
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4 - · · · · · · ·	23,804	28,225	31,519	6,313	6,463	96,324
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,139	4,011	2,793	1,133	686	17,762
9	Net income from unrelated business activities, whether or not the business is regularly carried on · · · · · · · · · · · · · · · · · ·						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 •						114,086
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	organization's first,	second, third, fou	rth, or fifth tax year	r as a section 501	(c)(3)	▶□
<u>Sec</u>	tion C. Computation of Public Su						
14	Public support percentage for 2010 (line 6,						84.43 %
15	Public support percentage from 2009 Sche						85.98 %
16a	33 1/3% support test - 2010. If the organiz			•	•		
	and stop here. The organization qualifies a		. •		• • • • • • • • •		· · · · • 🔀
b	33 1/3% support test - 2009. If the organiz			•		•	
	box and stop here. The organization qualif	• •					• • • • • ▶ 🔲
17a	10%-facts-and-circumstances test - 2016 more, and if the organization meets the "fa						
	organization meets the "facts-and-circumst			•	•		▶□
ь	10%-facts-and-circumstances test - 2009						الما ء
	more, and if the organization meets the "fa	_					
	organization meets the "facts-and-circumst			•	•		▶□
18	Private foundation. If the organization did				-		

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II

If the organization fails to qualify un	nder the tests listed below.	please complete Part II.)
---	------------------------------	---------------------------

<u>Sec</u>	ction A. Public Support			_			
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf • • • • • • • • • • • • • • • • • • •						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5 · · · · · ·						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b · · · · · · · ·					1	1
8	Public support (Subtract line 7c from line 6.) · · · · · · · · · · · · · · · · · · ·						
Sec	tion B. Total Support						<u> </u>
	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6 · · · · · · · [
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b · · · · · · [
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here -	janization's first	, second, third, fou	rth, or fifth tax yea	ar as a section 501	(c)(3)	· · · · · ▶ []
	tion C. Computation of Public Sup						
15	Public support percentage for 2010 (line 8, ca	• • •	•	.,,		15	9
16	Public support percentage from 2009 Schedu			• • • • • • • •	• • • • • • • •	- 16	9
	tion D. Computation of Investmen					<u> </u>	
17	Investment income percentage for 2010 (line		•		• • • • • • • •	- 17	9
18	Investment income percentage from 2009 Sc	hedule A, Part II	II, lîne 17••••	• • • • • • • •	• • • • • • • • •	18	9
19a	33 1/3% support tests - 2010. If the organization of the test of the organization of the test of the test of the test of the organization of the test of the tes	ation did not che and stop here.	ck the box on line The organization q	14, and line 15 is ualifies as a publi	more than 33 1/39 cly supported orga	%, and line	
b	33 1/3% support tests - 2009. If the organization 18 is not more than 33 1/3%, check this	ation did not che box and stop h e	ck a box on line 1- re. The organizati	4 or line 19a, and on qualifies as a p	line 16 is more that	in 33 1/3%, and organization	_
20	Private Foundation: If the organization did r						▶

chedule A (Form 990 or 990-EZ) 2010 Prescott Frontier Days, Inc.	95-338	2739	Page 4
Supplemental Information. Complete this part to provide the explanations required by Part II, lin			
Part II, line 17a or 17b, or Part III, line 12 Also complete this part for any additional information (See ins	tructions)		
ontributions not reported as revenue (Part II or Part III,	line	1)	
n Kind Services donated: \$113,035			
in Kind Delvices donaced. 9113,033			
		<u>.</u>	
	•		
			

