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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
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
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545 0047

Open to Public Inspection

Ā	For the 2	014 calen	dar year, or tax year beginning $10/01$, 2014, and ending	9/3	30	,	2015	
В	Check if app	olicable	С		D Emplo	yer identi	fication number	
	Address	s change	SISTERS RODEO ASSOCIATION		93-	0716	745	
	Name o	_	PO BOX 1018	1	E Teleph	one numb	er	
	Initial re	=	SISTERS, OR 97759-1018		541	-549	-0121	
		ım/terminated		1				
	\vdash	ed return			G Gross	receipts \$	S 812	2,016.
	H-1	ation pending	F Name and address of principal officer	a) Isthisa	group return			1371
	Пурыса	mon pending		b) Are all	subordinate attach a list	s included		
	Tay ayam	pt status	SAME AS C ABOVE	If 'No,'	attach a list	(see ins	tructions)	
<u>'</u>				- Croup	exemption r			
_	Website			· ·				
K		organization		1976	D IN	State of le	egal domicile O	<u>K</u>
Pa	ırt I	<u>Summai</u>		TE TO	D MILE	537.70		
		-	be the organization's mission or most significant activities RODEO EVE					
9	F 로		OF THE COMMUNITY. COLLEGE SCHOLARSHIPS, FUNDED	BI F	KOLII	2 "WINT	TNAF2IM	RNI_
Governance	<u>+</u>	COME,	ARE AWARDED TO LOCAL STUDENTS.					
ēī	2 Ch	eck this bo	ox If the organization discontinued its operations or disposed of more	than 25	% of its r			
ွင့်	2 Che 3 Nur		oting members of the governing body (Part VI, line 1a)	man 25	70 01 113 1	3	:13	11
∾ধ			dependent voting members of the governing body (Part VI, line 1b)	\TIV		4		• 11
ies			of individuals employed in calendar year 2014 (Part V, line 2a)	=1 A	ED	, 5		
Activities &			of volunteers (estimate if necessary)	-		8 6	•	200
Ş	7a Tot	al unrelat	ed business revenue from Part VIII, column (C), line 12	-	. J, Ć	7a	19	9,992.
	b Net	t unrelated	business taxable income from Form 990-T, line 34			7b	18	3,992.
	<u> </u>			P	rior Year		Current `	
	8 Co	ntributions	and grants (Part VIII, line 1h)		ه ب	41B.	Ţ	5,325.
Revenue	1	9	vice revenue (Part VIII. line 2g)	<u>-</u>	567,			3,035.
ě	1		ncome (Part VIII, column (A), lines 3, 4, and 7d)			362.		7,951.
ď			ne (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		99,			5,582.
			e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		683,			<u>5,893.</u>
			ımılar amounts paid (Part IX, column (A), lines 1-3)		14,			<u>L,100.</u>
		-	to or for members (Part IX, column (A), line 4)		29,	951.	4 (5,771.
'n	15 Sal	laries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)					
3Se	16 a Pro	ofessional	fundraising fees (Part IX, column (A), line 11e)					
Expenses	b Tot	tal fundrai	sing expenses (Part IX, column (D), line 25) ►					
Щ	17 Oth		ses (Part IX, column (A), lines 11a-11d, 11f-24e)	·	536,	857	59	3,872.
	1	•	es Add lines 13-17 (must equal Part IX, column (A), line 25)		581,			1,743.
	l .	•	s expenses Subtract line 18 from line 12		102,			5,150.
8				Beginnir	ng of Curre		End of Y	
sets	20 Tot	tal assets	(Part X, line 16)	g	986,		98	0,425.
Net Assets or Fund Balances	21 Tot		es (Part X, line 26)			600.		9,800.
Š	22 Ne	t assets n	r fund balances. Subtract line 21 from line 20		926,			0,625.
	J		re Block		720,	300.1		0,025.
				my knowler	dge and helie	f it is true	correct and	
com	iplete Declar	ation of prep	clare that I have examined this return, including accompanying schedules and statements, and to the best of arer (other than officer) is based on all information of which preparer has any knowledge	,	age and bone	.,	, contact, and	
		X	Law .	×	2.8	-16		
Si	gn	Signat	ure of officer	Ďa				
He	ere	Nx (Flenn J. Hiller President					
		Type o	or print name and title					
_		Print/Type	preparer's name Preparer's signature Date	<u> </u>	Check	X if	PTIN	
D	id	PEGGY	J TEHAN, CPA PEGGY TEHAN, CPA Z 9	14	self emplo	_	P0002250	8
	eparer	Firm's nam		1	†	,l.		
Üs	se Only	Firm's add	0.11.1 2222 0 12.11.1		Firm's EIN	▶ 91.	-1749254	
		, 3 add	SISTERS, OR 97759-1359		Phone no	(54)		329
Ma	v the IRS	discuss fl	nis return with the preparer shown above? (see instructions)		1. 1.0.16 110	(34.	X Yes	No
1110	,						11	, ,

