


NEVADA COMMISSION FOR CULTURAL CENTERS & HISTORIC PRESERVATION (CCCHP) GRANT APPLICATION

	NEVADA STATE HISTORIC PRESERVATION OFFICE	<i>SHPO Use Only</i>
Initials: <u>CC</u> Received: <u>4-30-24</u>		
Postmarked: <u>N/A</u> Delivery Svc: <u>Hand Delivered</u>		

APPLICATION COVER PAGE This unaltered form must be submitted as the cover page for the application. Do not staple or bind application documents.

Grant Cycle Year(s) 2024-2025

Applicant Organization: Nevada State Prison Preservation Society
 EIN (Taxpayer Identification Number): 46-0754347
 Mailing Address: PO Box 1991
 City: Carson City County: Carson ZIP: 89701
 Project Contact: Maurice White Title: President
 Daytime Phone: 775-297-6484 Evening Phone: 775-297-6484
 Fax: N/A Email: fishngrampa@gmail.com

Historic Property Name: Nevada State Prison Date Built: 1920-25
 Property Owner Name and Address: State of Nevada Department of Corrections 5500 Snyder Ave Bldg 17, Carson City, NV 89701
 Project Address: 3301 East 5th Street
 City: Carson City County: Independent City ZIP: 89701
 Property Insured: Yes; please enclose one copy of policy No; please explain: _____

Project Title: Nevada State Prison Preservation Project
 Project Type: Rehabilitation/Construction Planning/Construction
 Architectural/Engineering Study/Construction

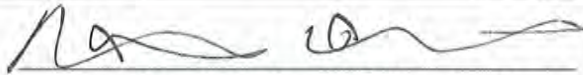
Project Synopsis (Brief):

Nevada State Prison Preservation Society (NSPPS) will restore three flights of stairs: The tunnel stairs between cell blocks B and C; the stair in the northeast corner of the prison yard, leading to cell block A; and the stair at the entrance to the administrative building.

Proposed Start Date: 3/31/2025

Proposed End Date: 6/30/2025

Project Budget Summary:	
Amount Requested:	<u>\$ 120,888.00</u>
Proposed Match:	
Cash:	<u>\$ 0.00</u>
In-Kind/Donations:	<u>\$ 0.00</u>
Total Project Budget:	<u>\$ 120,888.00</u>
If Applicable, Minimum Amount Requested _____	


Applicant's Authorized Signature*
Name: <u>Maurice White</u>
Title: <u>President, NSPPS</u>
Date: <u>4/30/2024</u>

***Sign in blue or black ink. Application packets without original signatures will be considered incomplete.**

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GRANT APPLICATION



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APPLICATION COVER PAGE Cont.

Handbook Verification Form

- I HAVE READ THE CCCHP GRANT HANDBOOK, AND
- I HAVE COMPLETED THIS CCCHP GRANT APPLICATION, AND
- I CERTIFY THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

A handwritten signature in black ink, appearing to read "Maurice White", written over a horizontal line.

Applicant's Authorized Signature*

Name: Maurice White
Title: President, NSPPS
Date: 6/30/2025

*Sign in blue or black ink. Application packets without original signatures will be considered incomplete.

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APPLICATION COVER PAGE Cont.

Application Checklist

Directions: Assemble the application in the following order and initial in blue or black ink on the lines to confirm that each of the required components are included in the application package.

1. Cover Pages

MW Application Cover Page

MW Handbook Verification Form

MW Application Checklist

2. Project Narrative

MW A. Questions (No more than 5 pages)

B. Supplemental Material

MW A paragraph (200 words maximum) describing the current or intended future use of the property and cultural center programming.

MW County Assessor print out showing the current owner of the property with the APN number

MW Photographs of all exterior elevations with views and all major rooms and project rooms, identified and keyed to a site plan

MW Organization's information including:

- Articles of incorporation, mission statement, length of time established, and history
- A list of current board members
- Long-range plan including information on how frequently the plan is updated
- If applicable:
 - A list of activities for the past fiscal year
 - A detailed report on current CCCHP grant status as well as the outcome of previous CCCHP grants
 - A current list (last three years) of all grants and additional funding, including amounts the organization has or will receive

3. Budget

MW **Detailed Budget**

- Completed Budget Form
- Attached itemized lists and/or contractor quotes that break down labor and material costs

MW **Audit**

- Most recent audit for the organization. If there is no audit, provide an explanation of why an audit was not completed and how bookkeeping is managed.

MW **Insurance**

- Proof of insurance for the property or a justification for why there is no insurance

MW **Resumes**

- All principal professionals involved in planning, design and management of the proposed project

MW **Initial to confirm that the applicant understands that applications lacking any of the required information listed above are ineligible for review by the Commission.**

1. Project Description

What building(s), prehistoric feature, historic feature, or culturally significant feature are you restoring/rehabilitating?

Nevada State Prison Preservation Society (NSPPS) proposes the restoration of three flights of stairs found in the oldest surviving part of Nevada State Prison: The staircase at the entrance to the administrative building; the tunnel staircase between cell blocks B and C; and the staircase in the northeast corner of the prison yard, leading to cell block A. Once complete, these staircases will be part of the prison's fire escape route.

What is the historical significance of the property?

Nevada State Prison is among the oldest Nevada institutions. Carson City founder Abraham Curry purchased the land for the prison in 1858, building the Warm Springs Hotel there. In 1861, the first Nevada Territorial Legislature met at the hotel, and decided to use the building as a prison, as having a prison helped the territory to meet conditions for statehood. Curry was appointed warden. Inmates quarried sandstone for the new state Capitol. A proper prison would later be built and expanded with quarry stone as well.

In 1871, 29 inmates escaped the prison, killing guard Jeff Isaacs, wounding three others, and killing bystander Matt Pixley in the process. Law enforcement pursued them south, until 18 remaining escapees made a stand at what is now known as Convict Lake. All were killed in the following shootout, or captured and lynched soon after. As a result, Lieutenant Governor Frank Denver was removed as warden in 1873. He refused to vacate his position until Governor Lewis Bradley mobilized the state militia against the prison.

Over the years, prison labor became the source of further sandstone from which many of Nevada's historic buildings were constructed, making the prison a part of every facet of state history. Alongside the Capitol, prison stone was used in the governor's mansion, attorney general's office, Bank Saloon and many others. Even some wooden structures, such as St. Peter's Episcopal Church, Carson City, are built on foundations made of prison stone. Some of these structures were designed by Frederic DeLongchamps.

In the quarrying process, inmates eventually discovered fossilized sloth footprints and even mammoth remains in the sandstone, connecting the prison to Nevada's prehistory as well. Thus, by 1882, the still-active prison had become a tourist attraction. According to a report made for the Nevada State Prison Steering Committee, the site remains "suitable for scientific research."

By 1905, the prison was made the site of all state executions. In total, the prison was the site of 51 executions, many of which have demonstrated the shifting nature of capital punishment over the decades. The first execution by gas in the United States, that of Gee Jon, took place at the prison in 1924. In 1985, serial killer Carroll Cole, who had 16 known victims, was the first in the state to die by lethal injection.

The prison has also been the setting of numerous movies, including *Flesh and Blood* (1979), one of Denzel Washington's first appearances on screen, and *An Innocent Man* (1989), starring Tom Selleck. After the prison closed in 2012, *The Mustang*, produced by Robert Redford, was filmed at the prison with the help of local talent in 2017. Two years later, it premiered at Sundance Film Festival to extremely positive reviews.

How do you propose to restore/rehabilitate it?

NSPPS is in a multi-year program of repairing the oldest part of the complex: The administrative building and cell blocks which enclose the prison yard. In their earliest form, they were completed in 1925, likely re-using stone which had been cut for earlier buildings on the site. Work has already been accomplished, and more is underway.

As part of this program, NSPPS will repair three heavily-eroded stairways by demolishing and replacing unstable concrete stairs, and repointing the masonry underneath them with Jahn mortar from Cathedral Stone Products, the same product currently being used to repair the Capitol. This will restore each stairway to exactly its original appearance, and serve as the pathway for the prison's fire escape plan.

Who will be doing the work?

The work will be conducted by Newcastle Masonry in Reno and Newt Concrete of Carson City, under the direction of Lee Perks of Perks Petroleum.

What is the timeline for the project?

The timeline for the project is March to June of 2025.

Who holds title to the property?

The title for Nevada State Prison is still held by the Department of Corrections.

2. Building use/community involvement

How and by whom will the facility be used?

The prison currently serves as a museum for the public. Tours for locals and tourists are conducted by volunteers, including former prison staff. Volunteer yard crews engage in maintenance. In addition, the building already hosts a large and growing variety of local cultural events, such as fundraisers, galas, historical lectures, art galleries and concerts. Recently, the prison has been the site of a fundraiser for Friends in Service Helping (FISH), a nonprofit that provides housing and job training to those in need.

