

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

2007Department of the Treasury
Internal Revenue Service

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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.

Open to Public Inspection**A For the 2007 calendar year, or tax year beginning , 2007, and ending**

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type. See Specific Instructions. NORTH AMERICAN XJ ASSOCIATION 1250 S BUCKLEY RD I-277 AURORA, CO 80017	D Employer identification number 74-3076258
		E Telephone number (720) 847-5671
		F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ►**I** Website: ► N/A**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Organization type (check only one) — ☒ 501(c) (7) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ.

► \$ 41,427.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	53.
	2	Program service revenue including government fees and contracts	2	5,309.
	3	Membership dues and assessments	3	36,065.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	c Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach sched)	5c	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
	6b	b Less: direct expenses other than fundraising expenses	6b	
	6c	c Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	
	7a	7a Gross sales of inventory, less returns and allowances	7a	
	7b	b Less: cost of goods sold	7b	
	7c	c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	
	8	8 Other revenue (describe ►)	8	
	9	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	41,427.
	EXPENSES	10	10 Grants and similar amounts paid (attach schedule)	10
11		11 Benefits paid to or for members	11	
12		12 Salaries, other compensation, and employee benefits	12	
13		13 Professional fees and other payments to independent contractors	13	516.
14		14 Occupancy, rent, utilities, and maintenance	14	
15		15 Printing, publications, postage, and shipping	15	2,563.
16		16 Other expenses (describe ► SEE STATEMENT 1)	16	16,928.
17		17 Total expenses (add lines 10 through 16)	17	20,007.
18		18 Excess or (deficit) for the year. Subtract line 17 from line 9	18	21,420.
19		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	0.
20		20 Other changes in net assets or fund balances (attach explanation)	20	
21	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	21,420.	

Part II Balance Sheets — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See Instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22	21,420.
23 Land and buildings	23	
24 Other assets (describe ►)	24	
25 Total assets	0. 25	21,420.
26 Total liabilities (describe ►)	0. 26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0. 27	21,420.

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

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SEE STATEMENT 2

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Part III Statement of Program Service Accomplishments (See the instructions.)	Expenses
What is the organization's primary exempt purpose? SEE STATEMENT 3 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
28 SPECIAL EVENTS - SERVES ALL MEMBERS OF THE ORGANIZATION ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 2,229.
29 OTHER ACTIVITIES, INCLUDING NEWSLETTER, WEBSITE, MEMBERSHIPS, ETC. - SERVES ALL MEMBERS OF THE ORGANIZATION ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 16,690.
30 ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses Add lines 28a through 31a <input type="checkbox"/>	32 18,919.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 4		0.	0.	0.

Part V Other Information (Note the statement requirement in the instructions.)	SEE STATEMENT 5	Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	33		X
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		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/>	37a	0.	
b Did the organization file Form 1120-POL for this year?	37b		X
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 unpaid at the start of the period covered by this return?	38a		X
b If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A	
39 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 9	39a	0.	
b Gross receipts, included on line 9, for public use of club facilities	39b	0.	

Part V Other Information (Note the statement requirement in the instructions.) (Continued)

40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 N/A, section 4912 N/A, section 4955 N/A

b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation

	Yes	No
40b	N/A	
40e		X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.

d 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?

41 List the states with which a copy of this return is filed NONE

42 a The books are in care of DJ KITTRELL Telephone no (720) 847-5671
Located at 1250 S BUCKLEY RD I-277 AURORA CO ZIP + 4 80017

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)?

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

c At any time during the calendar year, did the organization maintain an office outside of the U S ?

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 ☐ N/A
and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A

Please Sign Here

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

[Signature]
Signature of officer

11-28-09
Date

D J KITTRELL
Type or print name and title

TREASURER

Paid Preparer's Use Only

Preparer's signature [Signature]
DEBI L. RHINEHART

Date 11-23-09

Check if self-employed ☐

Preparer's SSN or PTIN (See General Instruction X) N/A

Firm's name (or yours if self-employed), address and ZIP + 4
HARVEY & PARMELEE LLP
13215 PENN ST., SUITE 101
WHITTIER, CA 90602-4719

EIN N/A

Phone no (562) 698-9891

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Form 990-EZ (2007)

NORTH AMERICAN XJ ASSOCIATION

74-3076258

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK CHARGES	\$	30.
EVENT EXPENSES		2,229.
MEMBERSHIP FEES		465.
MISCELLANEOUS		644.
ORGANIZATIONAL MEMBERSHIPS		9,820.
TRAVEL		180.
WEBSITE FEES		3,560.
TOTAL	\$	16,928.

STATEMENT 2
FORM 990-EZ
REASONABLE CAUSE FROM LATE PENALTIES

THE ORGANIZATION HAD BELIEVED THAT THE EXEMPTION APPLICATION & ALL REQUIRED FORMS HAD BEEN BEING FILED BY THE PREVIOUS PRESIDENT OF THE ORGANIZATION. WHEN INFORMATION CAME TO THEIR ATTENTION THAT THE REQUIRED FORMS WERE NOT FILED, THEY IMMEDIATELY FILED FOR AND WERE APPROVED AN EXEMPTION UNDER 501(C)(7) AND PREPARED THE APPROPRIATE NON-PROFIT TAX RETURNS AS QUICKLY AS POSSIBLE. THE EXEMPTION APPLICATION WAS APPROVED RETROACTIVELY ON JUNE 23, 2009. THE ORGANIZATION REQUESTS A ONE-TIME ABATEMENT FOR LATE-FILING PENALTIES FOR BOTH 2007 & 2008.

STATEMENT 3
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

NAXJA PROVIDES A TECHNICAL WEBSITE AND FORUM FOR JEEP CHEROKEE USERS AND IT'S CLUB MEMBERS. THE ORGANIZATION HOSTS OFFROADING EVENTS THROUGHOUT THE COUNTRY.

STATEMENT 4
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JOHN BERGACS IV 213 WEST LOCUST AVE EDISON, NJ 08820	PRESIDENT 0	\$ 0.	\$ 0.	\$ 0.
RICK RETHORET PO BOX 3 BORREGO SPRINGS, CA 92004	VICE PRESIDENT 0	0.	0.	0.
D J KITTRELL 9071 E MISSISSIPPI AVE APT 9B DENVER, CO 80247	TREASURER 0	0.	0.	0.

NORTH AMERICAN XJ ASSOCIATION

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STATEMENT 4 (CONTINUED)

FORM 990-EZ, PART IV

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BRYAN CLOWARD 6450 DOUGHERTY RD #232 DUBLIN, CA 94568	RECORDER 0	\$ 0.	\$ 0.	\$ 0.
BRENDAN P KING 6351 KNIGHT AVE LONG BEACH, CA 90805	DIRECTOR 0	0.	0.	0.
BRYAN J BENNETT 111 RIVERVIEW TERRACE BENICIA, CA 94510	DIRECTOR 0	0.	0.	0.
REMI RUNDZO 13052 SISKIYOU ST WESTMINSTER, CA 92683	DIRECTOR 0	0.	0.	0.
ALTON TUTTLE 5521 EL MONTE AVE TEMPLE CITY, CA 91780	DIRECTOR 0	0.	0.	0.
JOSH NEWREN 12110 S MILL RIDGE RD SANDY, UT 84094	DIRECTOR 0	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

STATEMENT 5

FORM 990-EZ, PART V

REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO