



Carson City, a Consolidated Municipality

Application for

Community Support Services Funding
Fiscal Year 2010-2011

Name of Organization: Nevada Day INC

Amount Requested: \$ 25,000.00

Contact Person: Ken Hamilton

Mailing Address: P.O Box 999

City: Carson City State: NV Zip Code: 89702

Phone Number: 882-2600 E-mail: nevadaday@pyramid.com

501(c)3 Taxpayer I.D. Number: 75-3022297

Date Submitted: 2/25/2010

Please mail completed application and attachments to:

Carson City Executive Offices
201 N. Carson Street, Suite 2
Carson City, NV 89701

Carson City Community Support Services
APPLICATION FOR GRANT FUNDS
Fiscal Year 2010-2011

Organization Information

1. What is the overall purpose or goal of your organization?
To celebrate Nevada's Birthday, to provide activities surrounding the official Nevada Day holiday and to centralize those activities for a three day period prior to and after the parade. Promotion of the event in the state and surrounding areas.
2. How long has your organization been in existence? 72 Years ___ Months

How long has your organization been in Carson City? 42 Years ___ Months
3. Describe in general the activities or services of your organization:
To organize, promote, and coordinate the Nevada Day Parade and surrounding events, Carson City's largest event/celebration.
4. How many people do you intend to serve during this Fiscal Year 2010-2011?

of Youth N/A # of Adults N/A # of Seniors N/A
5. How many people served this Fiscal Year 2010-2011 will be Carson City residents?

of Youth N/A # of Adults N/A # of Seniors N/A
6. How many paid employees/volunteers does your organization employ?

of full-time employees _____ # of part-time employees 1
7. Percentage of organizational funds to be utilized for administrative costs (i.e., salaries, travel, training, etc): none
8. Describe how your organization is managed and governed (i.e., Board of Directors).
Board, consisting of four executive board members and up to thirteen board members.
9. Please provide information on your Executive Board members or contact person:

<u>Name</u>	<u>Title</u>	<u>Phone</u>
Robert Bean	Vice President	885-9524
Ken Brown	Treasurer	888-2008
Keri Putnam	Secretary	684-3354

Program/Proposal Information

10. Amount of funds requested? \$ 25,000.00
11. Purpose of Program/Proposal: Describe the program/proposal, target population, number to be served, what the grant will specifically fund. Explain your organization's qualifications to deal with the issue. To organize and promote the Nevada Day Celebration. The target population would be residents of Carson City, all outlying areas, and neighboring states. The fund will grant everyday operations, office expenses, advertising, Grand Marshall, equipment maintenance, promotions, ect...Nevada Day INC has been coordinating the parade and other related activities for many decades.
12. Goals, Objectives & Measurable Outcomes: The events and/or services must assist the City to fulfill its vision statement and accomplish one or more of the City's Goals. Please indicate which goal(s) will be met. Clearly state measurable outcomes of the project. Tell how you propose to achieve the outcomes of the project in terms of specific activities, including a timetable (proposed starting date and duration of the project): The main goal is to promote a community rich in history, culture, and the arts, followed by an active and engaged community. The Parade and related events draw a large amount of participants every year, during mainly a three day period, which will be October 29th through the 31st. Activities will include the parade, rock drilling and beard contest, pinewood derby, and Grand Marshall Reception, and will be achieved with numerous volunteers, help by local law enforcement, city and state officials.
13. Indicate who will benefit from the use of these funds, and how they will benefit. If this is an ongoing event, please state how you intend to fund the program in future years. Many local business', by bringing together a large number of local and out of town people to the downtown area. Sponsorships, private donations, merchandise sales, parade entry fees, and city and state grants.
14. Are you aware of any other private sector/nonprofit/governmental/agencies in the area providing the same services as your program/proposal? If yes, please explain how your project will compliment other existing programs? No

15. Please include a detailed budget for this program/event, and detailed list of intended expenditures and revenues.

16. Has your organization been funded by Carson City previously? Yes No

If yes, please list:

<u>Year</u>	<u>Amount</u>	<u>Program/Event</u>
2009	25,000	Nevada Day Celebration
2008	9,000	Nevada Day Celebration
2007	9,000	Nevada Day Celebration
2006	10,000	Nevada Day Celebration

Required Attachments:

- A copy of your 501(c)3 Designation Letter from the IRS. For branches of a larger organization (i.e., local troop of Boy Scouts of America), please provide the letter for your umbrella organization.
- A copy of your most recent audited financial statement. For smaller organizations, or branches, a more simple budget showing income and expenses is acceptable. Also include an IRS form 990.
- **Previous Grantees: If your organization received grant funding in Fiscal Year 2009-2010 you must complete and submit an Annual Report form detailing how those funds were spent. Applications for former grantees will not be considered if an Annual Report has not been included.**
- Signed Guidelines for Grants (please keep a copy for your files).

Guidelines for Grants

Fiscal Year 2010-2011

Vision

A leader among cities as an inviting, prosperous community where people live, work and play!

Mission

Preserve and enhance the quality of life and heritage of Carson City for present and future generations of residents, workers and visitors.

City's Goals

A Safe and Secure Community
A Healthy Community
An Active and Engaged Community
A Clean and Healthy Environment
A Vibrant, Diverse and Sustainable Economy
A Community Rich in History, Culture and the Arts
A Community Dedicated to Excellence in Education
A Physically and Socially Connected Community
A Community Where Information is Available to All

1. The competitive grant review process seeks to identify and fund those projects and programs with the greatest potential for furthering the City's goals while benefitting the community.
2. Funding is provided on a year to year basis only. Funding is strictly limited by the availability of funds.
3. Upon approval by the Board of Supervisors of the request, the grant money will be included in the next succeeding year's budget and will be dispensed by the City Manager's Office without further hearing. However, the Board shall continue to retain the prerogative and authority to deny any payment, if in the opinion of the Board, the applicant is not making a "good faith" effort in meeting the obligations and commitments outlined by said applicant within the application process. All grants approved shall be subject to funding availability.
4. The Board of Supervisors may in any event decide by majority vote to conduct a subsequent hearing concerning the application and, if so, the applicant will be notified as to the date of the subsequent hearing.
5. The applicant will utilize the grant monies solely for the general benefit of Carson City and the purpose set forth in the grant application.
6. These guidelines shall not prevent the City from entering into a contract to provide grant money for a term of years.
7. These guidelines shall not control any grants of money provided by any other public or private entity.

8. Approval of each request for funds and/or other forms of consideration shall have a condition that the applicant must complete an Annual Report form detailing all funds utilized, measurable outcomes and benefit to the citizens of Carson City. The completed Annual Report must be submitted to the City Manager's Office no later than March 1, 2011.
9. Any and all individuals and/or entities desiring a grant from the City must complete and execute an "Application for Grant Funds" form and include the required attachments as listed in the application.
10. The **original and nine (9) copies** of the application packet must be submitted to the City Manager's Office no later than **5:00 p.m. on February 25, 2010**. An electronic pdf version may also be emailed to cceo@ci.carson-city.nv.us.

I have read and understand the Guidelines for Grants. The information that is included within this application and its attachments are true to my knowledge.

Nevada Day Celebration
Name of Program


Project Director Signature

2/25/10
Date

Carson City Executive Offices
201 N. Carson Street, Suite 2
Carson City, NV 89701
775-887-2100
775-887-2286 (fax)
cceo@ci.carson-city.nv.us
www.carson-city.nv.us

Annual Report
For Community Support Services Funding
Fiscal Year 2010-2011

Name of Organization: Nevada Day INC

Program/Project: Nevada Day Celebration

Amount of Funds Received \$ 25,000.00

Contact Person: Ken Hamilton

Mailing Address: P.O Box 999

City: Carson City State: NV Zip Code: 89702

Phone Number: 882-2600 E-mail: Nevadaday@pyramid.net

Date Submitted: 2/25/2010

1. Please attach a final financial income and expense statement that specifically explains how grant funds were used, including a comparison between your budgeted and your actual incomes and expenses.

2. Evaluate your achievement of the measurable outcomes listed in your application:

This year we are moving the office to a more visible downtown location enabling us to better promote the upcoming parade and events. Also available in our new location will be historic memorabilia of past parades and events, along with current and past merchandise.

3. Approximately how many people benefitted from your project? How many of those people were Carson City residents? What were some of the individual benefits?

N/A

4. What specific community benefit did your project provide Carson City?

N/A

5. Will this program/project be reoccurring? How do you anticipate funding the project in the future?

Yes. Sponsorships, private funding, merchandise sale, parade entry fees, and grants received by city and state governments.