In addition, "paranormal investigators," or ghost-hunters, believe the prison to be haunted, and offer nighttime tours of their own. The prison was featured on Travel Channel's *Destination Fear* in 2021. A paranormal tour was one of the attractions at the FISH's event on April 18, 2024. Further, the Department of Public Safety uses the prison for active shooter training (free of charge), and the National Guard has used the prison for hazmat training.

As noted above, *The Mustang* was filmed at the prison recently. NSPPS is open to further film projects. The restoration of historic features would be a boon for this purpose. By comparison, the State of Georgia has used its unique features to bring in money from financial successes such as *The Walking Dead*, *The Hunger Games* and *Stranger Things* – all of which were filmed partly at Bellwood Quarry, outside of Atlanta. A similar approach could bring untold numbers of tourists and job opportunities to Carson City.

Who will be responsible for the management of the building and its programs/activities?

The NSPPS will be responsible for the management of the building and its programs.

How has the community continued to be involved in your project?

The NSPPS Board of Directors, tour guides and yard crews are composed of locals. Local volunteers have donated many hours to the cleanup of the building, and local tradesmen have contributed to its repair.

How will the community continue to be involved in your project?

The project of repairing the three stairways will be managed by local contractor and NSPPS board member Lee Perks. The work itself will be completed by local tradesmen.

How will the community continue to be involved in the use of the building?

Prison events have been held on the behalf of local nonprofits, artists, historians, law enforcement agencies and businesses. Cultural events of increasing variety will continue to be hosted at the prison, many of which already provide repeat business.

How are your restoration plans related to the uses of the building?

Parts of the prison cannot be conveniently accessed without the repair of the three staircases. The more the building is rendered useful, the more and larger the events that can be hosted. Specifically, the restoration of the three staircases will simplify access and egress throughout the complex, and serve as the prison's fire escape route.

What importance to tourism will the facility have?

The prison is already visited on a regular basis by both tourists and locals with an interest in history. Prison tours are often the centerpiece of local historical tourism. Alcatraz Prison, for example, brings in \$60 million of revenue per year. When all parts of Nevada State Prison are fully operational, as a museum and a location for community events, the local economic benefit can only increase. A historical tour that included the prison could make a visit to Carson City a three-day affair, with all that would entail for local hotels, restaurants and other businesses. If more television and movie filming were done at the prison, such a tour could bring in even more money.

The prison is also a longtime favorite of paranormal investigators who consider it to be haunted. A single YouTube video of the prison, posted by OmarGoshTV, has been viewed one million times in a year. For lack of a better word, the prison has "clout." With more and better access to the building, that clout would naturally increase, as would Carson City's economic leverage.

3. Project support/ Financial

What specific contributions (cash, land, labor, materials, etc.) have been provided toward the project from the community and/or other sources?

Other contributions or matching are not expected for the staircase project.

What grants and additional funding (last three years), including amounts, has the organization received or will receive for this project?

No grant money has been secured in the last three years for the repair of the staircases.

What additional contributions are projected to complete the project?

Additional contributions are not currently expected.

How will your facility sustain itself financially in the future? Please provide evidence that you can implement the project and maintain a viable program in the future.

Income from memberships, tours, the gift shop, private donations and an increasing number of events, have sustained the prison, and will continue to do so. In that time, both paid and volunteer labor have improved the fabric of the building itself. NSPPS is also revisiting grants as a source of revenue.

4. Planning

If your project includes planning, please describe the process.

The need to repair the staircases is straightforward. As such, all that was necessary was to find a mason who was capable of executing the project, and invite him on a walkthrough of the prison so that he could assess damage and offer a quote.

Who will participate in the planning?

The project will be planned by Lee Perks, Membership Co-Chair. He has worked in construction since 1974, and has already contributed to the restoration of the prison.

Who will coordinate it?

Planning is being coordinated by the same Lee Perks, board member and contractor.

How will the community be involved? Please note that projects requesting funds for planning may be supported only if the planning is part of a construction project.

The tradesmen and the project manager will be the only ones with significant involvement in this project, which is of a technical nature, and not a good candidate for further community involvement, such as volunteer work.

If your project is based on previous planning, please describe. Be sure to include all relevant studies and planning documents in the following supplemental materials section of the application, even if previously provided in a prior grant cycle.

Attempts to forestall the prison's closing resulted in the publication of a *Facility Condition Analysis* in 2009, to which NSPPS still refers. In addition, the *Historic Structure Report*, produced for the Carson City Planning Department in 2016, contains directions suited to restoring the prison as a museum. NSPPS consults both sources.

1. A paragraph (200 words maximum) describing the current or intended future use of the Property and cultural center programming.

Currently, Nevada State Prison is used for a wide variety of community events, and this is its Intended future as well. The prison is, first and foremost, a museum of state and prison history, open to the public almost year-round, except when winter ice and snow make the concrete walkways unusable. The prison also hosts paranormal tours, community events, fundraisers, galas, art galleries, concerts and law enforcement and military trainings, and has participated in the filming of movies. The Nevada State Prison Society (NSPPS) expects the prison to continue to host events of this kind in perpetuity. Further events are currently being planned.

2. A printout from the County Assessors website that shows the current owner of the property with the APN number clearly displayed; and

The printout is contained in the appendix.

