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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)

OMB No 1545-1150

2009

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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. Open to Public Department of the Treasury Inspection Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements A For 2009 calendar year, or tax year beginning

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В	Check if Please C Name of organization D Emp					D Emplo	loyer Identification number				
4 [7]		dress change use RS THAT FAMOUS PRESTON NIGHT RODEO INC			32-0267987						
П	labet or Number & street (or P.O. box if mail is not delivered to street addr.) Room/ F. Teleph				hone number						
ᅜ	Initial return type.							1			
Terminated Specific 10 S STATE ST								(2	08)852-1120		
H	Amended r	Instruc-		state or count	ry and ZIP + 4	1			F Group		
	Application pending	Huons		1 ID 832	•	•			Numbe		
Ц.								T G	Accounting		
•	Section			6 4947(a)(1) no Schedule A (Fo		ıritable trusts m ∩-F7\	ust attacn	' '	_		△ Casii
_	Woboit			RESTONN				- 	Other (speci	.,	
						, , , , , , , , , , , , , , , , , , , 	45 - 11 -	H			nization is not required
				X 501(c)(6				27			orm 990, 990-EZ, or 990-PF).
											more than \$25,000. A
						zation chooses to				mplete	
-						re, file Form 990 ins					155,832
F	art I	Revenue,	Expenses	, and Chan	ges in Net	Assets or F	und Bal	<u>ances</u>	(See the insti	uctions	
	1	Contributions	s, gifts, grants	, and sımılar an	nounts receive	ed				_1_	10,850
	2	Program sen	vice revenue i	ncluding gover	nment fees an	d contracts				2	144,982
	3	Membership	dues and ass	essments .						3	
	4	Investment i	ncome ,				,,			4	
	5a	Gross amou	nt from sale of	assets other th	nan inventory		5a				
	b	Less cost or	rother basis a	nd sales expen	ses		5b				
	3 C	Gain or (loss	s) from s ale-of-	assets other th	an inventory (Subtract line 5b	from line 5	a)		5c	
į	, 6	Special events	and activities (co	"BEOEM	Schedu	e G). If any amount	ıs from gan	ning, ch	eck here		
	a		ue (not ihcludi			of contributions					
ł	!	reported on	line 1)	AUGULA	3000		6a				
ì			expenses other	AUG 1 9 r than fundrais	ing expenses		6b			1	
	c	Net income of	or (loss) from	special-events-	and_activities	Subtract line 6b	from line 6	Sa)		6c	
	7a			S GUDEAN H			7a	,			
	b	Less: cost of			,		7b			1	
	c		-	sales of invento	orv (Subtract li	ne 7b from line 7				7c	
	8	•	ue (describe ▶		,, (Gaba ac	, 5	ω,	• • •		8	
	9		,	2, 3, 4, 5c, 6c,	7c and 8					9	155,832
_	10			s paid (attach						10	1337032
	44		to or for men					• • •	• • • • • • • • • • • • • • • • • • • •	11	
E	112	•		on, and emplo	 vaa hanafite		• • •			12	8,368
į	13			-	-	ontractors	• •	• • •	• •	13	44,318
i	14			and maintenan						14	10,796
•								• • • •			10,790
į	15			age, and shipp ▶ See at			• • • •			15	71 705
	16	•	•							16	71,795
_	17			10 through 16					····· >	17	135,277
	A 18	•		•		e 9)				18	20,555
N E T	A S 19 S E					line 27, column (agree wi	ith		
두		-		d on prior year						19	
	S 20	_				xplanation)			#2	20	47,205
	21					nes 18 through 2			<u></u> ▶	21	67,760
P	art II	Balance				n (B) are \$1,250,	000 or mo				
			,	e instructions fo	or Part II)			(A) Be	eginning of yea	ar	(B) End of year
22	Cash,	savings, and i	nvestments .	• • • • • • • • • • • • • • • • • • • •						22	67,760
23	Land a	ind buildings								23	
24	Other a	assets (descrit	be ▶)			24	
25	Total a	assets							(25	67,760
26		iabilities (des			- · · · · · · · · · · · · · · · · · · ·)		(26	0
27	Not ac	eate or fund	halances (line	27 of column	(R) must agre	e with line 21)		I	(27	67 760