6. Describe any challenges that impacted your program.

N/A

Nevada Day, Inc.						
2009 Budget						
						2/18/2010
	2005 Actual	2006 Actual	2007 Actual	2008 Actual	2009 Actual	2010 Projected
INCOME						
Administrative Income						
Credit Cards					246.00	
Dividends	0.88	131.25	250.74			
Donations	1,163.23	65.00	20.00		0.30	0.30
Grants	12,947.52	16,500.00	18,056.00	15,453.75	30,014.19	27,950.00
Interest	163.95	41.98			0.10	0.10
Rebate	18.00	0.00			98.24	98.24
Friends of Nevada - Parade					1,495.00	1,500.00
Sponsorship	16,450.00	30,250.00	31,554.00	21,875.00	15,300.00	15,000.00
Sponsorships Prior Year				1,850.00	1,050.00	
	30,743.58	46,988.23	49,880.74	39,178.75	48,203.83	44,548.64
EVENTS REVENUE						
Bar Sales	0.00	0.00	0.00	0.00		
Balloon Rides						
Downtown Entertainment		591.65	610.00			
Golf Tournament						
Entry Fees	6,015.00	3,100.00	2,450.00		3,600.00	3,600.00
Golf Tournament - Sponsorship	3,000.00	5,000.00	5,200.00		2,072.00	2,072.00
Hole Sponsor	1,050.00	150.00	150.00			
Raffle	1,390.00	4,150.00				
	11,455.00	12,400.00	7,800.00	0.00	5,672.00	5,672.00
Nugget Dinner					1,365.00	1,365.00
Pinewood Derby						
Sponsorship			2,750.07	2,500.00	1,740.00	1,740.00
Pinewood Derby - Other				172.00	44.00	44.00
Total Pinewood Derby			2,750.07	2,672.00	1,784.00	1,784.00
Rock Drilling						
Entry Fees	300.00	850.00	1,150.00	850.00	1,000.00	1,000.00
Sponsorships	2,450.00	2,100.00	4,700.00	4,950.00	3,600.00	3,600.00
	2,750.00	2,950.00	5,850.00	5,800.00	4,600.00	4,600.00
Tribute to Elvis						
Vendors	1,275.00	2,425.00	2,712.50	2,972.50	2,337.50	2,337.50
Total Events Revenue	15,480.00	18,366.65	19,722.57	11,444.50	15,758.50	15,758.50
Total Merchandise	8,277.97	7,369.50	14,236.52	5,686.28	6,798.50	8,000.00
Parade Entry Fees	10,005.00	10,865.00	8,735.00	11,265.00	9,550.00	10,000.00
Uncategorized	2,685.00					
TOTAL INCOME	67,191.55	83,589.38	92,574.83	67,574.53	80,310.83	78,307.14
EXPENSE						
Administrative Expenses						
Administrative Promotions						
Advertising (Nevada Appeal)	1,435.74	23,195.56	17,722.40	7,996.00	5,765.76	5,500.00
Advertising Prior Year (Nevada Appeal)					3,061.52	
Awards	680.70	160.85		1,417.54	252.85	56.00
Bank Charges	20.00	11.00	148.65	92.00	57.72	57.72
Corporate Fees						
Credit Card Fees	496.61	453.16	395.27	372.77	479.35	451.34
Dues & Subscriptions	1,050.00	1,700.00	270.00	530.00	820.00	820.00
Equipment Maintenance	0.00	98.00		197.14		
History Project			177.92	0.00		
Insurance	3,517.12	3,303.92	4,196.68	3,210.08	3,048.00	3,048.00
Internet	718.80	239.40	1,238.16	230.25	1,362.10	872.75
License - Carson City				21.30	68.60	68.60
Program printing						
Newspaper ads						
Commission on Sponsorships						
Distribution						
Marketing						
Sponsor Fulfillment	3,286.54	2,440.00	1,268.47	248.47		
Advertising	0.00	10,746.00	13,675.00	18,247.50	17,500.00	15,000.00
Total Marketing	3,286.54	13,186.00	14,943.47	18,495.97	17,550.00	15,000.00
Meeting	44.03	18.96	718.84	11.98	73.53	73.53
Merchandise		5,724.51	9,143.09	5,488.71	5,214.95	5,214.95
Buttons/Buckles	1,750.00		510.00	375.00	535.00	535.00
Coins			2,381.65	1,859.00	2,055.00	2,055.00