3. Photographs of all exterior elevations with views, identified* and keyed to a site plan; and

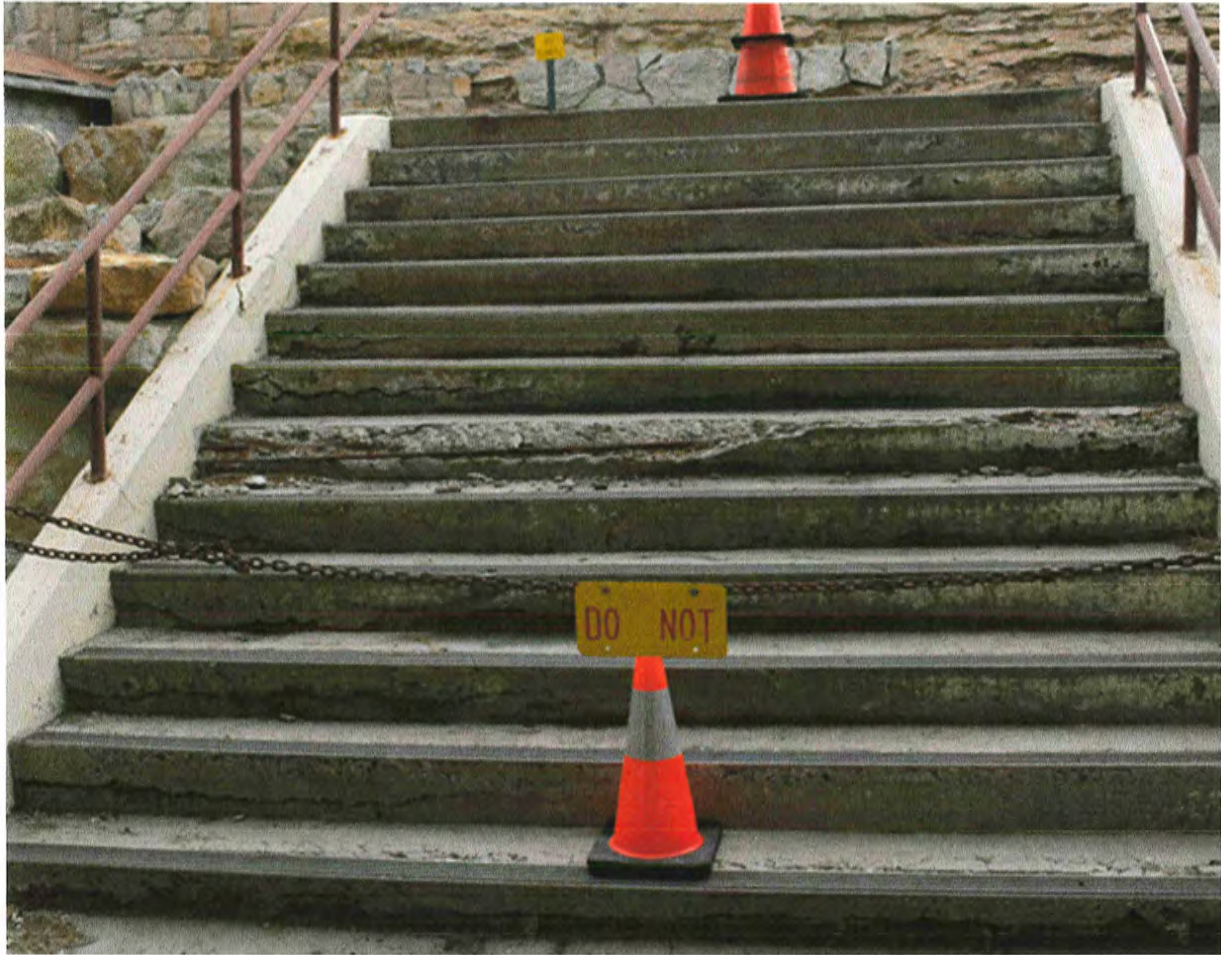
A. Admin Stairs



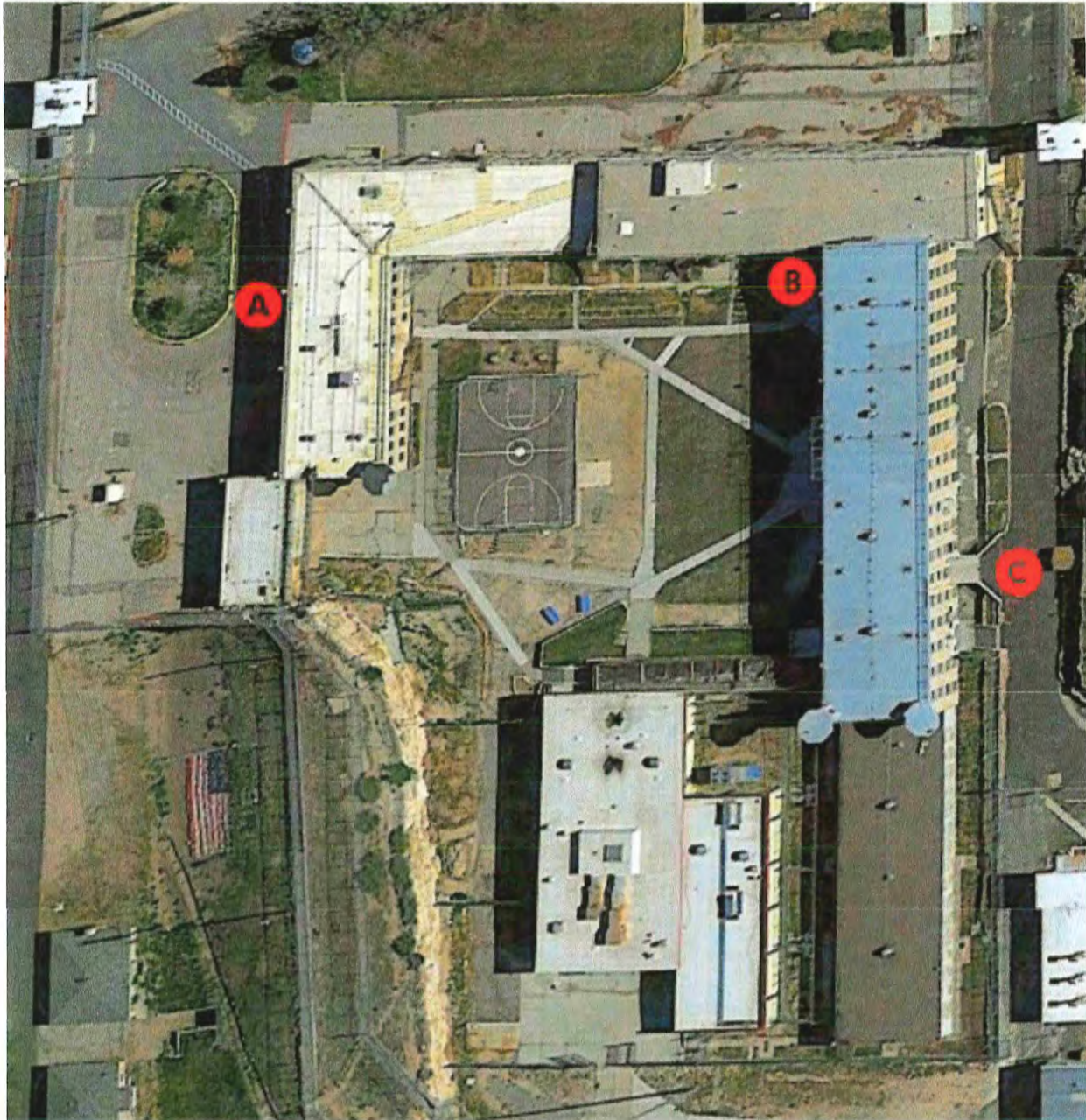
B. Cell block stairs



C. Tunnel Stairs



Site Plan:



4. Photographs of all major rooms and project rooms, labeled and keyed to a floor plan; and

All of the stairways that NSPPS proposes to repair are outside, so there are no inside photographs to present.

5. Organization's articles of incorporation, mission statement, length of time established, and history; and

Articles of incorporation: See appendix.

Mission: The mission of NSPPS is the preservation of the Nevada State Prison for the education of the State's citizens and visitors, regarding the role of the institution in the development of Nevada's government, the architecture of Carson City and the protection of Nevada communities.

Length of time Established: NSPPS was created by the state legislature in 2012, and has existed for 12 years.

History: NSPPS was founded by the state legislature in 2012 but incorporated as a federal nonprofit in April 2014. It held its first major event, a celebration of the 70th anniversary of the Carson City Chamber of Commerce, which had 500 attendees, in June 2015. NSPPS placed the prison on the National Register of Historic Properties in October of that year, and the publication of a Historical Structure Report in 2016 gave NSPPS a blueprint for repairs to the building, which have taken place on a continuous basis.

The main attraction at the prison has long been both its historic and paranormal tours, which have run more-or-less concurrently since at least 2016. Since that time, an increasing number of tours, galas, fundraisers and other events have contributed further funding and media attention and funded an increasing round of repairs. While COVID-19 social distancing procedures slowed progress in recent years, the passage of Assembly Bill 525 in 2023 set aside \$1 million for the repair of the prison roof. That repair is currently ongoing.

6. A list of current board members for the organization; and

Maurice White	President
Glen Whorton	Vice President
Didi Chaney	Secretary
Lynne Knack	Treasurer
Terry Hubert	Maintenance
Susan Bernard	Paranormal
LeRoy Perks	Planning
Brian Hutchins	Legal Counsel
Chris Pitzer	Social Media

7. A copy of the organization’s long-range plan including information on how frequently the plan is updated; and

The long-term goals of NSPPS are found in Article 2 section 2 of the NSPPS Bylaws: “The specific objectives and purposes of this corporation shall be: to preserve and maintain the decommissioned Nevada State Prison for the education of the present and future generations as to the history and use of the prison.”

To accomplish these goals, NSPPS will generally follow the Recommendations, beginning on page 6, found in the report named *Future of the Nevada State Prison*, presented to the 2015 Nevada State Legislature. Additionally the NSPPS will foster private and public collaborations that result in:

1. Commercial and philanthropic endeavors that present to the public the anthropogenic and natural history of the NSP.
2. The protection, preservation, restoration, and conservation of the various facilities and natural paleontological resources within the historical grounds of the NSP.

8. A list of the organization’s activities for the past fiscal year or calendar year, (if applicable); and

In the past calendar year, NSPPS has conducted:

- Monthly Board of Director meetings, monthly publication of the newsletter *Cellhouse Snitch*, and regular groundskeeping by volunteers;
- Historical and paranormal tours of the prison grounds;
- Hosted a variety of community events;
- Trainings for prison tour guides;
- Law enforcement trainings conducted by the Department of Public Safety, and open to other agencies, provided free of charge;
- Fine-tuning of museum exhibits housed in the administrative building, including the expansion of a collection of shanks and other (sometimes rare) prison-related antiques;
- Staging of the warden’s office, which restored it to its original appearance.

9. A detailed report on current CCCHP grant status (if applicable), as well as the outcome of previous CCCHP or CCA grants (if applicable); and

NSPPS has received a grant from SHPO in FY2019-2020 for the replacement of flooring and repair of the roof, in the total amount of \$25,900. Both repairs are complete.

10. A current list (last three years) of all grants (regardless of source) and additional funding, including amounts the organization has or will receive (if applicable).

While the prison has not received grants in the last three years, and is not yet applying for others, it did receive one million dollars for the State of Nevada with the passage of bill AB 300 for roof repairs. Further financial information may be found in the appendix.

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APPLICATION BUDGET

APPLICANT: Nevada State Prison Preservation Society

1. Personnel: CCCHP Grant funds cannot be used to compensate personnel. Match is limited to work related to the grant project.

	Position Title	Hours	Hourly Rate (HR)	Does HR include fringe benefits?	% of HR that is fringe benefit	Amount of fringe benefit	Match (Non-CCCHP Grant)
a.							\$ 0.00
b.							\$ 0.00
c.							\$ 0.00
d.							\$ 0.00
e.							\$ 0.00
f.							\$ 0.00
g.							\$ 0.00
h.							\$ 0.00
i.							\$ 0.00
j.							\$ 0.00
						Sub-total:	\$ 0.00

2. Travel: CCCHP Grant funds only cover travel for contracted service providers. This can be companies or individuals. Travel expenses must follow U.S. General Service Administration (GSA) rates.

