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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-1150

2008

Open to Public Inspection

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| AR. | | Check if a | | Please | _ | | of organ | | | | | | | | | | | D | | | ntıfıc | ation nu | mber |
| | | Address o | use IRS label or NORTH AMERICAN JUNIOR RED ANGUS SHOW, INC 90 | | | | | | | 0 | 325798 | } | | | | | | | | | | | |
| Э П | = | Name cha | - | print or | | | | | rPO bo | | | | | | | Roo | m/suite | E | Telep | hone n | umbe | r | |
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| 4 <u>F</u> | = | Amended | | Specific | | | | | country, | | | | | | | | | F | Grou | Exem | ption | | |
| 30 | | | n pending | Instruc- tions. | CL | JSHIN | IG IA | 4 51 | 018-80 | 011 | | | | | | | | | Numb | | • | • | |
| • | | Section | on 501(c)(3) | organiz | atio | ns and | d 4947 | 7(a)(1) I | nonexe | empt c | haritat | ole tro | usts m | ust a | ttach | . G | Acco | untı | ng me | ethod | Z | Cash [| Accrual |
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| | J C | Organiz | ation type (| check or | nly c | ne) — | <u> 50</u> | 1(c) (⁵ | 5) ∢ (ır | nsert n | <u>o) L</u> | 494 | 17(a)(1) | or [| 527 | Ш. | 990-E | ΞZ, c | or 990 |)-PF) | | | |
| | | | · 🗾 if the org | | | | | | | | | | | | | eipts | are nor | mall | y not | more th | nan \$ | 25,000 | A return is |
| _ | | | ired, but if th | _ | | | | | | | | | | | | | | | | | | | 0.000 |
| 7 | | | 5b, 6b, and | | | | | | | | | | | | | | | | | <u>▶\$</u> | D | 4 . 1 . 1 | 9,330 |
| 2 | 16 | rt | Revenue | | | | | | | | | | Fund | Bal | ances | s (Se | e the | ıns | truct | ions t | or P | art I.) | 9550 |
| , e | 7 | 1 | Contributio | | | | | | | | | - | | | | | | | | 1 | | | 8550 |
| _ | > | 2 | Program s | | | | | | verpip | entife | */## | con | tracts | | • | | | | | 2 | _ | | 780 |
| = | 5 | 3 | Membersh | • | | d ass | essme | ents | • | , | - 604 | ٠. | | • | | • | | | • | 3 | | | |
| = | 5 | 4 | Investment | | | ٠ | | | · J U | | 3 201 | 3 | | 1 | 5a | - | • | | | | | | |
| | A CE | 5a | Gross amo | | | | | | | | | | • | • - | 5b | | | | | 1 | | | |
| 300 | c , [| b | Less cost | | | | | | | | | | | ا احدد، | | /atta | | اردام | | 5c | | | |
| | | C | Gain or (los | • | | | | | | ~ ~- | | | | | | • | | | (e) | 1 , | | | |
| | 3 | 6 | Special events | | | | | | parts or | | | | | | aniiny, s | CHECK | nele 🕨 | _ [| | . | | | |
| - | FESTERNEY | а | Gross reverse reported o | • | | iciuuii | ıyφ. | | | | _ 010 | COITE | ibulioi | | 6a | | | | | - - - | | | |
| | - | b | = | | • | othe | · · · or thar | a fund | raisina | 1 AVDA | nees | • | • | . | 6b | | | | | | | | |
| | - } | c | Less: direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | | | | | | | | 6c | | | | | | | | | | | | |
| | | | Gross sale | | | | | | | | | | | Ī | 7a | | / | | | | | | |
| | | b | Less cost | | | - | | | | | | | | . [| 7b | | | | | | | | |
| | | С | Gross prof | _ | | | sales | of inv | entory | (Subt | ract lir | ne 7b | from | line | 7a) . | | | | | 7c | | | |
| | | 8 | Other reve | nue (de | escri | be 🕨 | | | | | | | | | | | | | _) | 8 | | | |
| | | 9 | Total reve | nue. A | dd I | ines 1 | , 2, 3 | , 4, 50 | c, 6 c() | /to, an | 4. E | ע | | | · · | <u>.</u> | | <u>. </u> | <u> </u> | 9 | | | 9330 |
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| | | 11 | Benefits pa | aid to o | or fo | r men | nbers | . g | \ JU | JL 0 | 8 20 | 113 . | 121 | | | | | | | 11 | | | |
| | ses | 12 | Salaries, o | ther co | mpe | ensatio | on, ar | nd pm i | bloyee | bene | fits | | | | | | | | | 12 | | | 636 |
| | eŭ | 13 | Professiona Occupancy | al fees | and | othe | r payr | nents | to inc | epene | ent ct | ontra | ctors | • | | | | | | 13 | | | 4000 |
| | Ϋ́ | 14 | Occupancy | /, rent, | utılı | ties, a | and m | ainten | ıance | | | - | . | • | • | | | | | 14 | | | 1000 |
| • | Net Asakin VJ Expenses | 15 | Printing, pu Other expe | ublication | ons, | post | age, a | and sh | ipping | j | Itom- | P | ماد ۲۰ | | Λ | de | - | | | 15 16 | | | 1526 2,234 |
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| 6 | 2 | | | | | | | | | 47.5 | | | | | | <u> </u> | • | • • | | 18 | | | 3934 |
| 2 | | 18 | Excess or | | | | - | | | | | | | | | , • | | | | 10 | | | 3334 |
| 1 | S | 19 | Net assets | | | | | | | | | ı line | 27, 0 | colum | in (A)) | (mus | st agre | e v | /ith | 19 | | | |
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| | Ž | | Net assets | | | | | | | | | | | ugh 2 | 20 , . | | | | Þ | 21 | | | |
| Ī | Fa | | Balance \$ | | | | | | | | | | | | | | ıle For | m 9 | 90 ır | | of F | orm 99 | 0-EZ |
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| | <u>ප</u> නී | Cash, savings, and investments | | | | | | | | 23 | | | | | | | | | | | | | |
| | 24 | | r assets (de | ~ | | | | | | | | • • | • | • | ٠ | | | | | 24 | | | |
| | 25 | | assets | | | | | | | | | | | | . , | | | | 11 | 49 25 | | | 5083 |
| | 26 | | liabilities (| describ | | | | | | | | | | | ·) | | | | | 26 | | | |
| | 27 | | assets or fi | | | | ne 27 | of co | lumn (| (B) mu | st agr | ee w | rith line | e 21) | | | | | 11 | 49 27 | | | 5083 |

