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# 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

2011

Open to Public  
Inspection

Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
THAT FAMOUS PRESTON NIGHT RODEO INC  
 Number & street (or P.O. box, if mail is not delivered to street addr.) Room/suite  
 10 S STATE ST  
 City or town, state or country, and ZIP + 4  
 PRESTON ID 83263

**D** Employer identification number  
32-0267987

**E** Telephone number  
(208) 852-1120

**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, 990-EZ, or 990-PF).

**I** Website: ▶ THATFAMOUSPRESTONNIGHTRODEO.ORG

**J** Tax-exempt status (check only one) -- ☐ 501(c)(3) ☒ 501(c)(6) (insert no.) 4947(a)(1) or 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 156,396

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

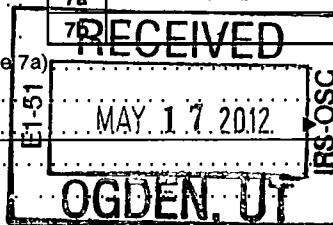
Check if the organization used Schedule O to respond to any question in this Part I. ☐

<b>REVENUE</b>	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	156,396
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract 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		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	156,396	
<b>EXPENSES</b>	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	8,196
	13	Professional fees and other payments to independent contractors	13	44,945
	14	Occupancy, rent, utilities, and maintenance	14	13,615
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	78,751
17	<b>Total expenses.</b> Add lines 10 through 16	17	145,507	
<b>NET ASSETS</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,889
	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	77,677
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	88,566

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

SCANNED JUN 18 2012



95 14

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

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (see the instructions for Part III.)
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Check if the organization used Schedule O to respond to any question in this Part III .....

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instr. for Part IV )

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

Form **990-EZ** (2011)

**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 ☐

	Yes	No
<b>33</b> 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	<b>33</b>	X
<b>34</b> 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)	<b>34</b>	X
<b>35a</b> 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)?	<b>35a</b>	X
<b>b</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	<b>35b</b>	X
<b>c</b> 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	<b>35c</b>	X
<b>36</b> 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	<b>36</b>	X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>	<b>37a</b>	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>	X
<b>38a</b> 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?	<b>38a</b>	X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved. ▶ <b>38b</b>	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</b> Section 501(c)(3) and 501(c)(4) 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.	<b>40b</b>	X
<b>c</b> 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 4912, 4955, and 4958 ▶		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
<b>e</b> 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	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed. ▶ <b>ID</b>		
<b>42a</b> The organization's books are in care of ▶ <b>SEE ATTACHMENT #3</b> Telephone no. ▶ Located at ▶ ZIP + 4 ▶		
<b>b</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)?	<b>42b</b>	X
If "Yes," enter the name of the foreign country. ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.?	<b>42c</b>	X
If "Yes," enter the name of the foreign country: ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44a</b>	X
<b>b</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	<b>44b</b>	X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	<b>44c</b>	X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>44d</b>	N/A
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>45a</b>	X
<b>45b</b> 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)	<b>45b</b>	X

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		X

**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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		
48		
49a		
49b		

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 paid more than \$100,000	(b) Title and 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

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 address of each independent contractor paid more than \$100,000	(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 and 4947(a)(1) nonexempt charitable trusts 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 *Thane D. Winward* 5/14/12  
 Signature of officer Date  
 THANE D WINWARD PRESIDENT  
 Type or print name and title

Paid Preparer Use Only  
 Preparer's name: Thane D. Winward  
 Preparer's signature: *Thane D. Winward*  
 Date: 05-14-2012  
 Check ☒ if self-employed  
 PTIN: P00436046  
 Firm's name: THANE D WINWARD CPA  
 Firm's EIN:  
 Firm's address: 10 S STATE ST  
 Phone no.: 208-852-1120