	Contracted service provider	Match	CCCHP Grant	Total Amount
a.				\$ 0.00
b.				\$ 0.00
c.				\$ 0.00
d.				\$ 0.00
e.				\$ 0.00
f.				\$ 0.00
g.				\$ 0.00
h.				\$ 0.00
i.				\$ 0.00
j.				\$ 0.00
		Sub-total:	\$ 0.00	\$ 0.00

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APPLICATION BUDGET Cont.

APPLICANT: Nevada State Prison Preservation Society

4. Operating: List estimated operating expenses relating to the proposed project.

Note: CCCHP Grant funds cannot be used for administrative costs.

		# of	Rate	Flat Rate	Match	CCCHP Grant	Total Amount
a.	Photocopying						\$ 0.00
b.	Film and Processing						\$ 0.00
c.	Maps						\$ 0.00
d.	Postage						\$ 0.00
e.	Telephone						\$ 0.00
f.	Utilities						\$ 0.00
g.	Supplies (specify)						
	equipment rental	1		\$ 5,000.00		\$ 5,000.00	\$ 5,000.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
h.	Other (specify)						
							\$ 0.00
							\$ 0.00
				Sub-total:		\$ 0.00	\$ 5,000.00
						\$ 5,000.00	\$ 5,000.00

5. Other (please specify or attach detailed budget):

		Rate	Match	CCCHP Grant	Total Amount
a.					\$ 0.00
b.					\$ 0.00
c.					\$ 0.00
d.					\$ 0.00
e.					\$ 0.00
f.					\$ 0.00
g.					\$ 0.00
h.					\$ 0.00
i.					\$ 0.00
		Sub-total	\$ 0.00	\$ 0.00	\$ 0.00

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APPLICATION BUDGET Cont.

APPLICANT: Nevada State Prison Preservation Society

6. Section #1- 5 Subtotals:

		Match	CCCHP Grant	Total Amounts
1.	Personnel	\$ 0.00		\$ 0.00
2.	Travel	\$ 0.00	\$ 0.00	\$ 0.00
3.	Contractual Services	\$ 0.00	\$ 115,888.00	\$ 115,888.00
4.	Operating	\$ 0.00	\$ 5,000.00	\$ 5,000.00
5.	Other	\$ 0.00	\$ 0.00	\$ 0.00
Sub-total		\$ 0.00	\$ 120,888.00	\$ 120,888.00

7. Requested CCCHP Grant Total: \$ 120,888.00

8. Potential Match: \$ 0.00

9. Proposed Project Costs Grand Total: \$ 120,888.00

Note: For assistance with completing the budget, please refer to the CCCHP Grant Handbook.

Topics

- Match
- Procurement of Goods, Services, & Contracts

Forms

- Value of Donated Material
- Value of Donated Equipment
- Value of Donated Labor

Quotes

From: mark.maskaly@gmail.com <mark.maskaly@gmail.com>

Sent: Sunday, April 21, 2024 9:08 AM

To: Lee Perks <lee@perkspetroleum.com>

Subject: Front entrance/ steps repairs on stone

Lee,

Here is your proposal as per your request.

The lower stones butting up to the concrete steps have deteriorated and are in very poor shape. If not fixed soon, walls will start to fall apart. Based on how it is now, I recommend using Juan material by cathedral stone products. When applying the Juan material, there are multiple steps to fill in the void and making the stone look as natural as possible and making it strong again. To repair what is visible on the 2 entry walls.

Grand Total \$15,000.00

After completing the restoration on the stones with the Juan material, I will need to repoint all joints with type N mortar. If you want everything to match, I can grind out all existing joints where needed (note there are joints missing) and re grout and joint so everything matches.

Grand Total \$8,000.00

The 2 lower caps on the walls are either missing pieces and or are cracked and damaged. Right now they are not doing their job and allowing moisture into the walls and stone has efflorescence on them. This could possibly be the reason why stones have deteriorated as well. The cap sizes are 23"x 5" x 4'. To replace with new ones the same size. Grand Total \$4,000.00

Please note, there may be even more damage that is unseen. Will not know until the existing concrete steps are removed. If so, there will be additional costs to fix what is needed.

If you have any questions, please feel free to contact me.

Thanks,

Mark

Sent from my iPhone

From: mark.maskaly@gmail.com
Date: April 2, 2024 at 11:01:59 AM PDT
To: Lee Perks <lee@perkspetroleum.com>
Subject: Proposal for steps inside courtyard

Lee,

Based on our walkthrough on 4-1-24, there are many variables on what needs to happen. We probably won't know until an engineer looks at it and once we remove the concrete, ramps ect.. out of the way.

What I see that needs to be done to gain access to the concrete column is the following. Wall number one, left side of the concrete column. Stones butting up to concrete column need to be racked back to the building to allow access . By doing so, each stone will be documented and numbered so it will go back into its original place. The same thing will happen on the inner return side of the column.

When the concrete column is put pack together as needed, we will reinstall stones back into there original place using type N mortar. We will also cut out existing joints on wall where stones were not removed and replace with new type N mortar so everything matches.
Grand total for the two walls around concrete column \$28,500.00

Based on the depth of the stone and how much room there is to remove stone on the inner wall, stones under the stairs may have to be removed as well. Will not know until we get further into project. If stones need to be removed, stones will be documented , numbered and set aside until it's time to reinstall. When it's time to reinstall stone, type n mortar will be used to put back to its original place. If stones do not need to be removed, then all joints will be cut out and new type N mortar will be used to fill in joints.
Grand total to remove and reinstall stone\$18,500.
Grand Total to remove joints and put new type N mortar \$4,500.00

If ramp is no longer used by steps, there will need to be a wall built to fill the gap and match the existing wall that is there. That will require looking for stone on the facility that will match and work to accomplish what is needed. Grand Total \$5,500.

Please note: This Bid is based on stone depth being 6-8". Anything bigger we will be in need of equipment to move stone safely. This will take longer to remove and reinstall. If that's the case, there will be and additional \$15,000 charge.

If you have any questions, please feel free to contact me. Thanks

Mark
Sent from my iPhone

Proposal

NEWT CONCRETE CONSTRUCTION

NC. LIC. 41646 CA. LIC. 898369

P.O. BOX 20104

CARSON CITY, NV 89721-0104

PH. (775) 851-2466 Fax (775) 246-9026

6692

PROPOSAL SUBMITTED TO <i>NSP Museum</i>		PHONE	DATE <i>1/12/24</i>
STREET		JOB NAME <i>Concrete Stair Repairs</i>	
CITY, STATE and ZIP CODE		JOB LOCATION <i>NSP Fifth St.</i>	
ARCHITECT	DATE OF PLANS <i>Replace</i>	JOB PHONE <i>541eeperks@gmail 7752508101</i>	

We hereby submit specifications and estimates for:

Remove and Replace Existing Stairs and Landings to include: All Labor Form Place and Finish, Concrete, Rebar #4 @ 18" O.C. mat, dowel into Adjacent Concrete, Saw Cut as needed. Re-set existing railings (re-built by others). Patch endwalls and Column. Dump Rubble at on-site Location.

- 1.) West entry 6 risers, 6' x 10' Landing \$11640*
- 2.) Interior Yard 12' x 9' Landing over Ex Wall risers To be Determined. \$15600*
- 3.) East Side Set 13 risers 3' x 10' Landing \$14506*

Thank you

We Propose hereby to furnish material and labor — complete in accordance with above specifications, for the sum of:

Payment to be made as follows:

dollars (\$ *41746*).

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Authorized Signature _____

Note: This proposal may be withdrawn by us if not accepted within _____ days.

Acceptance of Proposal—The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature _____

Date of Acceptance: _____

Signature _____

Proposal

Page No. 1of 1

Pages

NEWT CONCRETE CONSTRUCTION

NC. LIC. 41646 CA. LIC. 898369

P.O. BOX 20104

CARSON CITY, NV 89721-0104

PH. (775) 851-2466 Fax (775) 246-9026

6752

PROPOSAL SUBMITTED TO <u>NSP Museum</u>		PHONE <u>775 250-8701</u>	DATE <u>4/29/24</u>
STREET		JOB NAME <u>Concrete Stair Repairs</u>	
CITY, STATE and ZIP CODE		JOB LOCATION <u>NSP Fifth St.</u>	
ARCHITECT	DATE OF PLANS <u>Replace</u>	JOB PHONE <u>541eeperks@ymail.com</u>	

We hereby submit specifications and estimates for:

1) West entry 6 risers, 6' x 10' Landing
 Remove and Replace.
 Handrails by others. Dump Demo
 material on-site. #4 Rebar
 @ 18" o.c. Material \$2655
 Labor \$8985

2) Interior yard 12' x 9' landing over
 Existing wall. risers T.B.D.
 Rebuild Column to include approx
 2' x 2' x 2' Pad Footing and 12' x 12' sq
 Concrete Column 8' high max. #4 Rebar
 @ 18" o.c. Labor \$13700
 Material \$3948

We propose hereby to furnish material and labor — complete in accordance with above specifications, for the sum of:

dollars (\$ 29788).

