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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2011
**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 2011 calendar year, or tax year beginning **MAY 1**, 2011, and ending **APRIL 30**, 20 **12**

B Check if applicable:

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

C Name of organization
NEVADA DESERT EXPERIENCE

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
1420 WEST BARTLETT AVENUE

City or town, state or country, and ZIP + 4
LAS VEGAS, NV 89106-2226

D Employer identification number
88-0314731

E Telephone number
702-646-4814

F Group Exemption Number ►

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ► **WWW.NEVADADESERTEXPERIENCE.ORG**

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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 \$ **48,055**

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	43,300
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	4,497	
c	Less: direct expenses from gaming and fundraising events	6c	2,269	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2,228	
7a	Gross sales of inventory, less returns and allowances	7a	258	
b	Less: cost of goods sold	7b	125	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	133	
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	45,661	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	0
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	21,427
	13	Professional fees and other payments to independent contractors	13	4,245
	14	Occupancy, rent, utilities, and maintenance	14	4,771
	15	Printing, publications, postage, and shipping	15	6,952
	16	Other expenses (describe in Schedule O)	16	12,672
	17	Total expenses. Add lines 10 through 16	17	50,067
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,406
	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	12,170
	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	7,764

For Paperwork Reduction Act Notice, see the separate instructions.

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Form **990-EZ** (2011)

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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	13,161	22 9,186
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets		25
26 Total liabilities (describe in Schedule O)	991	26 1,422
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	12,170	27 7,764

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? **FAITH BASED OPPOSITION TO NUCLEAR WEAPONS**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
28 SACRED PEACE WALK- DURING LENT, GROUPS FROM VARIOUS RELIGIONS GATHER AND WALK 65 MILES FROM LAS VEGAS TO THE MERCURY GATE OF THE NEVADA TEST SITE FOR PRAYER AND REFLECTION. A NUCLEAR STATIONS OF THE CROSS IS PRESENTED ON GOOD FRIDAY. (Grants \$) If this amount includes foreign grants, check here ☐	28a	4,069
29 DESERT VOICES- A QUARTERLY NEWSLETTER OF NEVADA DESERT EXPERIENCE IS MAILED TO A MAILING LIST OF 3,000 AND ALSO E-MAILED. CONTAINS INFORMATION ON NEVADA DESERT EXPERIENCE EVENTS AND ARTICLES ON CURRENT NUCLEAR WEAPONS TESTING AND RESEARCH. (Grants \$) If this amount includes foreign grants, check here ☐	29a	8,066
30 TRIP TO HIROSHIMA EVENTS, AUGUST 2011: JIM HABER AND MARY LOU ANDERSON WENT TO HIROSHIMA, JAPAN TO ATTEND COMMEMORATIVE EVENTS AND MEET WITH JAPANESE PEACE GROUPS AS WELL AS PEACE GROUPS FROM AROUND THE WORLD. (Grants \$) If this amount includes foreign grants, check here ☐	30a	3,385
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ☐	31a	4,508
32 Total program service expenses (add lines 28a through 31a)	32	20,028

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☒

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MING SAN LAI (RICHARD LAI), 3324 V ST. #C, SACRAMENTO, CA 95817	PRESIDENT, 2 HRS PER WEEK	0	0	0
MARY LOU ANDERSON, 1420 W. BARTLETT AVE., LAS VEGAS, NV 89106	SECRETARY, 4 HRS / WEEK	0	0	0
MARCUS PAGE, 1925 FIVE POINTS RD SW, ALBUQUERQUE, NM 87105	TREASURER, 2 HRS / WEEK	0	0	0
JAMES HABER, 1420 WEST BARTLETT AVENUE, LAS VEGAS, NV 89106	COORDINATOR, 40 HRS / WEEK	18,060	0	0
GARY CAVALIER, 35 MOCKINGBIRD TRAIL, BAILEY, CO 80421	BOOKKEEPER, 3 HOURS / WEEK	1,440	0	0
FR. LOUIE VITALE, OFM, 1500 34TH AVE, OAKLAND, CA 94601	BOARD MEMBER, 1 HR / WEEK	0	0	0
ANNE SYMENS-BUCHER, 1968 36TH AVE, OAKLAND, CA 94601	BOARD MEMBER 1 HR / WEEK	0	0	0
CHELSEA COLLONGE, 16777 ARMSTRONG RD., SHEEP RANCH, CA 95246	BOARD MEMBER 1 HR / WEEK	0	0	0
JOHNNIE L. BOBB, P.O. BOX 223, AUSTIN, NV 89310	BOARD MEMBER 1 HR / WEEK	0	0	0
DR. BONNIE BOBB, P.O. BOX 223, AUSTIN, NV 89130	BOARD MEMBER 1 HR / WEEK	0	0	0
MARK KELSO, P. O. BOX 28093, LAS VEGAS, NV 89126	BOARD MEMBER 2 HRS / WEEK	0	0	0
CANDACE ROSS, P. O. BOX 813, INDIAN SPRINGS, NV 89018	BOARD MEMBER 1 HR / WEEK	0	0	0