	2005 Actual	2006 Actual	2007 Actual	2008 Actual	2009 Actual	2/18/2010 2010 Projected
Total Merchandise	1,750.00	5,724.51	12,034.74	7,722.71	7,804.95	7,804.95
Outside Service	195.85	164.90				
Payroll Expense	10,233.90	10,257.58	13,452.89	7,442.24	4,745.66	10,000.00
Payroll Preparation	210.00	140.00				
Payroll Taxes	1,109.47	3,043.35				
Postage	893.41	242.50	901.92	455.71	239.45	167.20
Poster				36.55		
Promotions	6,181.70	250.98				
Rent	1,890.00	1,800.00	4,050.00	3,600.00	4,300.00	4,800.00
Supplies	1,859.54	2,210.04	1,509.65	1,421.18	797.15	1,300.00
Sponsor Fulfillment				864.10		
Sponsorship Commission				500.00		
Tax Assessment	2,102.15	0.00		(34.63)		
Telephone	1,885.69	1,676.80	1,999.99	1,544.74	1,783.02	1,600.00
Travel		753.01	400.00			
Administrative	949.00	6,948.26	1,504.69	1,029.00	1,466.00	1,500.00
Total Administrative	40,510.25	75,578.78	75,665.27	57,156.63	53,675.66	53,120.09
Depreciation Expense						
Events Expense			0.00			
Balloon Expense		301.00	1,300.00		316.00	200.00
Beard Contest	1,251.15			166.00	510.63	510.63
Golf Tournament						
Advertising	392.50		431.10			
Awards	0.00	450.00				
Miscellaneous	880.00	1,036.23			112.26	112.26
Raffle	281.67	2,215.00				
Refreshments	1,075.00	0.00	4,588.90			
Total Golf Tournament	2,629.17	3,701.23	5,020.00	0.00	112.26	112.26
Grand Marshal Reception						2,000.00
Band		500.00	250.00			
Bar						
Caterer	248.20	2,110.99	1,838.70			1,500.00
Grand Marshal Reception - Other		306.83				
Total Grand Marshal Reception	248.20	2,917.82	2,088.70			3,500.00
Music and Cultural						
Pinewood Derby						
Awards			123.50		53.00	53.00
Shirts/Banners			233.03		225.00	225.00
Pinewood Derby - Other			449.00	1,657.00	278.36	278.36
Total Pinewood Derby			805.53	1,657.00	556.36	556.36
Rock Drilling						
Advertising		630.57				
Awards	6,270.67	6,053.94	6,076.14	6,310.15	6,310.15	6,310.15
Outside Services	405.53	580.21	181.78	90.40	97.65	97.65
Shirts			401.70			
Rock Drilling - Other			350.00			
Total Rock Drilling	6,676.20	7,264.72	7,009.62	6,400.55	6,407.80	6,407.80
Total Events	10,804.72	14,184.77	16,223.85	8,223.55	7,903.05	11,287.05
Parade						
Advertising	0.00					
Awards	2,390.40	3,699.83	5,684.45		1,203.44	1,203.44
Band (Fees for Bands at Parade)		900.00	400.00		32.41	32.41
Banners	507.75	884.48	3,258.10	975.00	498.00	498.00
Catering	250.00	956.00	831.00	200.00		
Grandstand Expense	753.19		417.02	429.36	48.11	16.05
Judges	150.00	900.00	1,275.00	0.00		
Meals	(22.70)					
Parade Marshals	987.31	260.00	353.45	400.00	460.00	500.00
Portable Human Waste Disposal	795.00	850.00	850.00	961.00	989.00	989.00
Refunds	115.00	130.00	55.00	305.00		
Supplies	0.00		222.91	94.95		
Volunteer Reimbursements	0.00					
Other (2009 GM Stage Coach)	1,000.00			100.00	300.00	300.00
Total Parade	6,925.95	8,580.31	13,346.93	3,465.31	3,530.96	3,538.90
Vendors						
Commissions	1,100.30	1,228.52	1,475.60	100.75		
Refund	20.00				50.00	50.00
Vendors - Other	(775.00)					
	345.30	1,228.52	1,475.60	100.75	50.00	50.00

	2005 Actual	2006 Actual	2007 Actual	2008 Actual	2009 Actual	2/18/2010 2010 Projected
Volunteer Expense						
Volunteer Thank You Party	2,180.08	2,848.11	1,850.00	1,600.00	1,325.00	1,325.00
Volunteer Expense - Other	1,260.00	0.00			250.00	250.00
	3,440.08	2,848.11	1,850.00	1,600.00	1,575.00	1,575.00
Total Expenses	62,026.30	102,420.49	108,561.65	70,546.24	66,734.67	69,571.04
Net Income	5,165.25	(18,831.11)	(15,986.82)	(2,971.71)	13,576.18	8,736.10

Internal Revenue Service
Director, EO Rulings & Agreements
P.O. Box 2508
Cincinnati, OH 45201

Date: October 5, 2009

NEVADA DAY INC
PO BOX 999
CARSON CITY, NV 89702

Department of the Treasury

Employer Identification Number:
75-3022297
Document Locator Number:
17053-269-71709-9
Toll Free Number: 877-829-5500

Acknowledgement of Your Request

We received your Form 8734, Support Schedule for Your Advance Ruling, or other information regarding your public support status. When communicating with us, please refer to the employer identification number and document locator number shown above.

Your tax exempt status under section 501(c)(3) of the Internal Revenue Code remains in effect.

What Happens Next?

The information you submitted was entered into our computer system at our processing center in Covington, Kentucky, and has been sent to our Cincinnati office for initial review. We approve some cases based on this review. If this is the case, you will receive a letter stating that you are a publicly supported organization.

If the review indicates that additional information or changes are necessary, your case will be assigned to an Exempt Organization Specialist in Cincinnati who will call or write you. We assign cases in the order we receive them.

If the additional information indicates that you meet one of the public support tests, you will receive a letter stating that you are a publicly supported organization. If the public support tests are not met, we will send you a letter re-classifying you as a private foundation. That letter will tell you why we believe you do not meet the public support tests, and will include a complete explanation of your appeal rights.

When Can You Expect To Initially Hear From Us About Your Application?

Normally, you may expect to hear from us within 120 days. If you do not, you may call our toll free number at 1-877-829-5500 Monday through Friday. Please have your identification numbers available so that we can identify your case. If you would rather write than call, please include a copy of this notice with your correspondence.

Short 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)

2008

Department of the Treasury
Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning , **2008**, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type. See Specific Instructions. NEVADA DAY, INC. P. O. BOX 999 CARSON CITY, NV 89702	D Employer identification number 75-302297
		E Telephone number 775-826-2600
		F Group Exemption Number
		G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: N/A

J Organization type (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. **\$ 51,794.**

Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	51,794.
	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	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
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)	8		
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	51,794.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	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 SEE STATEMENT 1)	16	55,204.
17 Total expenses (add lines 10 through 16)	17	55,204.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(4) -3,410.	
ASSETS	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	10,974.
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	415.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	7,979.

Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	9,864.	(1) 7,307.
23 Land and buildings		
24 Other assets (describe SEE STATEMENT 3)	1,110.	672.
25 Total assets	10,974.	7,979.
26 Total liabilities (describe)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	10,974.	7,979.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form **990-EZ** (2008)

(1) file to QKaks

Statement of Program Service Accomplishments (See the instructions.)		Expenses
What is the organization's primary exempt purpose? SEE STATEMENT 4 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
28	HISTORICAL EDUCATION OF THE STATE OF NEVADA. ORGANIZED ANNUAL CELEBRATION OF THE STATE OF NEVADA'S ENTRANCE INTO THE UNION OF THE UNITED STATES. (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29	_____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30	_____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31	Other program services (attach schedule). (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32	Total program service expenses (add lines 28a through 31a).	32

List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
H. REG CREESEY PO BOX 762 CARSON CITY, NV 89702	PRESIDENT 30.00	0.	0.	0.
KEN BROWN 1027 S. CARSON CARSON CITY, NV 89701	SECRETARY/TREAS 1.00	0.	0.	0.

Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	b Did the organization file Form 1120-POL for this year?		X
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 unpaid at the start of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	38b	N/A
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9.	39a	N/A
39b	b Gross receipts, included on line 9, for public use of club facilities.	39b	N/A
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0."/> ; section 4912 <input type="text" value="0."/> ; section 4955 <input type="text" value="0."/> .		
40b	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I.		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0.
40d	d Enter amount of tax on line 40c reimbursed by the organization.		0.
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.		X
41	List the states with which a copy of this return is filed <input type="text" value="NONE"/>		

42a The books are in care of Telephone no.
 Located at ZIP + 4

		Yes	No
42b	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: <input type="text"/>		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: <input type="text"/>		X
-----	--	--	---

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. **SEE STATEMENT 5**

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49b If 'Yes,' was the related organization(s) a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
WESTSTAFF (TEMP EILEEN GUTH) PO BOX 54619 LOS ANGELES, CA 90054-0619	ADMIN. ASSISTAN 16	7,442.	0.	0.

Total number of other employees paid over \$100,000	0			

51 Complete this table for the 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		

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

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: KEN BROWN Date: _____
Type or print name and title: SECRETARY/TREAS

Paid Preparer's Use Only

Preparer's signature: KEN BROWN Date: _____
Firm's name (or yours if self-employed), address, and ZIP + 4: KEN BROWN LTD.
1027 S CARSON
CARSON CITY, NV 89701
Check if self-employed: Preparer's Identifying Number (See instructions): N/A
EIN: N/A
Phone no.: 775-888-2008

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

BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2008

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization NEVADA DAY, INC.

Employer identification number 75-3022297

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 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 cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
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 [X] 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). (see instructions)
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 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?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Table with 2 columns: Yes, No. Rows for 11g(i), 11g(ii), 11g(iii).

h Provide the following information about the organizations the organization supports.

Table with 7 main columns: (i) Name of Supported Organization, (ii) EIN, (iii) Type of organization, (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.

Total

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') ..	65,181.	67,027.	83,417.	92,603.	51,794.	360,022.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.....						0.
4 Total. Add lines 1-3.....	65,181.	67,027.	83,417.	92,603.	51,794.	360,022.
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)...						0.
6 Public support. Subtract line 5 from line 4.....						360,022.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.....	65,181.	67,027.	83,417.	92,603.	51,794.	360,022.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.....		165.	173.			338.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.....						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).....						0.
11 Total support. Add lines 7 through 10.....						360,360.
12 Gross receipts from related activities, etc. (see instructions).....					12	0.
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..... ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).....	14	99.9 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.....	15	99.9 %
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization..... ▶ <input checked="" type="checkbox"/>		
b 33-1/3 support test – 2007. 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..... ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2008. 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..... ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2007. 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..... ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33-1/3 support tests - 2008. 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 - 2007. If the organization did not check a box on line 14 or 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.

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Area with horizontal dashed lines for supplemental information.

CLIENT C0308

NEVADA DAY, INC.

75-3022297

5/12/09

02:29PM

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING	\$	7,996.
AWARDS		1,418.
BANK CHARGES		92.
BEARD CONTEST		166.
CREDIT CARD FEES		373.
DEPRECIATION		438.
DUES & SUBSCRIPTIONS		530.
EQUIPMENT MAINTENANCE		197.
INSURANCE		3,210.
INTERNET		230.
LICENSE		21.
MARKETING		18,496.
MEETING		12.
OTHER		1,029.
PARADE		3,465.
PAYROLL EXPENSE		7,442.
POSTAGE		456.
POSTER		37.
RENT		3,600.
SPONSOR FULFILLMENT		539.
SPONSORSHIPS		825.
SUPPLIES		1,421.
TAX ASSESTMENT		-35.
TELEPHONE		1,545.
VENDORS		101.
VOLUNTEERS		1,600.
TOTAL	\$	<u>55,204.</u>

STATEMENT 2
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

ADJUST RETAINED EARNINGS TO DIFFERENCE BETWEEN PREVIOUS	\$	415.
TOTAL	\$	<u>415.</u>

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
MACHINERY AND EQUIPMENT	\$ 1,110.	\$ 672.
TOTAL	<u>\$ 1,110.</u>	<u>\$ 672.</u>

CLIENT C0308

NEVADA DAY, INC.