Payment to be made as follows:

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Authorized Signature _____

Note: This proposal may be withdrawn by us if not accepted within _____ days.

Acceptance of Proposal—The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature _____

Date of Acceptance: _____

Signature _____

Note: Budget slightly exceeds quotes due to the unpredictable nature of this project and the Likelihood that at least one of the three staircases has interior damage that has not yet been discovered.

NSPPS is not audited because it does not have sufficient revenue. Therefore, there is no audit Paperwork to present.

Proof of Insurance



THE HARTFORD
BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251

AUGUST 15, 2023

SUMMIT PARTNERS INSURANCE SERVICES/57130085
1430 BLUE OAKS BLVD SUITE 23
ROSEVILLE, CA 95747



Policy Information



Contact Us

Policyholder Details:
Nevada State Prison
Preservation Society

ADDITIONAL INFORMATION

Policy Number:
57 SBM AH5NH5

Producer Name:
SUMMIT PARTNERS
INSURANCE
SERVICES

Policy Term:
09/24/2023 to 09/24/2024

Producer Code:
57130085

Visit <https://agency.thehartford.com>
24/7 access to manage your book of
business.

Need Help? Start a live chat online
or call us at (866) 467-8730. We're
here weekdays from 8:00 AM to 8:00
PM ET.

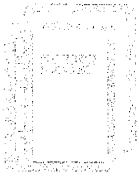
Insurance underwritten by: Hartford Underwriters
Insurance Company, a property and casualty company of
The Hartford.

The Hartford® is Hartford Financial Services Group, Inc. and its property and casualty subsidiaries. Its headquarters is in Hartford, CT.

Form SC 00 14 10 18
Process Date: 08/15/2023

© 2018, The Hartford

Page 1 of 5
Policy Expiration Date: 09/24/2024



Producer Fact Sheet

Account Number:
16128570

Bill Frequency:
Full Pay (100%Down)

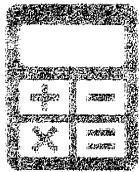
Payor:
Insured

Transaction Type:
Renewal

TOTAL POLICY PREMIUM	\$633.00
-----------------------------	-----------------

* Total Premium includes the premium for all Coverage Parts issued to you in this policy, as well as any companion policies delivered with this policy. Total Premium includes any applicable fees and surcharges. Total Premium may change based on coverage changes made through endorsement or if your policy is subject to Premium Audit.

This Spectrum® renewal policy premium reflects The Hartford's recognition of any changes to the insured's business and associated risk attributes that have occurred during the previous policy term. This may include changes in exposure, recent loss history or other characteristics that have become known to us through the underwriting process.



Commission Breakdown

LINE OF BUSINESS	COST	COMMISSION PERCENTAGE
Spectrum	\$633.00	15%
TOTAL	\$633.00	

The commission rate is subject to adjustment.



Forms Details

SL 30 32 06 21	BLANKET ADDITIONAL INSURED BY CONTRACT
SL 00 00 10 18	BUSINESS LIABILITY COVERAGE FORM
SC 00 00 10 18	COMMON POLICY CONDITIONS
SL 55 74 10 18	DECLARATIONS - EMPLOYMENT PRACTICES LIABILITY COVERAGE PART
SC 00 01 10 18	DECLARATIONS: BUSINESS OWNER'S POLICY
SC 70 00 12 20	DISCLOSURE - CAP ON LOSSES - TERRORISM RISK INSURANCE ACT
SL 55 02 10 18	EMPLOYMENT PRACTICES LIABILITY COVERAGE FORM (CLAIMS MADE)
SL 20 54 10 18	EXCLUSION - FUNGI, BACTERIA AND VIRUSES
SL 20 06 10 18	EXCLUSION - NUCLEAR ENERGY LIABILITY
SL 20 78 10 18	EXCLUSION - SILICA - BUSINESS LIABILITY COVERAGE FORM
SL 30 34 10 18	EXCLUSION - TOTAL LIQUOR LIABILITY
SL 20 84 10 18	EXCLUSION OF COVERAGE FOR SPECIAL EVENTS
IH12050221	GOODS AND SERVICES ENDORSEMENT
SC 50 64 06 20	IMPORTANT NOTICE TO POLICYHOLDER'S
SC 90 04 10 18	IMPORTANT NOTICE TO POLICYHOLDERS THE HARTFORD CYBER CENTER WEBSITE ACCESS
100722	INSURANCE POLICY BILLING INFORMATION
SL 55 42 10 18	NEVADA CHANGES - ARBITRATION ENDORSEMENT - EMPLOYMENT PRACTICES LIABILITY
SC 01 27 10 18	NEVADA CHANGES - COMMON POLICY CONDITIONS
SC 50 53 10 18	NON PHS MISCELLANEOUS TRANSACTION AGENT LETTER
SC 50 62 10 18	NON-PHS RENEWAL LETTER
SL 21 00 10 18	PERSONAL AND ADVERTISING INJURY EXCLUSION - COPYRIGHT MATERIAL
SC 50 31 10 18	PRODUCER COMPENSATION NOTICE
SL 55 37 10 18	RETROACTIVE DATE ENDORSEMENT - EMPLOYMENT PRACTICES LIABILITY
SC 00 12 10 18	SPECTRUM BUSINESS OWNER'S POLICY JACKET
SL 55 36 10 18	THIRD PARTY LIABILITY ENDORSEMENT - EMPLOYMENT PRACTICES LIABILITY
SC 90 16 10 18	TRADE OR ECONOMIC SANCTIONS ENDORSEMENT
SC 90 15 10 18	US DEPARTMENT OF THE TREASURY, OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NOTICE TO POLICYHOLDERS



Forms Details (continued)

FORM	DESCRIPTION
SL 55 34 10 18	WAGE AND HOUR CLAIMS EXPENSES - EMPLOYMENT PRACTICES LIABILITY



Spectrum Summary - Policy Information

Policyholder Details:
Nevada State Prison Preservation Society

Audit Period:
Non-Auditable

Policy Number:
57 SBM AH5NH5

Policy Term:
09/24/2023 to 09/24/2024

DESCRIPTION	LIMIT OF INSURANCE	PREMIUM
Policy Base Premium		\$265.00
LIABILITY COVERAGES		
Business Liability	\$1,000,000	\$311.00
Additional Business Liability Coverages		
Blanket Additional Insured by Contract	Included ¹	\$45.00
Other Liability Coverages		
Employment Practices Liability Insurance	\$25,000/\$25,000	Included
OTHER CHARGES		
Terrorism Coverage		\$12.00

Direct Bill Account Number - 16128570

¹ Included in Business Liability Limit(s).

This document contains only a general description of coverages that may be provided and does not include all of the features, exclusions and conditions of the policies it describes. Please refer to the actual policies for complete details of coverage and exclusions. In the event of a conflict, only the terms of an actual issued policy will prevail.

Resumes

LeRoy A. Perks
3030 Brenda Way
Washoe Valley NV 89704

Education

University of Nevada
Local 350 Apprentice Program

Work experience

Tradesman since 1975, beginning as a plumber
C-1 Contractor's License (1988)
Mechanical License (1988)
General Contractor License B-2 and B-4 (1998)
General Engineering License (1998)
General Construction License (1998)
1981

. I am the past president of L. A. Perks Petroleum Specialists, Inc since 1986 2016.

I held that position for 30 years. I am currently a Qualified Individual for these licenses as well as several California Licenses.

L. A. Perks Petroleum is currently licensed in nine states with 42 employees.

I have personally been the project manager on hundreds of projects for private companies and government organizations.

Gov apptd 2017 I am also a board member for Nevada State Environmental Agency to review claims for environmental cleanups.

Volunteer experience

Board Member, Nevada State Prison Preservation Society since 2016. My duties there are operation of the facility and construction projects.

Mark Maskaly
mark.maskaly@gmail.com
775-691-6305
Reno, Nv

Education:

McQueen HS
Cal State Fullerton

Certificates:

OSHA
Fork lift operator
Juan Mortar/ Cathedral Stone

Skills:

Business Owner
Project Manager
Mason

Contractors:

Lakecrest Homes: Montreux
McCaleb construction
Wyman Development
Lennar Homes
Toll Brothers
Raymond Brothers

Restoration Projects:

Eureka Courthouse
Attorney General office in Carson
Nevada State Museum in Carson
Nevada State Capitol in Carson
Carson Indian Colony
UNR CAMPUS

Newt Concrete is a longtime local concrete business.