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	☒
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	☒
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	☒
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	☒
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	☒
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?	37b	☒
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	☒
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a 0	
b Gross receipts, included on line 9, for public use of club facilities	39b 0	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
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	☒
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	
41 List the states with which a copy of this return is filed. ▶ NONE		
42a The organization's books are in care of ▶ GARY CAVALIER Telephone no. ▶ 702-646-4814 Located at ▶ 1420 WEST BARTLETT AVENUE, LAS VEGAS, NV ZIP + 4 ▶ 89106-2226		
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)? 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 .	42b	☒
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	☒
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		☐
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	☒
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	☒
c Did the organization receive any payments for indoor tanning services during the year?	44c	☒
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	☒
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	☒

- 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

	Yes	No
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 ☐

- 47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		☒

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		☒

- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		☒

- b** If "Yes," was the related organization a section 527 organization?

	Yes	No
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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

- f** Total number of other employees paid over \$100,000 ▶

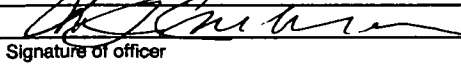
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

- 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  7/24/12
 Signature of officer Date
MARY LOU ANDERSON, SECRETARY OF BOARD OF DIRECTORS
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ 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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

NEVADA DESERT EXPERIENCE

Employer identification number

88-0314731

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
 - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
 - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	62,621	40,394	65,502	61,233	43,300	273,050
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	62,621	40,394	65,502	61,233	43,300	273,050
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)						95,736
6 Public support. Subtract line 5 from line 4.						177,314

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	62,621	40,394	65,502	61,233	43,300	273,050
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8	6	1	1	0	16
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.)	692	0	500	0	2,361	3,553
11 Total support. Add lines 7 through 10						276,619
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	64 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	65 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☒
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

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 under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 business under section 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						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 carried 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, LINE 10, OTHER INCOME:

2011: \$2,361; \$133 IN MERCHANDISE SALES, \$2,228 INCOME FROM SACRED PEACE WALK EVENT AND FUNDRAISER

2009: \$500; CANCEL \$500 IN LIABILITIES THAT NO LONGER APPLIED

2007: \$692; CANCEL UNCLEARED CHECKS FROM PRIOR YEARS

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

2011

Open to Public
Inspection

Name of the organization

NEVADA DESERT EXPERIENCE

Employer identification number

88-0314731

FORM 990-EZ, PART I, LINE 6B AND 6C, INCOME AND EXPENSE FOR SACRED PEACE WALK, 2011

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE, \$133, INCOME OVERAGE/SHORTAGE ADJUSTMENT

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES, \$12,672

BOARD MEETING EXPENSES= \$356, BANNERS & SIGN MATERIALS= \$504, MLK DAY PARADE= \$757, PLC EVENT EXPENSES= \$551

SPECIAL EVENT EXPENSES= \$304, MISC. EXPENSES= \$700, COMPUTER= \$278, COPIES, BROCHURES, BIZ CARDS= \$670,

TRAVEL= \$4,739, VEHICLE= \$2,468, HOSPITALITY= \$347, SUPPLIES= \$998

FORM 990-EZ, PART II, LINE 22-27, NET ASSETS AT BEGINNING OF YEAR: PAY PAL= \$1,218, WELLS FARGO CHECKING= \$11,812,

PETTY CASH= \$131, LIABILITIES (DIRECTOR HEALTH SAVINGS ACCT.)= \$991 / TOTAL ASSETS= \$12,170

FORM 990-EZ, PART II, LINE 22-27, NET ASSETS AT END OF YEAR: PAY PAL= \$1,300, WELLS FARGO CHKNG.= \$7,886, PETTY CASH= \$0,

LIABILITIES (DIRECTOR HEALTH SAVINGS ACCT.)= \$1,422 / TOTAL ASSETS= \$7,764

FORM 990-EZ, PART III, LINE 31, OTHER PROGRAM SERVICES: NATIONAL CATHOLIC WORKER GATHERING IN OCT. 2011= \$1,500,

MARTIN LUTHER KING PARADE= \$1,507, PACIFIC LIFE COMMUNITY EVENT=\$1,501

FORM 990-EZ, PART IV, OFFICERS, DIRECTORS, KEY EMPLOYEES: BOARD MEMBERS NOT LISTED ON FORM 990-EZ: BISHOP THOMAS

GUMBLETON, 1 HR. WEEK, 4800 GRAND RIVER AVE., DETROIT, MI 48208 / CLAUDIA PETERSON, 2042 W. MOONGLOW PL., ST. GEORGE,

UT 84770, 1 HR. WEEK / JANET CHISHOLM, 1 HR. WEEK, 934 CORNELL AVE., ALBANY, CA 94706, JOANN YOON FUKUMOTO,

1796 HOOLEHUA, PEARL CITY, HI 96782.

FAMILY RELATIONSHIPS: MARCUS PAGE AND CHELSEA COLLONGE ARE MARRIED, DR. BONNIE BOBB AND JOHNNIE BOBB ARE

MARRIED.

----- END OF SCHEDULE O, FORM 990 EZ, NEVADA DESERT EXPERIENCE -----