75-3022297

5/12/09

02:29PM

**STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

HISTORICAL EDUCATION AND PRESERVATION FOR THE STATE OF NEVADA.

**STATEMENT 5
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?.....	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.....	NO

CLIENT C0308

NEVADA DAY, INC.

75-3022297

5/12/09

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	2008	2007	DIFF
FORM 990-EZ REVENUE			
CONTRIBUTIONS, GIFTS, AND GRANTS.....	51,794	58,365	-6,571
INVESTMENT INCOME.....	0	277	-277
NET INCOME (LOSS) - SPECIAL EVENTS.....	0	33,960	-33,960
 TOTAL REVENUE.....	 51,794	 92,602	 -40,808
EXPENSES			
SALARIES AND EMPLOYEE BENEFITS.....	0	13,453	-13,453
OTHER EXPENSES.....	55,204	95,625	-40,421
 TOTAL EXPENSES.....	 55,204	 109,078	 -53,874
NET ASSETS OR FUND BALANCES			
EXCESS OR (DEFICIT) FOR THE YEAR.....	-3,410	-16,476	13,066
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	10,974	20,678	-9,704
OTHER CHANGES IN NET ASSETS/FUND BAL.....	415	6,772	-6,357
NET ASSETS/FUND BAL. AT END OF YEAR.....	7,979	10,974	-2,995

2008

GENERAL INFORMATION

PAGE 1

CLIENT C0308

NEVADA DAY, INC.

75-3022297

5/12/09

02:29PM

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990-EZ, SCH A

CARRYOVERS TO 2009

NONE

12/31/08

2008 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT C0308

NEVADA DAY, INC.

75-3022297

5/12/09

02:29PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
FURNITURE AND FIXTURES																
1	OFFICE FURNITURE	1/01/01		5,534							5,534	5,534	200DB	HY	5	0
TOTAL FURNITURE AND FIXTURE																
MACHINERY AND EQUIPMENT																
2	COMPUTER	4/08/04		1,201							1,201	993	200DB	HY	5	138
3	EQUIPMENT PURCHASES	1/01/06		1,502							1,502	600	S/L	5	300	
TOTAL MACHINERY AND EQUIPME																
TOTAL DEPRECIATION																
GRAND TOTAL DEPRECIATION																

Annual Report
For Community Support Services Funding
Fiscal Year 2009-2010

Name of Organization: Nevada Day INC

Program/Project: Nevada Day Celebration

Amount of Funds Received \$ 25,000

Contact Person: Ken Hamilton

Mailing Address: P.O Box 999

City: Carson City State: NV Zip Code: 89702

Phone Number: 882-2600 E-mail: Nevadaday@pyramid.net

Date Submitted: 2/25/2010

1. Please attach a final financial income and expense statement that specifically explains how grant funds were used, including a comparison between your budgeted and your actual incomes and expenses.
2. Evaluate your achievement of your program/proposal objectives listed in your application: The parade and other events, hot air balloons, beard contest, rock drilling, and pinewood derby, were all very well attended, exceeding expectations. We had over 200 parade entries and with help from local law enforcement, city and state officials, and numerous volunteers, no major problems were reported.

3. Approximately how many people benefitted from your project? How many of those people were Carson City residents? What were some of the individual benefits?
Many local business' and individuals benefitted from enjoying the festivities and bringing added revenue to their business. Tens of thousands of people enjoyed the parade and other events but the exact number and which were Carson City residents is unknown.
4. What specific community benefit did your project provide Carson City?
The Nevada Day Celebration brings the entire community together to help recognize and partake in Nevada's birthday celebration. The parade also provides the opportunity for the city and local law enforcement units to display their services.
5. Will this program/project be reoccurring? How do you anticipate funding the project in the future? Yes. The Nevada Day Parade and Celebration has been going on since 1938 and we intend to continue the tradition. Sponsorships, private donations, merchandise sales, parade entry fees, and grants sent to the State and City governments.
6. Describe any challenges that impacted your program.
Funding is always a major challenge, along with coordinating with local law enforcement, city and state officials, and numerous volunteers, to make sure the parade and other events are safe and fun for all.