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

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.
- 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) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organizations	s. Complete Part III.						
Name	of organization			Employer id	entification number			
Pr	escott Frontier Days, Inc.			95-338	2739			
Pa	rt I-A Complete if the organi	zation is exempt under section	on 501(c) or is	s a section 527 orga	nization.			
1	Provide a description of the organization				<u> </u>			
2	Political expenditures · · · · · · ·			• • • • • • • • • • • • • • • • • • •				
3	Volunteer hours							
Pa	rt I-B Complete if the organi	zation is exempt under section	on 501(c)(3).					
1	Enter the amount of any excise tax incur	red by the organization under section 4	955	••••• \$				
2	2 Enter the amount of any excise tax incurred by organization managers under section 4955 · · · · · · · ▶ \$							
3	If the organization incurred a section 495							
4a	Was a correction made?				· 🔲 Yes 📗 No			
b	If "Yes," describe in Part IV.							
Pa	rt I-C Complete if the organi	zation is exempt under section	on 501(c), exc	ept section 501(c)(3	3).			
1	Enter the amount directly expended by the	ne filing organization for section 527 ex	empt function		•			
	activities · · · · · · · · · · · · · · · · · · ·		• • • • • • • •	• • • • • • • • • • • • • • • • • • •				
2	Enter the amount of the filing organization's funds contributed to other organizations for section							
	527 exempt function activities • • • • • • • • • • • • • • • • • • •							
3	Total exempt function expenditures. Add							
	line 17b							
4	Did the filing organization file Form 1120	LPOL for this year? • • • • • • • •			· 🗌 Yes 📗 No			
5	Enter the names, addresses and employ	rer identification number (EIN) of all se	ction 527 political	organizations to which the	filing			
	organization made payments. For each of		_	•				
	the amount of political contributions rece	ived that were promptly and directly de	elivered to a separ	ate political organization, s	such			
	as a separate segregated fund or a politi	cal action committee (PAC). If addition	al space is neede	ed, provide information in F	art IV.			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-			
(1)								
(2)								
(3)								
(4)								
(5)								
(6)		* <u>*</u>						

Sche	dule C (Form 990 or 990-EZ) 2010 Prescott Fron	tier Days, I	Inc.		95-3382	739 Page 2
	rt II-A Complete if the organization			1(c)(3) and filed	Form 5768 (elec	tion under
	section 501(h)).	·			·	
A	Check > if the filing organization belongs to	an affiliated grou	p.	-		
В	Check if the filing organization checked be	ox A and "limited	control" provisions a	pply.		
		ying Expenditur			(a) Filing	(b) Affiliated
	(The term "expenditures" m				organization's totals	group totals
1a	Total lobbying expenditures to influence public of					
b	Total lobbying expenditures to influence a legisla					
C	Total lobbying expenditures (add lines 1a and 1b					
d	Other exempt purpose expenditures • • • • •		• • • • • • • • • •			
e	Total exempt purpose expenditures (add lines 10					
f	2000)g					
	columns	1				
	If the amount on line 1e, column (a) or (b) is:		g nontaxable amou	nt is :		
	Not over \$500,000		mount on line 1e.	A500 500		
	Over \$500,000 but not over \$1,000,000		s 15% of the excess		ļ	
	Over \$1,000,000 but not over \$1,500,000	-	s 10% of the excess			
	Over \$1,500,000 but not over \$17,000,000		s 5% of the excess of	over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
9	Grassroots nontaxable amount (enter 25% of line					
h	Subtract line 1g from line 1a. If zero or less, ente					
	Subtract line 1f from line 1c. If zero or less, enter		L			
ı	If there is an amount other than zero on either lin					□V □N-
	reporting section 4911 tax for this year?			• • • • • • • • • • • • • • • • • • • •		Yes No
	(Some organizations that r	nade a section 5				
	Lobby	ing Expenditure	s During 4-Year Ave	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					
			EE		Schedule C (For	m 990 or 990-EZ) 2010

	(election under section 501(h)).					
			a)		(b)	
		Yes	No	An	nount	
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? · · · · · · · · · · · · · · · · · · ·					
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?					·
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? • • • • • • • • • • • • • • • • • • •					
i	Other activities? If "Yes," describe in Part IV · · · · · · · · · · · · · · · · · ·					
j	Total. Add lines 1c through 1: • • • • • • • • • • • • • • • • • •					
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? • • • • • • • • • • • • • • • • • • •					
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), c	rsec	ction		
	<u> </u>				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members? • • • • • • • • • • • • • • • • • • •			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			tion		
<u> </u>	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines "Yes."					
1	Dues, assessments and similar amounts from members · · · · · · · · · · · · · · · · · · ·		1			
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			
b	Carryover from last year • • • • • • • • • • • • • • • • • • •		2b			
c	Total · · · · · · · · · · · · · · · · · · ·		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	1	3			
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			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Pa	rt IV Supplemental Information					
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, and Part II-B, line	e 1i. A	lso,			
com	olete this part for any additional information.		-			
						