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

		PRESTON NIGH				Page 2
P	art III Statement of Program Serv	ice Accomplishme	nts (See the instruction	s for Part III.)		Expenses
	at is the organization's primary exempt purpos					ired for section 501(c)(3)
De	scribe what was achieved in carrying out the oi	ganization's exempt purp	ooses. In a clear and cor	ncise manner,)1(c)(4) organizations and n 4947(a)(1) trusts, optional
	scribe the services provided, the number of per				for ot	
28	See attachment #4	· · · · · · · · · · · · · · · · · · ·				
	•					
	(Grants \$ 10,850) If this am	ount includes foreign gra	nts, check here	•	28a	135,277
29		<u>-</u>				1337277
			······································			
			 			
	(Grants \$) If this am	aunt makudaa faraina aya	nto obselvbere			
20	(Grains 5) It this arm	ount includes foreign gra	mis, check here	▶	29a	
30						
						
			······································			
		ount includes foreign gra	nts, check here	▶	30a	
31	Other program services (attach schedule)					
		ount includes foreign gra	nts, check here		31a	
	Total program service expenses (add lines a				32	135,277
P	art IV List of Officers, Directors, 1	rustees, and Key	Employees. List each	one even if not compe	nsated.	(See the instr. for Part IV.)
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions	s to	(e) Expense
	(a) Name and address	devoted to position	(If not paid, enter -0)	employee benefit pl	lans & ation	account and other allowances
Se	ee attachment #5		, , , , , , , , , , , , , , , , , , ,	†		
						
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Part V Other Information (Note the statement requirements in the instructions for Part V.) Yes No Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed 33 Х Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the Χ If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but 35 not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?...... **b** If "Yes," has it filed a tax return on Form 990-T for this year? X 35b 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during X 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a **b** Did the organization file **Form 1120-POL** for this year?.... Χ 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? X **b** If "Yes," complete Schedule L, Part II and enter the total amount involved 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 ▶ , section 4912 ▶ Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Χ 40b Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T X 41 List the states with which a copy of this return is filed > ID 42a The organization's books are in care of ▶ See attachment #6 Telephone no. > Located at ▶ ZIP + 4 ▶ 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 Yes No 42b Х 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. At any time during the calendar year, did the organization maintain an office outside of the U.S.? Χ If "Yes," enter the name of the foreign country. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here ... 43 No Yes Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of 44 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes,"

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Form 990 must be completed instead of Form 990-EZ.

Part VI	Section 501(c)(3) organizations and section 501(c)(3) organizations and section for lines 50 and 51							
46 Did the	for lines 50 and 51 organization engage in direct or indirect	ect political campaign acti	vities on behalf of or in	opposition to candidates		Yes	No	
	c office? If "Yes," complete Schedule				. 46		X	
	organization engage in lobbying activ	. 47		X				
	e organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
	old the organization make any transfers to an exempt non-charitable related organization?							
	was the related organization a section				49b		X	
	te this table for the organization's five				d key emp	oloyees	;)	
	e 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		rpense nt and owance		
NONE			· · · · · · · · · · · · · · · · · · ·		011101	0 1141100		
					, -			
_								
,								
						-		
	mber of other employees paid over \$							
compen	te this table for the organization's five sation from the organization. If there	is none, enter "None."						
(a) Nam NONE	ne and address of each independent	contractor paid more than	n \$100,000 (k	Type of service	(c) Comp	ensatio	<u>n</u>	
						· ·		
d Total nu	mber of other independent contracto	rs each receiving over \$1	00,000 ▶ _	· · · · · · · · · · · · · · · · · · ·				
Sign Here	Under penalties of perjury, I declar the best of my knowledge and be information of which preparer has signature of officer	lief, it is true, correct, and	complete. Declaration	companying schedules and of preparer (other than office 8	statement er) is base	s, and ed on a	to	
	THANE D WINWARD)	PRESID	ንድለጥ				
	Type or print name and title	· · · · · · · · · · · · · · · · · · ·		\				
Paid	Preparer's signature	1 W mand	Date 08-16-2010		dentifying r	io. (See	instr.)	
Paid Preparer's	THANE	D WINWARD CP		EIN 82 -	200°	<u>・ アb</u> ラノ -		
Preparers Use Only		STATE ST		Phone no.	'> / - S	60		
OSE OIIIY	address, and ZIP+4 Presto			208-852-11	20			
May the IRS	discuss this return with the preparer		ctions	<u> </u> 200-032-11	≥ X Ye		No	
may the mo	DOSTA THE COLOR OF THE PROPERTY				► M TE	<u>- </u>	110	

