



Preserving the Western Lifestyle & Keeping the Sport of Rodeo Alive in the Nevada LGBTQ Community

NEVADA GAY RODEO

STATE OF NEVADA BUSINESS LICENSE

The Nevada Gay Rodeo Association is an all-volunteer, nonprofit 501(c)(3) organization dedicated to preserving the western lifestyle and producing gay rodeos to raise funds for charitable organizations within our community.

STATE OF NEVADA

FRANCISCO V. AGUILAR

Secretary of State



Commercial Recordings Division

202 N. Carson Street

Carson City, NV 89701

Telephone (775) 684-5708

Fax (775) 684-7138

North Las Vegas City Hall

2250 Las Vegas Blvd North, Suite 400

North Las Vegas, NV 89030

Telephone (702) 486-2880

Fax (702) 486-2888

GABRIEL DI CHIARA

Chief Deputy

OFFICE OF THE SECRETARY OF STATE

Business Entity - Filing Acknowledgement

05/09/2023

Work Order Item Number: W2023050901979 - 2898135

Filing Number: 20233187401

Filing Type: Annual List

Filing Date/Time: 05/09/2023 19:26:54 PM

Filing Page(s): 3

Indexed Entity Information:

Entity ID: C6598-1992

Entity Name: NEVADA GAY RODEO ASSOCIATION (N.G.R.A.)

Entity Status: Active

Expiration Date: None

Non-Commercial Registered Agent

GUY PUGLISI

1560 EMERALD OAKS AVE, Henderson, NV 89014, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

FRANCISCO V. AGUILAR Secretary of State



FRANCISCO V. AGUILAR
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application

ANNUAL **AMENDED** (check one)

List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

NEVADA GAY RODEO ASSOCIATION (N.G.R.A.)
 NAME OF ENTITY

NV19921043412
 Entity or Nevada Business
 Identification Number (NVID)

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- Corporation
 - This corporation is publicly traded, the Central Index Key number is:
- Nonprofit Corporation (see nonprofit sections below)
- Limited-Liability Company
- Limited Partnership
- Limited-Liability Partnership
- Limited-Liability Limited Partnership
- Business Trust
- Corporation Sole

Filed in the Office of Secretary of State State Of Nevada	Business Number C6598-1992
	Filing Number 20233187401
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Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

001 - Governmental Entity

006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

Unit-owners' Association Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. §501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

No - no additional form is required

Yes - the "Charitable Solicitation Registration Statement" is required.

The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****



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Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE <u>SECRETARY</u> :			
BRIAN SHIELDS	USA		
Name	Country		
PO BOX 94983	Las Vegas	NV	89193
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>PRESIDENT</u> :			
KATHY ALDAY	USA		
Name	Country		
PO BOX 94983	Las Vegas	NV	89193
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>TREASURER</u> :			
DAVID HERING	USA		
Name	Country		
PO BOX 94983	Las Vegas	NV	89193
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>DIRECTOR</u> :			
JEFFREY NEAL	USA		
Name	Country		
PO BOX 94983	Las Vegas	NV	89193
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>DIRECTOR</u> :			
STEWART BLACK	USA		
Name	Country		
PO BOX 94983	Las Vegas	NV	89193
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u> </u> :			
GUY PUGLISI	USA		
Name	Country		
PO BOX 94983	Las Vegas	NV	89193
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>DIRECTOR</u> :			
PATRICK TERRY	USA		
Name	Country		
PO BOX 94983	Las Vegas	NV	89193
Address	City	State	Zip/Postal Code

the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X David Hering

Treasurer

05/09/2023

Title

Date

**Signature of Officer, Manager, Managing Member,
General Partner, Managing Partner, Trustee,
Subscriber, Member, Owner of Business,
Partner or Authorized Signer** *FORM WILL BE RETURNED IF*

UNSIGNED



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 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
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Filed in the Office of <i>FV Aguilar</i>	Business Number C6598-1992
Secretary of State State Of Nevada	Filing Number 20233187402
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**Charitable Solicitation
 Registration Statement**
 (PURSUANT TO NRS CHAPTER 82)
*Required for any corporation that intends to solicit charitable/tax
 deductible contributions. To be filed with Initial/Annual List Forms.*