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|--|---------------------------------|---------------------|--------------------|-------------|--|
| Part III Statement of Program Service Accom | plishments (See the inst | ructions for Part | III) | (D - | Expenses |
| What is the organization's primary exempt purpose? F | Red Angus Show annually | for Youth under | age 22 | | quired for 501(c)(3) (4) organizations |
| Describe what was achieved in carrying out the organiz | ation's exempt purposes. Ir | a clear and cond | ise manner. | and | 4947(a)(1) trusts, |
| describe the services provided, the number of persons be | nefited, or other relevant info | ormation for each p | rogram title | opti | onal for others) |
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| 28 | | | | ł | |
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| (Grants \$) If this amount incl | udes foreign grants, check | here | . ▶ □ | 28a | |
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| 30 | | | | | |
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| | | | | | |
| | udes foreign grants, check | | | 30a | |
| 31 Other program services (attach schedule) | | 11616 | · | 30a | |
| , - | | | | | |
| | udes foreign grants, check | here | . • | 31a | |
| 32 Total program service expenses (add lines 28a th | nrough 31a) | | ▶ | 32 | |
| Part V List of Officers, Directors, Trustees, and Key | Employees, List each one eve | n if not compensate | d. (See the ins | tructio | ons for Part IV) |
| | (b) Title and average | (c) Compensation | (d) Contribution | ns to | (e) Expense |
| (a) Name and address | hours per week | (If not paid, | employee benefit i | | account and other allowances |
| | devoted to position | enter -0) | deferred compen | Salion | other allowances |
| Larry D Johnson | President | _ | | _ | |
| 4682 210th st Cushing IA 51018 | | 0 | | 0 | 0 |
| Cheryl Johnson | Secretary | | | | |
| 4682 210th st Cushing IA 51018 | Secretary | 0 | | 0 | 0 |
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| Da | Other Information (Note the statement requirements in the instructions for Part VI) | | | |
|-------|--|-------------|--------------|------------|
| 217.0 | Curio information (Note the Statement resourcement are measurement and the state of | | Yes | No |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 | | 1 |
| 34 | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | 34 | | 1 |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T | | | |
| а | Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? | 35a | | 1 |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | ├ | ļ |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N | 36 | | 1 |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a n/a | | | |
| | Did the organization file Form 1120-POL for this year? | 37b | | ļ. — |
| | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved | 38a | | 1 |
| 39 | | | | |
| | Initiation fees and capital contributions included on line 9 | 1 | | |
| | Gross receipts, included on line 9, for public use of club facilities | | | |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year undersection 4911 ▶; section 4912 ▶; section 4955 ▶ | | | |
| b | Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction | ĺ | 1 | |
| | during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I | 40b | | |
| С | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| d | Enter amount of tax on line 40c reimbursed by the organization | | : | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | |
| 41 | List the states with which a copy of this return is filed IA | | | |
| 42a | The books are in care of ▶ Cheryl Johnson Telephone no ▶ (712) | | | 43 |
| | Located at ► 4681 210th st Cushing IA ZIP + 4 ► | 510 | 18 | |
| 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 | 401 | Yes | No |
| | account)? | 42b | | - , |
| | If "Yes," enter the name of the foreign country: ▶ | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| С | At any time during the calendar year, did the organization maintain an office outside of the U.S? | 42c | | ✓ |
| | 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 | | | |
| | | | Yes | No |
| | Did the agreement in an arrangement of the death of the death of the second of the sec | ' \$ | 165 | 140 |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | 44 | | 1 |
| 15 | Form 990-EZ | 4 | - ' e- | |
| 45 | "Yes," Form 990 must be completed instead of Form 990-EZ | 45 | 4 cm - 4 man | √ |