SCHEDULE OF OTHER EXPENSES

Attachment	t_1: page_1 - 990-EZ Page 1, Part I, I	Line 16
Open to Public		
Inspection	For calendar year 2009 or tax period beginning	, and ending .
Name of Organizat	tion	Employer Identification Number
THAT FAMOU	JS PRESTON NIGHT RODEO INC	32-0267987
•	Description of Other Expenses	Amount
ADVERTISIN	NG	12,151
PRCA & WPF	RA APPROVALS	1,575
COMMITTEE	EXPENSE	1,630
BUSINESS]	INSURANCE	4,701
OFFICE & C	CREDIT CARD FEES	3,176
PARADE COS	STS	816
OTHER EXP	ENSES	815
RODEO PROI	DUCTION COSTS	2,265
PURSE-COWE	BOYS & COWGIRLS	28,000
~	FESTS COSTS	2,061
	ND NSF CHECKS	947
OTHER SALE	ES EXPENSES	4,413
SUPPLIES		31
TELEPHONE		676
TAXES-SALE	ES & PAYROLL	8,538
		1

71,795 Total

SCHEDULE OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 20 Open to Public		
·		
Inspection For calendar year 2009 or tax period beginning , and ending lame of Organization		Man Niconia
THAT FAMOUS PRESTON NIGHT RODEO INC	Employer Identification 32-0267987	non Number
		<u> </u>
Description of Changes	ţ	al Amount
FUNDS TRANSFERRED IN FROM PREDECESSOR ORGANIZATION-PRE	STON	
CHAMBER OF COMMERCE		47,205
	ľ	
	Total	47 20

PRIMARY EXEMPT PURPOSE

Attachment 3: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection For calendar year 2009 or tax period beginning , and ending .

Name of Organization Employer Identification Number 32-0267987

Primary Purpose

WE PRODUCE A THREE DAY RODEO, A THREE DAY PARADE, AND BRING IN A CARNIVAL WITH RECREATIONAL RIDES FOR THE SAME THREE DAYS FOR THE BENEFIT OF THE LOCAL COUNTY AND ITS PEOPLE. WE MAINTAIN A CITY-OWNED OUTDOOR, LIVESTOCK-TYPE USAGE ARENA (WHICH IS LEASED TO US BY THE CITY OF PRESTON IDAHO). WE THEN ALLOW VARIOUS GROUPS TO USE THIS ARENA FOR VARIOUS ACTIVITIES (MOST OF WHICH ARE LIVESTOCK RELATED). SOME GROUPS PAY USAGE FEES (RENT IF YOU WILL) AND GROUPS SUCH AS THE 4-H PROGRAM, THE LOCAL HIGH SCHOOL RODEO CLUB, ETC, DO NOT PAY USAGE FEES. THE GENERAL PUBLIC CAN USE THE ARENA AS INDIVIDUALS AT WILL, WITHOUT CHARGE, WHEN IT IS NOT SCHEDULED FOR EVENTS. THIS USAGE USUALLY FALLS INTO THE CATGORY OF RECREATIONAL HORSEBACK RIDING, HORSE TRAINING EXERCISES (SUCH AS PREPARING FOR RODEO-TYPE EVENTS LIKE BARREL RACING) AND FOR PREPARATION FOR HORSE AND OTHER LIVESTOCK SHOWS.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: page 1 - 990-EZ Page 3, Part III Open to Public Inspection * For calendar year 2009 or tax period beginning , and ending Name of Organization **Employer Identification Number** THAT FAMOUS PRESTON NIGHT RODEO INC 32-0267987 Part III - Statement of Program Service Accomplishments Grants and allocations 10,850 Amount includes foreign grants Program service expenses 135,277 **Exempt Purpose Achievements**