Appendix

To avoid a bulky proposal, three planning documents – *Facility Condition Analysis* (2009), *Future of the Nevada State Prison* (2015) and *Historic Structure Report* (2016) – have been uploaded to SHPO’s FPT site under the heading “Christopher Cox – Nevada State Prison Application Large Size Documents.”

A printout from the County Assessors website that shows the current owner of the property with the APN number clearly displayed

⊕ Structure 1 of 1

⊖ Sales History

DISCLAIMER: SOME DOCUMENTS MAY NOT BE SHOWN

Year	Document #	Document Type	Sale Date	Sold By	Sold To	Price
2023	534895	RECORD OF SURVEY	8/24/2022			\$0

No Genealogy

No Taxing Bodies Information

DISCLAIMER

HISTORICAL DOCUMENTS ARE CURRENTLY UNDER CONSTRUCTION AND MAY NOT BE SHOWN.
DISCREPANCIES ARE BEING CORRECTED.

Property Information

Parcel ID	010-033-01	Parcel Acreage	21.4500
Tax Year	2024	Assessed Value	368,571
Land Use Group	IND	Tax Rate	0.0000
Land Use	580 - Industrial with Minor Improvements	Tax Cap	High Cap
Zoning	P	Tax Cap Returned	
Tax District	024	Total Tax Fiscal Year (2024 - 2025)	\$0.00
Site Address	3301 E FIFTH ST	Total Unpaid All Years	\$0.00
Neighborhood	129 - Industrial Market Area		

[Pay Taxes](#)

No Photos & Sketches

Assessments

Assessor Descriptions

Year	Assessor Descriptions	Subdivision	Section	Township	Range	Block & Lot
2024	Current Year 2024					

No Personal Exemptions

No Billing Information

No Payment History

Related Names

CURRENT Mail To FOR 2024 (2024 - 2025)		CURRENT OWNER FOR 2024 (2024 - 2025)	
Name	STATE OF NEVADA	Name	STATE OF NEVADA
Mailing Address	101 N CARSON ST CARSON CITY, NV, 89701-0000	Mailing Address	
Status	Current	Status	Current

No Personal Property

Articles of Incorporation



ROSS MILLER
 Secretary of State
 204 North Carson Street, Suite 4
 Carson City, Nevada 89701-4520
 (775) 684-5708
 Website: www.nvsos.gov



040601

**Nonprofit
 Articles of Incorporation**
 (PURSUANT TO NRS CHAPTER 82)

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number 20120543804-99
	Filing Date and Time 08/06/2012 5:57 AM
	Entity Number E0411232012-2

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Corporation:	NEVADA STATE PRISON PRESERVATION SOCIETY			
2. Registered Agent for Service of Process: (check only one box)	<input type="checkbox"/> Commercial Registered Agent: Name			
	<input type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input checked="" type="checkbox"/> Office or Position with Entity (name and address below)			
	Myron Carpenter Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity			
	1485 Turner Court Street Address	Carson City City	Nevada State	89703 Zip Code
	Mailing Address (if different from street address)	City	Nevada State	Zip Code
3. Names and Addresses of the Board of Directors/Trustees: (each Director/Trustee must be a natural person at least 18 years of age; attach additional page if more than four directors/trustees)	1) Myron Carpenter Name	Carson City City	NV State	89703 Zip Code
	1485 Turner Court Street Address			
	2) Glenn Whorton Name	Minden City	NV State	89423 Zip Code
	2660 Wildhorse Ln. Street Address			
3) Didi Chaney Name	Minden City	NV State	89423 Zip Code	
1662 U.S. Highway 395 Street Address				
4) Dick Hamilton Name	Gardnerville City	NV State	89410 Zip Code	
1975 Beatty St. Street Address				
4. Purpose: (required; continue on additional page if necessary)	<i>The purpose of the corporation shall be: to preserve and maintain the decommissioned Nevada State Prison for the education of the</i>			
5. Name, Address and Signature of Incorporator: (attach additional page if more than one incorporator)	Myron Carpenter Name	X Incorporator Signature		
	1485 Turner Court Address	Carson City City	NV State	89703 Zip Code
6. Certificate of Acceptance of Appointment of Registered Agent:	<i>I hereby accept appointment as Registered Agent for the above named Entity.</i>			
	X Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity			Date 8-3-12

This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 82 Articles
 Revised: 4-14-09

**ADDITIONAL PAGES TO
NONPROFIT ARTICLES OF INCORPORATION
FOR
NEVADA STATE PRISON PRESERVATION SOCIETY**

3. Additional Names and Addresses of the Board of Directors

Candace Duncan
1900 South Carson St., Suite 100
Carson City, NV 89701

Ronnie Hannaman
2733 Foxhill Dr.
Carson City, NV 89706

Lee Radtke
1585 Turner Ct.
Carson City, NV 89703

Barry Smith
1280 Goshute Way
Carson City, NV 89701

4. Purpose of Corporation (continued)

present and future generations as to the history and use of the prison. Otherwise, the corporation may engage in any lawful activity, subject to expressed limitations.

Additional Information:

Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Third hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the

federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.



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



181102

**Registered Agent
 Acceptance**
 (PURSUANT TO NRS 77.310)

This form may be submitted by: a Commercial Registered Agent, Noncommercial Registered Agent or Represented Entity. For more information please visit <http://www.nvsos.gov/index.aspx?page=141>

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Acceptance of Appointment by Registered Agent

In the matter of

Nevada State Prison Preservation Society

Name of Represented Business Entity

I,

Myron Carpenter

am a:

Name of Appointed Registered Agent OR Represented Entity Serving as Own Agent*

(complete only one)

- a) commercial registered agent listed with the Nevada Secretary of State,
- b) noncommercial registered agent with the following address for service of process:

Street Address _____ City _____ Nevada _____ Zip Code _____

Mailing Address (if different from street address) _____ City _____ Nevada _____ Zip Code _____

- c) represented entity accepting own service of process at the following address:

President

Title of Office or Position of Person in Represented Entity

1485 Turner Court _____ Carson City _____ Nevada 89703
 Street Address _____ City _____ Zip Code _____

Mailing Address (if different from street address) _____ City _____ Nevada _____ Zip Code _____

and hereby state that on

I accepted the appointment as registered agent for

the above named business entity. _____ Date

Myron Carpenter
 Authorized Signature of R.A. of On Behalf of R.A. Company

8-3-12
 Date

*If changing Registered Agent when reinstating, officer's signature required.

 Signature of Officer _____ Date _____

A current list (last three years) or all grants (regardless of source) and additional funding, including amounts the organization has or will receive (if applicable).

Note: No grants received. Financial statements following.

Nevada State Prison Preservation Society
Treasurer's Income/Expense/Balance Statement
For the Period Ended: April 30, 2023

