

29492085014172

OMB No. 1545-0047

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

2020

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.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning

, 2020, and ending

, 20

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization ?

MILLARD DAYS, INC

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

P O BOX 45247

Room/suite

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

OMAHA, NE 68145-0247

D Employer identification number ?

47-0588645

E Telephone number

402-895-6931

F Group Exemption
Number ► ?

04

G Accounting Method: Cash Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () ◀ (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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

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	RECEIVED		1
		3643	MAY 13 2021	
2	Program service revenue including government fees and contracts	5a		2
3	Membership dues and assessments	5b	EN. UT	3
4	Investment income	5c		4 543
5a	Gross amount from sale of assets other than inventory			
b	Less: cost or other basis and sales expenses			
c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)			
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 \$ 0 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	0	
c	Less: direct expenses from gaming and fundraising events	6c	1064	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d -1064
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 53
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9 -468
10	Grants and similar amounts paid (list in Schedule O)			10 250
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 7647
17	Total expenses. Add lines 10 through 16			17 -7897
18	Excess or (deficit) for the year (subtract line 17 from line 9)			18 -8365
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 87717
20	Other changes in net assets or fund balances (explain in Schedule O)			20
21	Net assets or fund balances at end of year. Combine lines 18 through 20			21 79352

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2020)

SCANNED MAY 10 2022

G9

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	67432	22 59067
23	Land and buildings		23
24	Other assets (describe in Schedule O)	20285	24 20285
25	Total assets	87717	25 79352
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	87717	27 79352

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?

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; optional for others.)

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 title	(b) 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
J.R. Christiansen, Chairman	5	0	0	0
7415 S 170th St , Omaha NE 68136				
Pat Rupp, VP	5	0	0	0
16637 Holmes St., Omaha NE 68135				
Mike Meyer, Treasurer	2	0	0	0
18311 Tyler St., Omaha NE 68135				
Shelly Uhing, Secretary	2	0	0	0
5420 S 122nd St., Omaha NE 68137				

G10

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

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

	Yes	No
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	✓
-----	---

35b	✓
-----	---

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	
-----	--

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►

40a	
-----	--

b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►

40c	
-----	--

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ►

40d	
-----	--

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 ►

42a The organization's books are in care of ► **Mike Meyer** Telephone no. ►
Located at ► **18311 Tyler St., Omaha NE 68135** ZIP + 4 ► **68135**

42a	
-----	--

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

42b	✓
-----	---

If "Yes," enter the name of the foreign country ►

42c	✓
-----	---

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

42d	
-----	--

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ►

42e	✓
-----	---

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**

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	✓
-----	---

44b	✓
-----	---

44c	✓
-----	---

44d	✓
-----	---

45a	✓
-----	---

45b	✓
-----	---

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	✓
-----	---

b 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	✓
-----	---

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) 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

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 business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations 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.

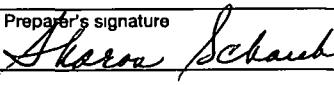
Sign
Here


J.R. CHRISTIANSEN

Date

5-5-2021

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Sharon Schaub		05-04-21		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)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020Open to Public
InspectionName of the organization
MILLARD DAYS, INC

Employer identification number

47-0588645

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.	

(I) Name and address of individual or entity (fundraiser)	(II) Activity	(III) Did fundraiser have custody or control of contributions?		(IV) Gross receipts from activity	(V) Amount paid to (or retained by) fundraiser listed in col. (I)	(VI) Amount paid to (or retained by) organization
		Yes	No			
1						
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" on 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	0			0
	2 Less: Contributions	0			0
	3 Gross income (line 1 minus line 2)	0			0
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1064			1064
	10 Direct expense summary. Add lines 4 through 9 in column (d)				►
	11 Net income summary. Subtract line 10 from line 3, column (d)				-1064

Part III Gaming. Complete if the organization answered "Yes" on 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 conducts gaming activities: _____

a Is the organization licensed to conduct 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 conduct 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 conducted 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 provide any additional information. See instructions.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
MILLARD DAYS, INC

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.
- Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Employer identification number
47-0588645

Form 990EZ, Part III: Organizations' 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 990EZ, 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 & 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

Please note: The annual Millard Days carnival & all other activities were cancelled in 2020 due to COVID-19.