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

THAT FAMOUS PRESTON NIGHT RODEO INC

NONE

Employer identification number

32-0267987

# 2011 DETAIL STATEMENTS

THAT FAMOUS PRESTON NIGHT RODE  
32-0267987

PAGE 1

## STATEMENT #1 - PROG. SERVICE REVENUE (990-EZ PG 1 LINE 2)

EVENT ADMISSIONS.....	122,314
SIDEWALK SALE FEES.....	2,685
RODEO SPONSORS (ADVERTISING).....	15,020
QUEEN CONTEST SPONSORS (ADVERTISING).....	1,957
ARENA USAGE FEES.....	2,700
PROGRAM SALES.....	550
PARADE FEES.....	990
MUTTIN BUSTIN EVENT ENTRY FEES.....	180
CARNIVAL FEES.....	10,000

TOTAL CARRIED TO 990-EZ PG 1 LINE 2..... 156,396

## STATEMENT #2 - PROFESSIONAL FEES (990-EZ PG 1 LINE 13)

RODEO PRODUCTION COMPANY.....	32,750
PROFESSIONAL CLOWN/BARRELMAN.....	4,500
SOUND SYSTEM PROFESSIONALS.....	2,950
PROFESSIONAL ANNOUNCER.....	2,900
PRCA JUDGES.....	1,845

TOTAL CARRIED TO 990-EZ PG 1 LINE 13..... 44,945

## STATEMENT #3 - OCCUPANCY, RENT, UTILITIES (990-EZ PG 1 LINE 14)

REPAIRS AND MAINTENANCE.....	12,138
UTILITIES.....	1,477

TOTAL CARRIED TO 990-EZ PG 1 LINE 14..... 13,615

## STATEMENT #4 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

ADVERTISING.....	8,698
PRCA & WRPA APPROVALS.....	1,410
COMMITTEE EXPENSE.....	678
BUSINESS INSURANCE.....	9,254
OFFICE.....	241
PARADE COSTS.....	713
RODEO PRODUCTION COSTS.....	5,875
PURSE-COWBOYS & COWGIRLS.....	34,800
QUEEN CONTEST COSTS.....	1,570
OTHER SALES EXPENSES.....	7,532
TELEPHONE.....	561
TAXES-SALES & PAYROLL.....	7,419

TOTAL CARRIED TO EOEZ PG 1 LINE 16..... 78,751

## 990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2011 or tax period beginning , and ending
Name of Organization THAT FAMOUS PRESTON NIGHT RODEO INC	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.



# 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION	For calendar year 2011 or tax period beginning , and ending
Name of Organization THAT FAMOUS PRESTON NIGHT RODEO INC	Employer Identification Number 32-0267987

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp	(E) Expense account & other compensation
THANE D WINWARD 10 S STATE ST PRESTON, ID 83263	PRESIDENT 3.00	0	0	0
DOUGLAS S WEBB 109 E ONEIDA ST PRESTON, ID 83263	VICE PRESIDENT 3.00	0	0	0
KRIS BECKSTEAD 32 W ONEIDA ST PRESTON, ID 83263	SECRETARY 3.00	0	0	0
SHERYL COATS 153 N STATE ST PRESTON, ID 83263	TREASURER 3.00	0	0	0
2817 E GRIAFFE RD 153 N STATE ST PRESTON, ID 83263	DIRECTOR 3.00	0	0	0
478 S HIGHWAY 36 WESTON, ID 83286 1128 N HIGHWAY 34 PRESTON, ID 83263	DIRECTOR 3.00	0	0	0

# 990 BOOKS ARE IN CARE OF

ATTACHMENT 3 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION	For calendar year 2011 or tax period beginning _____, and ending _____
Name of Organization THAT FAMOUS PRESTON NIGHT RODEO INC	Employer Identification Number 32-0267987

## Part V - Line 42a

Individual Name ..... SHERYL COATS  
or  
Business Name

Street Address ..... 153 N STATE ST

U.S. Address:

Zip code 83263 City PRESTON State ID

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (208) 852-0810

Fax Number ..... (208) 852-1124