	Budget 2023	Jan-23	Feb-23	Mar-23	Apr-23	Year to Date	Budget Variance
Revenues:							
Membership	75.00	20.00	40.00	445.00	50.00	555.00	480.00
Donations	-	110.00	-	35.00	45.00	190.00	190.00
Board Fees	-	-	100.00	-	100.00	200.00	200.00
Gift Shop Sales - General/Tours	12,000.00	-	20.00	121.00	67.00	208.00	(11,792.00)
Gift Shop Sales - Paranormal	5,000.00	-	40.00	25.00	60.00	125.00	(4,875.00)
Processing Fees/\$5 per	10,000.00	-	-	-	3,625.00	3,625.00	(6,375.00)
Interest	89.00	12.12	10.94	12.89	10.95	46.90	(42.10)
Total Unrestricted Revenues	\$ 27,164.00	142.12	210.94	638.89	3,957.95	4,949.90	\$ (22,214.10)
Restricted Revenues							
Grants	-	-	-	-	-	-	-
Events	8,500.00	-	-	-	-	-	(8,500.00)
Rentals	-	-	-	-	-	-	-
Gift Shop Sales Non-NSPPS	3,500.00	-	-	-	-	-	(3,500.00)
Day Tour Fees	17,940.00	-	-	-	10,875.00	10,875.00	(7,065.00)
Ghost Walk Tours	21,400.00	-	-	-	-	-	(21,400.00)
Paranormal Investigations	-	-	-	7,875.00	3,050.00	10,925.00	10,925.00
Brick Sales	-	-	-	-	-	-	-
Total Restricted Revenues	\$ 51,340.00	-	-	7,875.00	13,925.00	21,800.00	\$ (29,540.00)
Total Revenues	\$ 78,504.00	142.12	210.94	8,513.89	17,882.95	26,749.90	\$ (51,754.10)
Expenses:							
Bank Fees/PayPal/Ticket Fees	775.00	-	-	(27.59)	471.74	444.15	330.85
Collections	-	-	-	-	-	-	-
Corporation Licences/Fees	100.00	-	-	-	-	-	100.00
Equipment/Fixtures/Tools	11,766.00	-	-	-	709.73	709.73	11,056.27
Gift Shop Inventory - Tours	3,248.00	-	-	500.00	-	500.00	2,748.00
Gift Shop Inventory - Paranormal	1,500.00	-	-	-	-	-	1,500.00
Grants & Projects - Restricted	-	-	-	-	-	-	-
Grants & Projects - Unrestricted	-	-	-	-	-	-	-
Insurance	600.00	-	-	-	-	-	600.00
Legal	-	-	-	-	-	-	-
Maintenance/CIP/YLC	68,404.00	-	508.00	3,884.23	-	4,392.23	64,011.77
Marketing/Web Hosting	650.00	-	-	-	-	-	650.00
Membership	-	-	-	-	-	-	-
Office Supplies	724.00	-	-	-	-	-	724.00
Phone/Internet/Etc	120.00	-	-	120.00	-	120.00	-
PO Box	230.00	-	-	-	-	-	230.00
Printing	250.00	-	-	-	-	-	250.00
Silver State Ind - Karen Geddney	1,000.00	-	-	-	-	-	1,000.00
Tickets	620.00	-	-	-	910.00	(290.00)	(910.00)
Tour Supplies/Kits	2,300.00	-	-	-	-	-	2,300.00
Transfer of Restricted Revenues	45,000.00	-	-	-	-	-	45,000.00
Unknown	-	-	-	-	65.85	65.85	(65.85)
Total Expenses	\$ 137,287.00	-	508.00	4,476.64	2,157.32	7,141.96	\$ 130,145.04
Net Income:	\$(58,783.00)	142.12	(297.06)	4,037.25	15,725.63	19,607.94	(181,899.14)
						**	
	12/31/2022	1/31/2023	2/28/2023	3/31/2023	4/30/2023		
Checking Account Balance	\$ 39,649.83	39,779.83	39,979.83	43,496.19	59,210.87	19,561.04	
Savings Account Balance	\$ 95,070.05	95,082.17	95,093.11	95,106.00	95,116.95	46.90	
	\$ 134,719.88	134,862.00	135,072.94	138,602.19	154,327.82	\$ 19,607.94	
	**				**	**	

Nevada State Prison Preservation Society
Treasurer's Income/Expense/Balance Statement
For the Period Ended: January 31, 2024

	Budget 2024	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Year to Date	Budget Variance
Revenues:									
Membership		20.00						20.00	20.00
Donations		260.00						260.00	260.00
Board Fees								-	-
Gift Shop Sales - General/Tours								-	-
Gift Shop Sales - Over/Short								-	-
Interest		5.74						5.74	5.74
Total Unrestricted Revenues	\$ -	285.74	-	-	-	-	-	285.74	\$ 285.74
Restricted Revenues									
Grants								-	-
Events								-	-
AB 525 Appropriation								-	-
Day Tour Fees		100.00						100.00	100.00
Ghost Walk Tours								-	-
Paranormal Investigations		1,750.00						1,750.00	1,750.00
PN Investigation Class								-	-
Brick Sales								-	-
Unknown								-	-
Total Restricted Revenues	\$ -	1,850.00	-	-	-	-	-	1,850.00	\$ 1,850.00
Total Revenues	\$ -	2,135.74	-	-	-	-	-	2,135.74	\$ 2,135.74
Expenses:									
AB 525 Expenditures		480.41						480.41	(480.41)
Bank Fees/PayPal/Ticket Fees		7.23						7.23	(7.23)
Collections - Museum/Historial								-	-
Corp Licences/Fees/Membership		50.00						50.00	(50.00)
Equipment/Fixtures/Tools		11,800.00						11,800.00	(11,800.00)
Gift Shop Inventory/Purchases		659.70						659.70	(659.70)
Grant Procurement								-	-
Insurance								-	-
Legal								-	-
Maintenance/CIP/YLC/Supplies								-	-
Marketing/Web Hosting								-	-
Membership								-	-
Office Supplies/Secretary								-	-
Phone/Internet/Etc								-	-
PO Box								-	-
Printing								-	-
Purchase of Cert of Deposit								-	-
Tour Coordinator Payments								-	-
Volunteer Expenses/Supplies		825.30						825.30	(825.30)
Transfer of Restricted Revenues								-	-
Unknown								-	-
Total Expenses	\$ -	13,822.64	-	-	-	-	-	13,822.64	\$ (13,822.64)
Net Income:	\$ -	(11,686.90)	-	-	-	-	-	(11,686.90)	15,958.38
								**	
12/31/2023	1/31/2024	2/28/2024	3/31/2024	4/30/2024	5/31/2024	6/30/2024			
Checking Account Balance	46,881.50	35,188.86						11,692.64	
Savings Account Balance	45,208.65	45,214.39						(5.74)	
	92,090.15	80,403.25	-	-	-	-	-	\$ 11,686.90	
			**					**	

Return of Organization Exempt From Income Tax

2022

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

Open to Public

Department 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

Inspection

A For the 2022 calendar year, or tax year beginning January 01, 2022, and ending December 31, 2022

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Nevada State Prison Preservation Society		D Employer identification number 46-0754347
	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 1991	Room/suite	E Telephone number (775) 315-5448
	City or town, state or province, country, and ZIP or foreign postal code Carson City, NV 89702-1991		F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify): _____

H Check if the organization is not required to attach Schedule B (Form 990).

I Website nevadastateprison.org

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(1) 4947(a)(1) or 527

K 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 \$ 85,743

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	11,079
	2 Program service revenue including government fees and contracts	2	61,760
	3 Membership dues and assessments	3	0
	4 Investment income	4	89
	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 line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a	12,815	
b Less: cost of goods sold	7b	5,542	
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	7,273	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	80,201	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	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	41
	14 Occupancy, rent, utilities, and maintenance	14	21,709
	15 Printing, publications, postage, and shipping	15	1,351
	16 Other expenses (describe in Schedule O)	16	48,367
17 Total expenses. Add lines 10 through 16	17	71,468	
18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	8,733	
Net 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	130,825
	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	139,558

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	124,894	22 134,822
23 Land and buildings		23
24 Other assets (describe in Schedule O)	5,931	24 4,736
25 Total assets	130,825	25 139,558
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	130,825	27 139,558

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? See Schedule O

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.)

28 Maintenance and repairs to historical buildings - remove asbestos and repaint floors to match historically accurate site in order to create a museum to provide educational resources to visitors. Repair leaks in roofs to prevent further damage to historical buildings. Maintain grounds. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	21,709
29 Provide educational tours of a site on the National Historic Register - provided tours to 1,150 people discussing the importance of the various areas of the site. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	6,470
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	28,179

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/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Maurice White President	10	0	0	0
Vacant Vice President	10	0	0	0
M Lynne Knack Treasurer	5	0	0	0
Didi Chaney Secretary	2	0	0	0
Karen Denning Board Member	2	0	0	0
Terrance Hubert Board Member	2	0	0	0
Leroy Perks Board Member	2	0	0	0
Glen Whorton Board Member	4	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V)

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

Form 990-EZ (2022) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and tax shelter transactions. Includes a table with Yes/No columns and checkboxes.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

	Yes	No
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49b	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

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

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 0

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	Signature of officer M Lynne Knack Treasurer		Date 04/04/2024		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if <input type="checkbox"/> self-employed	PTIN
	Firm's name		Firm's EIN		
	Firm's address		Phone no		

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4847(a)(1) nonexempt charitable trust
Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization
Nevada State Prison Preservation Society

Employer identification number
46-0754347

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)			<input type="checkbox"/>	<input type="checkbox"/>		
(B)			<input type="checkbox"/>	<input type="checkbox"/>		
(C)			<input type="checkbox"/>	<input type="checkbox"/>		
(D)			<input type="checkbox"/>	<input type="checkbox"/>		
(E)			<input type="checkbox"/>	<input type="checkbox"/>		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2021. 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—2022. 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 VI 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—2021. 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 VI 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"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,985	54,465	17,341	55,729	9,053	140,573
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	301	57	4,637	49,915	74,575	129,485
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	4,286	54,522	21,978	105,644	83,628	270,058
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						270,058

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	4,286	54,522	21,978	105,644	83,628	270,058
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	0	3	58	89	150
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b			3	58	89	150
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	4,286	54,522	21,981	105,702	83,717	270,208
14 First 5 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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	99.94 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	0.06 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	0 %