WE PRODUCED A RODEO, CARNIVAL, AND PARADE; AND PROVIDED AN OUTDOOR LIVESTOCK ARENA FOR PUBLIC USE. THIS PROVIDED WHOLESOME FAMILY ORIENTED ENTERTAINMENT FOR THE FRANKLIN COUNTY, IDAHO COMMUNITY. THIS SERVICE APPROXIATELY 15,000 PEOPLE, MANY OF WHOM HAD LIVED IN THIS COMMUNITY PREVIOUSLY AND CAME BACK TO RE-ACQUAINT THEMSELVES WITH FAMILY AND FRIENDS. THIS IS A SIGNIFICANT CULTURAL ADDITION TO THIS COMMUNITY AND WAS DEEMED TO BE VERY SUCCESSFUL.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment	_5: page 1 - 99	0-EZ Page 2,	Part IV		
Open to Public					
Inspection	For calendar year 2009 or t	ax period beginning	, and	ending	<u> </u>
Name of Organizati	on S PRESTON NIGHT	' RODEO INC		32-02679	ntification Number
	ame and Address	(B) Title and Average	(C) Compensation (If	(D) Cont to Employee	(E) Expense Account
()		Hrs. per Week	not paid, enter 0)	Ben. Plans & Def. Comp.	
THANE D WI		PRESIDENT	1		
10 S STATE		3.00			
Preston, I			0	0	0
DOUGLAS S		VICE			
109 E ONEI		PRESIDENT			
Preston, I DAX KELLER		3.00 2ND VICE	0	0	0
160 S STAT		PRESIDENT			
Preston, I		3.00	0	0	0
KRIS BECKS		SECRETARY	Ĭ	Ĭ	Ĭ
32 W ONEID		3.00			
Preston, I			0	0	0
SHERYL COA		TREASURER			
153 N STAT		3.00			
Preston, I	D 83263		0	0	0

BOOKS ARE IN CARE OF

Attachment	<u>6 - 990-EZ Page 3, Part V, L</u>	ine 42a				
Open to Public						
Inspection *	For calendar year 2009 or tax period beginning	, and ending				
Name of Organization THAT FAMOU	on S PRESTON NIGHT RODEO INC	Employer Identification Nu 32-0267987	ımber			
Part V - Line 42a						
Individual Name or Business Name		SHERYL COATS				
Chroat Address		152 N CHATE CT				
Street Address		153 N STATE ST				
U S. Address: Zip code or Foreign Address	83263 cny Preston	State <u>ID</u>				
City	·· ·····					
Province or	State					
Country						
Postal code						
Phone Num	ber		0810			
Fax Number		<u>(208) 852-</u>	1124			

32-0267987		Page I
STATEMENT #1 - Prog. Service Revenue (990-EZ PG 1 Li	ne 2)	
EVENT ADMISSIONS	113,222	
SIDEWALK SALE FEES	1,825	
RODEO SPONSORS (ADVERTISING)	11,915	
QUEEN CONTEST SPONSORS (ADVERTISING)	2,215	
ARENA USAGE FEES	4,000	
PROGRAM SALES	485	
PARADE FEES	1,140	
MUTTIN BUSTIN EVENT ENTRY FEES		
CARNIVAL FEED	10,000	
TOTAL CARRIED TO 990-EZ PG 1 Line 2	• • • • • •	144,982
STATEMENT #2 - Professional Fees (990-EZ PG 1 Line 1	•	
RODEO PRODUCTION COMPANY	32,650	
PROFESSIONAL CLOWN/BARRELMAN		
SOUND SYSTEM PROFESSIONALSPROFESSIONAL ANNOUNCER	•	
PRCA JUDGES	-,	
ACCOUNTING	•	
	110	
TOTAL CARRIED TO 990-EZ PG 1 Line 13		44,318
STATEMENT #3 - Occupancy, Rent, Utilities (990-EZ PG	1 Line 14)	
REPAIRS AND MAINTENANCE	9.685	
UTILITIES	•	
TOTAL CARRIED TO 990-EZ PG 1 Line 14	• • • • • •	10,796