	W. 200					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

SCHEDULE D (Form 990)

Denartment of the Treasury

Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes." to Form 990. Part IV. line 6, 7, 8, 9, 10, 11, or 12,

2010

Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number 95-3382739 Prescott Frontier Days, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts 1 Aggregate contributions to (during year) Aggregate grants from (duning year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 22 Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic structure listed in the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ▶ \$

Sched	ule D (Form 990) 2010 Prescott Fronti	er Days, Inc.			95-338	2739	Page 2
Pai	t III Organizations Maintaining	Collections of	Art, Historic	al Treasures	or Other Similar A	ssets	(continued)
3	Using the organization's acquisition, accession						
	collection items (check all that apply):						
а	Public exhibition	d 🗌 Loa	n or exchange	programs			
b	Scholarly research	e Oth	ег				
С	Preservation for future generations						
4	Provide a description of the organization's colle	ections and explain h	now they further	the organization'	s exempt purpose in		
	Part XIV.						
5	During the year, did the organization solicit or a	receive donations of	art, historical tr	easures, or other	sımılar		
	assets to be sold to raise funds rather than to l	be maintained as pai	rt of the organiz	ation's collection?	,	· • • [Yes No
Pai	t IV Escrow and Custodial Arra	ingements. Con	nplete if organiz	zation answered "	Yes" to Form 990,		
	Part IV, line 9, or reported an amou						
1a	Is the organization an agent, trustee, custodiar	or other intermedia	ry for contributi	ons or other asse	ts not		
	included on Form 990, Part X?					• • [Yes No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the folio	owing table.				
						nount	
C	Beginning balance · · · · · · · · · · · · · · · · · · ·				· · 1c		
đ	Additions during the year						
e	Distributions during the year				1e		
f	Ending balance						
2a	Did the organization include an amount on For	m 990, Part X, line 2	12			••• [Yes No
b	If "Yes," explain the arrangement in Part XIV.						
Pai	t V Endowment Funds. Complete	if the organization a	nswered "Yes"	to Form 990, Par	t IV, line 10.		
		(a) Current year	(b) Pnor yea	r (c) Two year	rs back (d) Three years bac	* (e) F	Four years back
1a	Beginning of year balance						
b	Contributions · · · · · · · · · · · · · · · · · · ·						
C	Net investment earnings, gains, and losses .						
d	Grants or scholarships · · · · · · · · · ·						
e	Other expenditures for facilities						
	and programs • • • • • • • • • • • • • • • • • • •						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the year e	end balance held as.					
а	Board designated or quasi-endowment	%					
b	Permanent endowment ▶ %						
C	Term endowment ▶ %						
3a	Are there endowment funds not in the possess	ion of the organization	on that are held	l and administered	d for the		
	organization by						Yes No
	(i) unrelated organizations · · · · · · ·	• • • • • • • • •	• • • • • • •	• • • • • • • • •		• 3a	(i)
	(ii) related organizations · · · · · · · ·					· • 3a	(ii)
b	If "Yes" to 3a(ii), are the related organizations I					• 3	b
4	Describe in Part XIV the intended uses of the o	 					
Pai	t VI Land, Buildings, and Equip	ment. See Form	990, Part X, lin	ne 10.			
	Description of investment	(a) Cost or oth	ner basis (b) Cost or other	(c) Accumulated	(d) !	Book value
		(investm	ent)	basis (other)	depreciation		
1a	Land · · · · · · · · · · · · · · · · · · ·	• • •					
b	Buildings	• • • •					
С	Leasehold improvements · · · · · · · · · · · · · · · · · · ·	• • •					
đ	Equipment	• • •					
e	Other · · · · · · · · · · · · · · · · STEMD			534,992	384,674		150,318
Total	l. Add lines 1a through 1e. (Column (d) must ed	ual Form 990, Part	X, column (B),	line 10(c).) • •	•••••••		150,318