- 19a 33 1/3% support test—2022.** 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 test—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	<input type="checkbox"/>	<input type="checkbox"/>
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	<input type="checkbox"/>	<input type="checkbox"/>
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	<input type="checkbox"/>	<input type="checkbox"/>
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	<input type="checkbox"/>	<input type="checkbox"/>
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	<input type="checkbox"/>	<input type="checkbox"/>
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<input type="checkbox"/>	<input type="checkbox"/>
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	<input type="checkbox"/>	<input type="checkbox"/>
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	<input type="checkbox"/>	<input type="checkbox"/>
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	<input type="checkbox"/>	<input type="checkbox"/>
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	<input type="checkbox"/>	<input type="checkbox"/>
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	<input type="checkbox"/>	<input type="checkbox"/>
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	<input type="checkbox"/>	<input type="checkbox"/>
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	<input type="checkbox"/>	<input type="checkbox"/>
b	A family member of a person described on line 11a above?	<input type="checkbox"/>	<input type="checkbox"/>
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI	<input type="checkbox"/>	<input type="checkbox"/>

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<input type="checkbox"/>	<input type="checkbox"/>
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<input type="checkbox"/>	<input type="checkbox"/>

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<input type="checkbox"/>	<input type="checkbox"/>

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<input type="checkbox"/>	<input type="checkbox"/>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	<input type="checkbox"/>	<input type="checkbox"/>
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	<input type="checkbox"/>	<input type="checkbox"/>

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<input type="checkbox"/>	<input type="checkbox"/>
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<input type="checkbox"/>	<input type="checkbox"/>
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	<input type="checkbox"/>	<input type="checkbox"/>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	<input type="checkbox"/>	<input type="checkbox"/>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required — <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O
(Form 990)

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the Organization
Nevada State Prison Preservation Society

Employer identification number
46-0754347

Part and Line Number: **Part I - Line 16**

Description	Amount
Insurance	\$621
Credit Card & Ticket Fees	\$1,532
Incorporation Fees	\$50
Tour Supplies	\$1,111
Equipment	\$1,272
Museum Displays	\$492
Transfer to State Maintenance Fund	\$43,289

Part and Line Number: **Part II - Line 24**

Description	BOY Amount	EOY Amount
Inventory for Sale	\$5,931	\$4,736

Part and Line Number: **Part III - Primary Exempt Purpose**

Education and Preservation of a National Historical site.

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

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

- ▶ 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 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

B Check if applicable:

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

C Name of organization
NEVADA STATE PRISON PRESERVATION SOCIETY

Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
PO Box 1991

City or town, state or province, country, and ZIP or foreign postal code
Carson City, NV 89701

D Employer identification number

46-0754347

E Telephone number

(775) 722-0394

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ nevadastateprison.org

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

K 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 ▶ \$ 105,999

Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	53,702
	2	Program service revenue including government fees and contracts	2	45,236
	3	Membership dues and assessments	3	0
	4	Investment income	4	58
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
	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	0	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7a	Gross sales of inventory, less returns and allowances	7a	7,003	
b	Less: cost of goods sold	7b	2,894	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	4,109	
8	Other revenue (describe in Schedule O)	8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	103,105	

Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	0
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	45,105
	15	Printing, publications, postage, and shipping	15	512
	16	Other expenses (describe in Schedule O)	16	2,182
17	Total expenses. Add lines 10 through 16 ▶	17	47,799	

Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	55,306
	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	75,519
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	130,825	

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	75,519	22	124,894
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	5,931
25 Total assets	75,519	25	130,825
26 Total liabilities (describe in Schedule O).	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	75,519	27	130,825

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?
Education and preservation of a National Historic Site.

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.

28 Maintenance and repairs to historical buildings - remove asbestos and repaint floors to match historically accurate site in order to create a museum to provide educational resources to visitors. Repair leaks in roofs to prevent further damage to historical buildings. Maintain grounds.

(Grants \$ 0) If this amount includes foreign grants, check here

29 Provide educational tours of a site on the National Historic Register - provided tours to 1,150 people discussing the importance of the various areas of the site.

(Grants \$ 0) If this amount includes foreign grants, check here

30

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

31 Other program services (describe in Schedule O)

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

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28a	45,105
29a	2,694
30a	
31a	
32	47,799

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
James Wells President	10	0	0	0
Maurice White Vice-President	10	0	0	0
Didi Chaney Secretary	2	0	0	0
Karen Denning Board Member	2	0	0	0
Terrance Hubert Board Member	2	0	0	0
Wes Mattice Board Member	2	0	0	0
LeRoy Perks Board Member	2	0	0	0
Glen Whorton Board Member	4	0	0	0

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** No

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** No

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** No

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** No

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** No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ **37a** 0

b Did the organization file **Form 1120-POL** for this year? **37b** No

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** No

b If "Yes," complete Schedule L, Part II and enter the total amount involved **38b**

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 **39a**

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 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0

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** No

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 ▶ 0

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T **40e** No

41 List the states with which a copy of this return is filed. ▶ NV

42a The organization's books are in care of ▶ Maurice White Telephone no. ▶ (775) 722-0394

Located at ▶ PO Box 1991 Carson City, NV ZIP + 4 ▶ 89701

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** No

If "Yes," enter the name of the foreign country: ▶

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

c At any time during the calendar year, did the organization maintain an office outside the U.S.? **42c** No

If "Yes," enter the name of the foreign country: ▶

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** No

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** No

c Did the organization receive any payments for indoor tanning services during the year? **44c** No

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** No

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** No

	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		No
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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		No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		

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
NONE				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations 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	▶ Signature of officer	2022-03-05 Date
	▶ James Wells President Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

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

Additional Data

[Return to Form](#)

Software ID: 21013178
Software Version: v1.00

Form 990-EZ, Special Condition Description:

SCHEDULE A
(Form 990)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021

Department of the Treasury
Internal Revenue Service

Name of the organization NEVADA STATE PRISON PRESERVATION SOCIETY	Employer identification number 46-0754347
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Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
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) . . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2021.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2020.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .	52,015	3,985	54,465	17,341	55,729	183,535
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,420	301	57	4,637	49,915	57,330
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0

5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	54,435	4,286	54,522	21,978	105,644	240,865
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0	0	0	0	0	0
c	Add lines 7a and 7b.	0	0	0	0	0	0
8	Public support. (Subtract line 7c from line 6.)						240,865

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.	54,435	4,286	54,522	21,978	105,644	240,865
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	0	0	0	3	58	61
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	0	0	0	0	0	0
c Add lines 10a and 10b.	0	0	0	3	58	61
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	54,435	4,286	54,522	21,981	105,702	240,926

14 **First 5 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 2021 (line 8, column (f) divided by line 13, column (f))	15	99.975 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	0 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	0.025 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	0 %

- 19a **33 1/3% support tests-2021.** 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-2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Schedule A (Form 990) 2021

Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		

4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

Schedule A (Form 990) 2021

Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the		

1		
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Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
	3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a The organization satisfied the Activities Test. Complete **line 2** below.
 - b The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
	2a		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
	3b		

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		

2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Schedule A (Form 990) 2021

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			

c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

Schedule A (Form 990) (2021)

Schedule A (Form 990) 2021

Page **8**

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Return (Schedule A)	E-61787000
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Schedule A (Form 990) 2021

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Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990)

Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

2021

Name of the organization NEVADA STATE PRISON PRESERVATION SOCIETY

Employer identification number 46-0754347

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization NEVADA STATE PRISON PRESERVATION SOCIETY	Employer identification number 46-0754347
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Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
			\$	

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization NEVADA STATE PRISON PRESERVATION SOCIETY	Employer identification number 46-0754347
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Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift		Relationship of transferor to transferee	
Transferee's name, address, and ZIP 4			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift		Relationship of transferor to transferee	
Transferee's name, address, and ZIP 4			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift		Relationship of transferor to transferee	
Transferee's name, address, and ZIP 4			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift		Relationship of transferor to transferee	
Transferee's name, address, and ZIP 4			

Schedule B (Form 990) (2021)

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eFile Public Visual Render		ObjectID: 202210649349200721 - Submission: 2022-03-05	TIN: 46-0754347
SCHEDULE O (Form 990) 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. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2021 <small>OMB E-1225-0047</small> <small>2021-01-20</small>
Name of the organization NEVADA STATE PRISON PRESERVATION SOCIETY		Employer identification number 46-0754347	

Form 990-EZ, Part I, Line 16	Description;Amount^Insurance;594 Credit Card and Ticket Fees;627 Incorporation Fees;100 Memberships and Conferences;280 Tour Supplies;581^Total;2182^
Form 990-EZ, Part II, Line 24	Description;EOY Amount^Inventory for sale;5931^Total;5931^
Form 990-EZ, Part II, Line 26	Description;EOY Amount^No description;0^Total;0^

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Schedule O (Form 990) 2021

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