Form **8868**

(Rev April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

Internal Revenue Service		e a separate application for each return.		
 If you are filing for ar 	Automatic 3-Month Extension	n, complete only Part I and check this box .		► X
• If you are filing for an	n Additional (Not Automatic) 3-	Month Extension, complete only Part II (or	page 2 of this form	1).
Do not complete Part	il unless you have already been	granted an automatic 3-month extension on	a previously filed F	orm 8868
Part I Automat	c 3-Month Extension of	Time. Only submit original (no copies need	ded).	
A corporation required to Part I only	to file Form 990-T and requesting	g an automatic 6-month extension check	this box and comple	ete ▶ 🗍
All other corporations (I	ncluding 1120-C filers), partners	hips, REMICs, and trusts must use Form 700	4 to request an exte	ension of time to file income
returns noted below (6 if (1) you want the addit consolidated Form 990-	months for a corporation require- tional (not automatic) 3-month ex -T. Instead, you must submit the	ally file Form 8868 if you want a 3-month auto d to file Form 990-T). However, you cannot fi ktension or (2) you file Forms 990-BL, 6069, o fully completed and signed page 2 (Part II) o lick on e-file for Charities & Nonprofits	ile Form 8868 electr or 8870, group retur	onically rns, or a composite or
Type or Name of E	xempt Organization		Employ	er identification number
· · · · · · · · · · · · · · · · · · ·	FAMOUS PRESTON NI	GHT RODEO INC	32-07	267987
File by the Number, s	treet, and room or suite no If a F	P.O. box, see instructions.		
due date for 10 S S	STATE ST			
return. See City, town	or post office, state, and ZIP coc	de For a foreign address, see instructions.		
	on ID 83263			
	o be filed (file a separate applica	ation for each return)		
Form 990		Form 990-T (corporation)		Form 4720
Form 990-BL		Form 990-T (sec. 401(a) or 408(a) trust)		Form 5227
Form 990-EZ		Form 990-T (trust other than above)		Form 6069
Form 990-PF		Form 1041-A		Form 8870
U		<u> Н</u>		□
The books are in the	e care of ▶ <u>See attach</u>			
Telephone No. ▶ _		FAX No. ▶		
 If the organization of 	loes not have an office or place (of business in the United States, check this b	ox	▶
 If this is for a Group 	Return, enter the organization's	four digit Group Exemption Number (GEN)_		If this is
for the whole group, ch	eck this box	> If it is for part of the group, check	this box ,	and attach
	d EINs of all members the extens			
		poration required to file Form 990-T) extension		
until AUGUST 1	$\frac{5}{}$, 20 $\frac{10}{}$, to file the exem	pt organization return for the organization nar	med above The ext	ension is
for the organization				
▶ X calendar yea	ır 20 <u>0 9</u> or			
	inning	, 20 , and ending	, 20	·
2 If this tax year is for	less than 12 months, check reas	son [.] Initial return Final return	n Change	ın accounting period
3a If this application is	for Form 990-BL 990-PF 990-	T, 4720, or 6069, enter the tentative tax,	· — 1· 1	
• •	able credits. See instructions.	.,	3a \$	0
		r any refundable credits and estimated tax	- •	
• •	clude any prior year overpaymen	-	3b \$	0
		your payment with this form, or, if required,	- - •	
		TPS (Electronic Federal Tax Payment		
System). See instru	• •	- Carrier of the Control of the Cont	3c \$	0
		thdrawal with this Form 8868, see Form 8453		
for payment instructions	_			. = =
				