Page 3

Part VII	Investments - Other Securities.	See Form 990, Part X, line 12.		
	(a) Description of security or category (including name of security)	(b) Book vatue	(c) Method of valuati Cost or end-of-year marke	
(1) Financial	derivatives · · · · · · · · · · · · · · · · · · ·	•		
	eld equity interests • • • • • • • • • • • • • • • • • •	•		
(3) Other				
(A)				<u></u>
_(B)				
(C)	· · · · · · · · · · · · · · · · · · ·			
(D)				
(E)			<u> </u>	
(F)				
(G)				
(H)				
<u>(I)</u>				
	(b) must equal Form 990, Part X, col. (B) fine 12.)	See Form 990, Part X, line 13.		
Part VIII		See Form 990, Part X, line 13.		
	(a) Description of investment type	(b) Book value	(c) Method of vatuati Cost or end-of-year market	
(1)				
(2)				
(3)			,	
(4)				
(5)				
(6)		 		
<u>(7)</u>				
(8)		-		·
(9) (10)		-	·····	
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, lin	e 15.		· · · · · · · · · · · · · · · · · · ·
[rait ix]		Description		(b) Book value
(1)		- Cook past		(D) DOOR VAIGE
(2)				·- ·- ·-
(3)				· · · · · · · · · · · · · · · · · · ·
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, col. (B) line		••••••	
Part X	Other Liabilities. See Form 990, Part X,	line 25.		
1. (1) Fadam!	(a) Description of liability	(b) Amount	4	
	income taxes	-	4	
(2)		-	-	
(3)			-	
(4) (5)			4	
(6)			4	
(7)			1	
(8)		 	1	
(9)		-	†	
(10)		 	1	
(11)		 	1	
	(b) must equal Form 990, Part X, col. (B) line 25.)		1	

^{2.} FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	<u>tateme</u>	nts
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Pnor period adjustments · · · · · · · · · · · · · · · · · · ·	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
0	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 · · · · · · · · · · · · · · · · · ·	10	
<u>Pai</u> 1	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue p Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	-	
- а	Net unrealized gains on investments · · · · · · · · · · · · · · 2a		
ь	Donated services and use of facilities • • • • • • • • • • • • • • • • • • •		
c	Recoveries of prior year grants · · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	· 20	 e
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	<u> </u>	+
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIV.)	<u> </u>	
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	. 40	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expense	s per F	Return
1	Total expenses and losses per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities · · · · · · · · · · · · · · · 2a	- 1	
b	Prior year adjustments · · · · · · · · · · · · · · · · · · ·		
C	Other losses 2c		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	- 26	=
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	- 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a		
b	Other (Describe in Part XIV.) • • • • • • • • • • • • • • • • • • •		
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	- 40	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	• 5	
	rt XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines		
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple	te	
nis p	part to provide any additional information.		
			
	· · · · · · · · · · · · · · · · · · ·		

Prescott Frontier Days, Inc.

Schedule D (Form 990) 2010

95-3382739

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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 Employer identification number Prescott Frontier Days, Inc. 95-3382739 01. Members or stockholder classes and rights (Part VI, line 6) Board is elected from the General Membership, and each member has one vote. 02. Member election for additional members (Part VI, line 7a) Organization's Board of Directors is elected by membership. 03. Governing body decisions (Part VI, line 7b) Board can request a vote of the membership on issues it deems necessary. 04. Form 990 governing body review (Part VI, line 11) The Board of Directors or Committee reviews the 990 prior to submission. 05. Conflict of interest policy compliance (Part VI, line 12c) The Board of Directors and Staff apply the conflict of interest policy in all hirings and capital purchases. 06. Governing documents, etc, available to public (Part VI, line 19) Documents are available to the public at the offices of the organization upon request. 07. Explanation of other changes in net assets or fund balances (Part XI, line 5) Prior period correction.

Federal Supporting Statements	2010 _{PG01}
Name(s) as shown on return	FEIN
Prescott Frontier Days, Inc.	95-3382739

Statement #D1e

Form 990, Schedule D, Part VI, Line 1e Investments - Other

Description	Cost/basis	Cost/basis		Book
of Investment	(Investment)	(Other)	Depr	Value
Office Equipment	0	29,970	0	29 ,970
Furn and Fixtures	0	75,953	0	75,953
Equipment	0	74,543	0	74,543
Liquor License	0	8,600	0	8,600
Improvements	0	19,080	0	19,080
Arena and Pens	o	80,687	0	80,687
Daniel Freeman Bldg	0	22,856	0	22,856
Upgrades	o	223,303	0	223,303
Depreciation	0	0	178,089	(178,089)
Amortization	0	0	206,585	(206,585)
Total	0	534,992	384,674	150,318