Nevada Day, Inc.								
2009 Budget								
						8/10/2009	2/18/2010	8/10/2009
	2004 Actual	2005 Actual	2006 Actual	2007 Actual	2008 Actual	2009 Projection	2009 Actual	
INCOME								
Administrative Income								
Credit Cards	842.00						246.00	1,450.00
Dividends		0.88	131.25	250.74				0.00
Donations	64.45	1,163.23	65.00	20.00			0.30	26,450.00
Grants	13,980.66	12,947.52	16,500.00	18,056.00	15,453.75	26,450.00	30,014.19	
Interest	274.38	163.95	41.98				0.10	
Rebate	30.00	18.00	0.00				98.24	
Friends of Nevada - Parade							1,495.00	
Sponsorship	16,175.00	16,450.00	30,250.00	31,554.00	21,875.00	26,250.00	15,300.00	
Sponsorships Prior Year					1,850.00	0.00	1,050.00	
						0.00		
	31,366.49	30,743.58	46,988.23	49,880.74	39,178.75	52,700.00	48,203.83	
EVENTS REVENUE								
Bar Sales	616.89	0.00	0.00	0.00	0.00	0.00		
Balloon Rides								
Downtown Entertainment			591.65	610.00			0.00	
Golf Tournament								
Entry Fees	4,105.00	6,015.00	3,100.00	2,450.00		2,975.00	3,600.00	
Golf Tournament - Sponsorship	5,000.00	3,000.00	5,000.00	5,200.00		1,500.00	2,072.00	
Hole Sponsor	700.00	1,050.00	150.00	150.00			200.00	
Raffle	707.00	1,390.00	4,150.00				200.00	
	10,512.00	11,455.00	12,400.00	7,800.00	0.00	4,875.00	5,672.00	
Nugget Dinner							1,365.00	
Pinewood Derby								
Sponsorship				2,750.07	2,500.00	3,100.00	1,740.00	
Pinewood Derby - Other					172.00		44.00	
Total Pinewood Derby				2,750.07	2,672.00	3,100.00	1,784.00	
Rock Drilling								
Entry Fees	840.00	300.00	850.00	1,150.00	850.00	600.00	1,000.00	
Sponsorships	3,000.00	2,450.00	2,100.00	4,700.00	4,950.00	6,450.00	3,600.00	
	3,840.00	2,750.00	2,950.00	5,850.00	5,800.00	7,050.00	4,600.00	
Tribute to Elvis	160.00							
Vendors	2,520.00	1,275.00	2,425.00	2,712.50	2,972.50	2,972.50	2,337.50	
Total Events Revenue	17,032.00	15,480.00	18,366.65	19,722.57	11,444.50	17,997.50	15,758.50	
Total Merchandise	4,613.00	8,277.97	7,369.50	14,236.52	5,686.28	7,500.00	6,798.50	
Parade Entry Fees	10,595.00	10,005.00	10,865.00	8,735.00	11,265.00	11,265.00	9,550.00	
Uncategorized	957.50	2,685.00						
TOTAL INCOME	65,180.88	67,191.55	83,589.38	92,574.83	67,574.63	89,462.50	80,310.83	
EXPENSE								
Administrative Expenses								
Administrative Promotions								
Advertising (Nevada Appeal)	6,332.96	1,435.74	23,195.56	17,722.40	7,996.00	6,000.00	5,765.76	
Advertising Prior Year (Nevada Appeal)							3,061.52	
Awards	339.23	680.70	160.85		1,417.54		252.85	
Bank Charges	184.37	20.00	11.00	148.65	92.00	92.00	57.72	
Corporate Fees	25.00							
Credit Card Fees	155.20	496.61	453.16	395.27	372.77	375.00	479.35	
Dues & Subscriptions	925.00	1,050.00	1,700.00	270.00	530.00	530.00	820.00	
Equipment Maintenance	200.45	0.00	98.00		197.14	150.00		
History Project				177.92	0.00			
Insurance	3,253.68	3,517.12	3,303.92	4,196.68	3,210.08	3,200.00	3,048.00	
Internet	871.81	718.80	239.40	1,238.16	230.25	230.25	1,362.10	
License - Carson City					21.30	25.00	68.60	
Program printing						0.00		
Newspaper ads						0.00		
Commission on Sponsorships						1,000.00		
Distribution						200.00		
Marketing								
Sponsor Fulfillment	4,616.23	3,286.54	2,440.00	1,268.47	248.47	250.00		
Advertising	90.00	0.00	10,746.00	13,675.00	18,247.50	13,675.00	17,500.00	
Total Marketing	4,706.23	3,286.54	13,186.00	14,943.47	18,496.97	13,675.00	17,500.00	
Meeting	96.30	44.03	18.96	718.84	11.98	248.47	73.53	
Merchandise	559.16		5,724.51	9,143.09	5,488.71	5,500.00	5,214.95	
Buttons/Buckles		1,750.00		510.00	375.00	535.00	535.00	
Coins				2,381.65	1,859.00	1,859.00	2,055.00	
Total Merchandise	559.16	1,750.00	5,724.51	12,034.74	7,722.71	7,894.00	7,804.95	
Outside Service	151.47	195.85	164.90					
Payroll Expense	9,519.50	10,233.90	10,257.58	13,452.89	7,442.24	7,500.00	4,745.66	
Payroll Preparation	325.00	210.00	140.00					
Payroll Taxes	2,447.02	1,109.47	3,043.35					
Postage	411.42	893.41	242.50	901.92	455.71	450.00	239.45	