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| Part VI | Section 501(c)(3) organizations only and complete the tables for lines 50 at | | organizations mu | st answer questi | ons 40 | | | | | | |
|--------------------|---|--|---|---|----------|-----------------------------|----------------|--|--|--|--|
| 46 Did 1 | the organization engage in direct or indirect p | olitical campaign activitie | s on behalf of or II | n opposition to | | Yes | No | | | | |
| | didates for public office? If "Yes," complete S | | | | 46 | | ✓ | | | | |
| | the organization engage in lobbying activities | | dule C. Part II | | 47 | | ✓ | | | | |
| | Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | | | | | | | | | | |
| | | | | | | | | | | | |
| | If "Yes," was the related organization(s) a section 527 organization? | | | | | | | | | | |
| 50 Com | iplete this table for the five highest compensation received more than \$100,000 of compensations. | ted employees (other tha | | | emplo | yees) |) who | | | | |
| (a) | Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | acco | xpens ount an allowan | nd | | | | |
| None | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total num | ber of other employees paid over \$100,000 ► | | | | | | | | | | |
| | plete this table for the five highest compensa bensation from the organization. If there is no | | | | 00,000 | of | | | | | |
| | (a) Name and address of each independent contractor p | aid more than \$100,000 | (b) Typ | oe of service | (c) Com | pensat | ion | | | | |
| None | | | | | | | | | | | |
| | | | | | | - | | | | | |
| Total | | #100 000 | | | | | | | | | |
| Total num | ber of other independent contractors each reconstruction under penalties of perjury, I declare that I have examinand belief, it is true correct, and complete Declaration | ed this return, including accomp | panying schedules and son all inform | nation of which preparer | est of m | y know v knowl | ledge ledge | | | | |
| Sign Here | Arry D Johnson ? | es ident | C | <u>Le-16:13</u> Pate | | | | | | | |
| | Type or print name and title | | Check if | <u> </u> | | | | | | | |
| Paid Preparer's | Preparer's signature ComulBulhands | CPA Date 6/26 | self- employed | Preparer's Identifying P | 473 | | | | | | |
| Use Only | Firm's name (or yours if self-employed), | BURKHARDT & DAWSON | | | 923 | | | | | | |
| May the IP | address, and ZIP + 4 | ERTIFIED PUBLIC ACCOUNTAL | | hone no ▶ (712) 2 | | | | | | | |
| May the IF | RS discuss this return with the preparer show | n ad onekuree, irejuoik ons | <u>, , , , , , , , , , , , , , , , , , , </u> | <u> </u> | ☐ Ye | s_LJ | No | | | | |