1. Names of Charitable Organization: (please complete items a thru c; attach additional page(s) if necessary)	a) Name of charitable organization as state in its Articles of Incorporation or other governing document: NEVADA GAY RODEO ASSOCIATION (N.G.R.A.)													
	b) Exact name of charitable organization as registered with the Internal Revenue Service: NEVADA GAY RODEO ASSOCIATION (N.G.R.A.)													
	c) Name or names under which charitable organization may, or intends to, solicit charitable contributions in Nevada: NEVADA GAY RODEO ASSOCIATION (N.G.R.A.)													
2. Web Address: (optional*)	WWW.NGRA.COM *will be listed on public entity search													
3. USA PATRIOT ACT certification: (optional)	<input checked="" type="checkbox"/> Check here to accept the following certification. In compliance with the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism (USA PATRIOT) Act of 2001 and other counterterrorism laws, I hereby certify on behalf of the herein named entity that all funds and donations will be used in compliance with all United States of America anti-terrorist financing and asset control laws, statutes and executive orders.													
4. Places of Business: (please complete items a, b; attach additional page(s) if necessary)	a) Address and telephone number of the principal place of business of the charitable organization: <table border="1"> <tr> <td>PO Box 94983</td> <td>Las Vegas</td> <td>NV</td> <td>89193</td> <td>USA</td> </tr> <tr> <td>Address</td> <td>City</td> <td>State</td> <td>Zip Code</td> <td>Country</td> </tr> </table>	PO Box 94983	Las Vegas	NV	89193	USA	Address	City	State	Zip Code	Country			
	PO Box 94983	Las Vegas	NV	89193	USA									
Address	City	State	Zip Code	Country										
b) Address and telephone number of any office in this state OR if none, name, address and telephone number of custodian of its financial records: <table border="1"> <tr> <td>David Hering</td> <td>7023493304</td> </tr> <tr> <td>Name of Custodian</td> <td>Telephone Number</td> </tr> <tr> <td>1799 Hummingbird Bay Lane</td> <td>Henderson</td> <td>NV</td> <td>89011</td> <td>USA</td> </tr> <tr> <td>Address</td> <td>City</td> <td>State</td> <td>Zip Code</td> <td>Country</td> </tr> </table>	David Hering	7023493304	Name of Custodian	Telephone Number	1799 Hummingbird Bay Lane	Henderson	NV	89011	USA	Address	City	State	Zip Code	Country
David Hering	7023493304													
Name of Custodian	Telephone Number													
1799 Hummingbird Bay Lane	Henderson	NV	89011	USA										
Address	City	State	Zip Code	Country										
5. Exempt Status and Federal Tax ID:	Federal tax exempt status: 1 EIN - Federal Tax ID: 88-0280854													
6. Names and Addresses of Executive Personnel: (attach additional page(s) if necessary)	Kathy Alday EXECUTIVE PERSONNEL Name Title													
	PO Box 94983 Las Vegas NV 89193 USA Address City State Zip Code Country													
7. Fiscal Year:	Day and month of end of fiscal year of the charitable organization: Day 31 Month 12													
8. Financial Information from IRS Form 990, 990EZ or if no Form 990, a good faith estimate for most recent fiscal year:	<input type="checkbox"/> Check here if you file Form 990N or have not filed a Form 990 or 990EZ. If checked, please provide a good faith estimate for its current fiscal year. All others please provide the information from the most recently filed Form 990, Part I or 990EZ, Parts I and II.													
	Total Revenue (line 12, Form 990; line 9, Form 990EZ)..... 90887.0													
	Total Expenses (line 18, Form 990; line 17, Form 990EZ)..... 88099.0													
	Revenue less Expenses (line 19, Form 990; line 18, Form 990EZ)..... 2788.0													
	Total Assets (line 20, Form 990; line 25, Form 990EZ)..... 69490.0													
	Total Liabilities (line 21, Form 990; line 26, Form 990EZ)..... 0.0													
Net Assets or Fund Balances (line 22, Form 990; line 27, Form 990EZ)..... 69490.0														
9. Signature: (must be signed by an officer, or if a trust, by a trustee)	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.													
	X David Hering Treasurer 05/09/2023 Authorized Signature Title Date													