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Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning

, 2013, and ending

, 20

B Check if applicable

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

C Name of organization

MILLARD DAYS

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

P O BOX 390512

Room/suite

D Employer identification number

47-0588645

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

OMAHA, NE 68139-0512

E Telephone number

402-895-6931

F Group Exemption
Number ►G Accounting Method. Cash Accrual Other (specify) ►I Website: ► www.MillardDays.comJ Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) ◀ (insert no) 4947(a)(1) or 527K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 61,573

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

| | | | |
|----|---|----|--------|
| 1 | Contributions, gifts, grants, and similar amounts received | 1 | 19,190 |
| 2 | Program service revenue including government fees and contracts | 2 | |
| 3 | Membership dues and assessments | 3 | |
| 4 | Investment income | 4 | 67 |
| 5a | Gross amount from sale of assets other than inventory | 5a | 1,500 |
| b | Less: cost or other basis and sales expenses | 5b | 1,250 |
| c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | |
| 6 | Gaming and fundraising events | 5c | 250 |

Revenue

| | | | |
|----|---|----|---------|
| a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| b | Gross income from fundraising events (not including \$ 19,190 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 | 40,816 |
| c | Less: direct expenses from gaming and fundraising events | 6c | 43,864 |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | (3,048) |
| 7a | Gross sales of inventory, less returns and allowances | 7a | |
| b | Less: cost of goods sold | 7b | |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | |
| 8 | Other revenue (describe in Schedule O) | 8 | |
| 9 | Total revenue. Add lines 1, 2, 3 (a), 5c, 6d, 7c, and 8 | 9 | 16,459 |

Expenses

| | | | |
|----|---|----|--------|
| 10 | Grants and similar amounts paid (list in Schedule O) | 10 | 6,636 |
| 11 | Benefits paid to or for members | 11 | |
| 12 | Salaries, other compensation, and employee benefits | 12 | |
| 13 | Professional fees and other payments to independent contractors | 13 | |
| 14 | Occupancy, rent, utilities, and maintenance | 14 | |
| 15 | Printing, publications, postage, and shipping | 15 | |
| 16 | Other expenses (describe in Schedule O) | 16 | 16,990 |
| 17 | Total expenses. Add lines 10 through 16 | 17 | 23,626 |

Change in Net Assets

| | | | |
|----|--|----|---------|
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | (7,167) |
| 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 113,701 |
| 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | (1,250) |
| 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 105,284 |

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 | 92,166 | 22 84,999 |
| 23 | Land and buildings | | 23 |
| 24 | Other assets (describe in Schedule O) | 21,535 | 24 20,285 |
| 25 | Total assets | 113,701 | 25 105,284 |
| 26 | Total liabilities (describe in Schedule O) | | 26 |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 113,701 | 27 105,284 |

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

What is the organization's primary exempt purpose?

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 See Schedule O

(Grants \$ 6,636) If this amount includes foreign grants, check here 28a

29

(Grants \$) If this amount includes foreign grants, check here ▶ □ 29a

30

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ► 31a

32 Total program service expenses (add lines 28a through 31a) ► 32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

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 | 37a | |
| 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: | 39a | |
| a Initiation fees and capital contributions included on line 9 | 39b | |
| b Gross receipts, included on line 9, for public use of club facilities | 39b | |
| 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► , section 4955 ► | 40b | ✓ |
| 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 | 40c | |
| 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 ► N/A | 40d | |
| d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► N/A | 40e | ✓ |
| 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 | | |
| 41 List the states with which a copy of this return is filed ► None | | |
| 42a The organization's books are in care of ► Judith M. Diederich | Telephone no ► 402-895-6931 | |
| Located at ► 12715 Siytgdaake Dr , Omaha, NE | ZIP + 4 ► 68137 | |
| 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: ► | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| c At any time during the calendar year, did the organization maintain an office outside 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 | ✓ |

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

| | | |
|--|---|-------------------|
| Sign Here |  Signature of officer | 3/10/2014 Date |
| J.R. CHRISTIANSEN CHAIRMAN Type or print name and title | | |

| | | | | | |
|---------------------------------------|--|--|------------------|--|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name Sharon Schaub | Preparer's signature <i>Sharon Schaub</i> | Date 03-08-14 | Check <input checked="" type="checkbox"/> if self-employed | PTIN P00730059 |
| | Firm's name ► Sharon Schaub | Firm's EIN ► 47-0816376 | | | |
| | Firm's address ► 203 N 25th St., Ashland, NE 68003 | Phone no 402-944-3907 | | | |

May the IRS discuss this return with the preparer shown above? See instructions . . . ► Yes No

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

- Attach to Form 990 or Form 990-EZ.
- Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

47-0588645

Fundraising Activities Complete if the organization answered "Yes" to Form 990 Part IV line 17

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|-----------------------------------|--|---|
| 1 | | Yes | No | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| Total | | | | | |

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

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

| | (a) Event #1 Carnival (event type) | (b) Event #2 (event type) | (c) Other events (total number) | (d) Total events (add col (a) through col (c)) |
|---|--|------------------------------|------------------------------------|---|
| Revenue | | | | |
| 1 Gross receipts . . . | 60,006 | | | 60,006 |
| 2 Less: Contributions . . . | 19,190 | | | 19,190 |
| 3 Gross income (line 1 minus line 2) . . . | 40,816 | | | 40,816 |
| Direct Expenses | | | | |
| 4 Cash prizes . . . | | | | |
| 5 Noncash prizes . . . | | | | |
| 6 Rent/facility costs . . . | | | | |
| 7 Food and beverages . . . | | | | |
| 8 Entertainment . . . | | | | |
| 9 Other direct expenses . . . | 43,864 | | | 43,864 |
| 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 43,864 |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | (3,048) |

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

| | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**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.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013**Open to Public
Inspection**

Name of the organization

Millard Days, Inc

Employer identification number

47-0588645

FORM 990-Z, PART III: ORGANIZATION'S PRIMARY EXEMPT PURPOSE

The organization's primary mission is to raise funds to be donated to other charities in the Millard, NE area. Additionally, the monies raised by the organization are also used to help fund projects for the betterment of the Millard, NE area that are used by the general public.

FORM 990-EZ, PART III, LINE 28: STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

The organization has donated to various organizations in the community, including Veterans' organizations such as The VFW and American Legion, as well as Millard area high schools for Post Prom activities to keep kids safe. The organization also gives out college scholarships every year. Other recipients are Cub Scout Troops, Church affiliated groups & Athletic Associations, to name a few.

FORM 990-EZ, PART II, LINE 24: OTHER ASSETS

| | BEGINNING | ENDING |
|-------------|-------------|----------|
| Automobiles | \$21,535.00 | \$20,285 |

MILLARD DAYS, INC

2013

47-0588645

SCHEDULE O - SUPPLEMENTAL INFORMATION

FORM 990-EZ, PART 1, LINE 16

| | | |
|-------------------|-----------|------------------|
| Bank Charges | \$ | 48.00 |
| Electrical Work | \$ | 690.00 |
| Equipment Rental | \$ | 750.00 |
| Insurance | \$ | 3,997.00 |
| MBA Dues | \$ | 100.00 |
| Memorials | \$ | 340.00 |
| Misc Supplies | \$ | 528.00 |
| Misc Expenses | \$ | 599.00 |
| NAFM Convention | \$ | 684.00 |
| NAFM Fees | \$ | 244.00 |
| Office Supplies | \$ | 373.00 |
| OPPD | \$ | 297.00 |
| Professional Fees | \$ | 305.00 |
| Satelities | \$ | 2,552.00 |
| Scholarships | \$ | 4,000.00 |
| Set Up Costs | \$ | 530.00 |
| Tear Down Costs | \$ | 152.00 |
| Trailer License | \$ | 35.00 |
| Wrap Up Party | \$ | 766.00 |
| | | |
| TOTAL | \$ | 16,990.00 |

2013 Millard Days Donations

| | |
|----------------------------------|-----------------|
| American Legion | \$250.00 |
| SAL | \$250.00 |
| American Legion Auxiliary | \$250.00 |
| Knights of Columbus St. Stephens | \$1,150.00 |
| Knights of Columbus St. Charles | \$1,150.00 |
| Latino Employees | \$300.00 |
| VFW Post 8334 | \$250.00 |
| VFW Post 8334 Ladies Auxiliary | \$250.00 |
| AmVets Post 13 | \$250.00 |
| VFW Post 8334 | \$580.00 |
| Jake Feis | \$100.00 |
| Mosaic | \$100.00 |
| Girl Scout Troop 41390 | \$100.00 |
| Cadette Troop 41390 | \$100.00 |
| American Concrete | \$856.00 |
| Cub Scout Troop 494 | \$100.00 |
| Cub Scout Troop 549 | \$300.00 |
| Girl Scout Troop 41390 | \$100.00 |
| Boy Scout Troop 494 | \$100.00 |
| Cub Scout Troop 330 | <u>\$100.00</u> |

TOTAL

\$16,636.00