	2004 Actual	2005 Actual	2006 Actual	2007 Actual	2008 Actual	8/10/2009 2009 Projection	2/18/2010 2009 Actual	8/10/2009
Poster					36.55			
Promotions	806.48	6,181.70	250.98					
Rent	2,634.00	1,890.00	1,800.00	4,050.00	3,600.00	4,500.00	4,300.00	
Supplies	2,107.17	1,859.54	2,210.04	1,509.65	1,421.18	1,200.00	797.15	
Sponsor Fulfillment					864.10	550.00		
Sponsorship Commission					500.00			
Tax Assessment		2,102.15	0.00		(34.63)			
Telephone	1,731.36	1,885.69	1,676.80	1,999.99	1,544.74	1,600.00	1,783.02	
Travel			753.01	400.00				
Administrative	116.95	949.00	6,948.26	1,504.69	1,029.00	1,100.00	1,466.00	
Total Administrative	37,899.76	40,510.25	75,578.78	75,665.27	67,156.63	49,319.72	53,675.66	
Depreciation Expense	3,439.00							
Events Expense				0.00				
Balloon Expense			301.00	1,300.00		1,300.00	316.00	
Beard Contest	291.77	1,251.15			166.00	200.00	510.63	
Golf Tournament								
Advertising	2,360.62	392.50		431.10		600.00		
Awards	180.00	0.00	450.00			250.00		
Miscellaneous	663.34	880.00	1,036.23				112.26	
Raffle		281.67	2,215.00			200.00		
Refreshments	118.04	1,075.00	0.00	4,588.90				
Total Golf Tournament	3,322.00	2,629.17	3,701.23	5,020.00	0.00	1,050.00	112.26	
Grand Marshal Reception								
Band			500.00	250.00				
Bar	394.34							
Caterer	1,335.35	248.20	2,110.99	1,838.70				
Grand Marshal Reception - Other	260.00		306.83					
Total Grand Marshal Reception	1,989.69	248.20	2,917.82	2,088.70				
Music and Cultural	37.50							
Pinewood Derby								
Awards				123.50		0.00	53.00	
Shirts/Banners				233.03		0.00	225.00	
Pinewood Derby - Other				449.00	1,657.00	500.00	278.36	
Total Pinewood Derby				805.53	1,657.00	500.00	556.36	
Rock Drilling								
Advertising	327.58		630.57					
Awards	6,190.84	6,270.67	6,053.94	6,076.14	6,310.15	6,310.15	6,310.15	
Outside Services	543.97	405.53	580.21	181.78	90.40	90.00	97.65	
Shirts				401.70		0.00		
Rock Drilling - Other				350.00		0.00		
Total Rock Drilling	7,062.39	6,676.20	7,264.72	7,009.62	6,400.55	6,400.15	6,407.80	
Total Events	12,703.35	10,804.72	14,184.77	16,223.85	8,223.55	9,450.15	7,903.05	
Parade								
Advertising		0.00						
Awards	3,204.62	2,390.40	3,699.83	5,684.45		1,500.00	1,203.44	
Band (Fees for Bands at Parade)			900.00	400.00			32.41	
Banners	391.65	507.75	884.48	3,258.10	975.00	800.00	498.00	
Catering	968.97	250.00	956.00	831.00	200.00	215.45		
Grandstand Expense	427.76	753.19		417.02	429.36	200.00	48.11	
Judges	800.00	150.00	900.00	1,275.00	0.00	0.00		
Meals	124.64	(22.70)						
Parade Marshals	313.05	987.31	260.00	353.45	400.00	400.00	460.00	
Portable Human Waste Disposal	1,045.00	795.00	850.00	850.00	961.00	961.00	989.00	
Refunds	175.00	115.00	130.00	55.00	305.00	156.00		
Supplies	246.85	0.00		222.91	94.95	94.95		
Volunteer Reimbursements	20.00	0.00						
Other (2009 GM Stage Coach)	500.00	1,000.00			100.00	700.00	300.00	
Total Parade	8,217.54	6,925.95	8,580.31	13,346.93	3,466.31	5,027.40	3,530.96	
Vendors								
Commissions	1,948.52	1,100.30	1,228.52	1,475.60	100.75	100.00		
Refund		20.00					50.00	
Vendors - Other		(775.00)						
	1,948.52	345.30	1,228.52	1,475.60	100.75	100.00	50.00	
Volunteer Expense								
Volunteer Thank You Party	1,805.00	2,180.08	2,848.11	1,850.00	1,600.00	1,600.00	1,325.00	
Volunteer Expense - Other	156.28	1,260.00	0.00				250.00	
	1,961.28	3,440.08	2,848.11	1,850.00	1,600.00	1,600.00	1,575.00	
Total Expenses	66,189.45	62,026.30	102,420.49	108,581.65	70,546.24	65,497.27	66,734.67	
Net Income	(988.57)	5,165.25	(18,831.11)	(15,986.82)	(2,971.71)	23,965.23	13,576.16	