Par	t III. Statement of Program Service Accomplishments	—
•	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	RODEO EVENT FOR THE ENJOYMENT AND BENEFIT OF THE COMMUNITY. COLLEGE SCHOLARSHIP	<u>s,</u>
	FUNDED BY PROFITS AND INVESTMENT INCOME, ARE AWARDED TO LOCAL STUDENTS.	
	Did the average to a valed by any complement program converse divine the vegraphic by uses not listed on the average	
2	Did the organization undertake any significant program services during the year which were not listed on the prior	.
		X No
_	If 'Yes,' describe these new services on Schedule O	J
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	X] No
	If 'Yes,' describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expession 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expensions are required to report the amount of grants and allocations to others.	enses. ses,
	and revenue, if any, for each program service reported.	
4 a		57.6.)
	RODEO EVENT FOR THE ENJOYMENT AND BENEFIT OF THE COMMUNITY. COLLEGE SCHOLARSHIP	S,
	FUNDED BY PROFITS AND INVESTMENT INCOME, ARE AWARDED TO LOCAL STUDENTS.	<u></u>
4 b	(Code) (Expenses \$including grants of \$) (Revenue \$)
		
	: (Code) (Expenses \$ including grants of \$) (Revenue \$	
4 C	(Code) (Expenses \$ including grants of \$) (Revenue \$)	
		;
4 d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	Total program service expenses ► 616, 930.	
BAA		90 (2014)

93-0716745

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Form 990 (2014) SISTERS RODEO ASSOCIATION

Form 990 (2014) SISTERS RODEO ASSOCIATION Part IV. Checklist of Required Schedules

•			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		, X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
á	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
ı	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
•	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		X
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		<u>X</u>
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		<u>X</u>
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12Ь		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		_ <u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ļ	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

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•			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22	х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a	24a		Х
E	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24Ъ		
c	: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	_	Х
t	b is the organization 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	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-37 If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	,	X
ŀ	if 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Note. All Form 990 filers are required to complete Schedule O	38		Х
3AA		Form	n 990 ((2014)

	990 (2014) SISTERS RODEO ASSOCIATION	93-0716745	5	Р	age :
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance				
<u>. </u>	Check if Schedule O contains a response or note to any line in this Part V	· · · ·			
	Fater the asserted in Pay 2 of Form 1006 Fater 0 if not applicable	1-1 00		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Denter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1a 99			
_	• •	<u> </u>			
	Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1 c		Х
	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
ı	olf at least one is reported on line 2a, did the organization file all required federal employment	1	2Ь		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst	· ·			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year	?	3 a	Х	
ŧ	olf 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		3Ь	Х	
	a At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other fin	or other authority over, a ancial account)?	4 a		Х
ł	o If 'Yes,' enter the name of the foreign country.		1		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial				
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	transaction?	5 b		Х
•	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a	a Does the organization have annual gross receipts that are normally greater than \$100,000, an solicit any contributions that were not tax deductible as charitable contributions?	d did the organization	6 a		Х
ı	o If 'Yes,' did the organization include with every solicitation an express statement that such cornot tax deductible?	ntributions or gifts were	6 Ь		
7	Organizations that may receive deductible contributions under section 170(c).				
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and pa	rtly for goods and			
٠	services provided to the payor?	Try for goods and	7 a	[
ŧ	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
•	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for wh Form 8282?	ich it was required to file	7с		
•	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be		7 e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7 f		
(g If the organization received a contribution of qualified intellectual property, did the organizatio as required?	n file Form 8899	7 g		
ı	${f n}$ If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?		7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ained by the sponsoring			
	organization have excess business holdings at any time during the year?		8		
	Sponsoring organizations maintaining donor advised funds.				
	a Did the sponsoring organization make any taxable distributions under section 4966?		9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers	on ⁷	9Ь		
	Section 501(c)(7) organizations. Enter	1			
	a Initiation fees and capital contributions included on Part VIII, line 12	10 a			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
	Section 501(c)(12) organizations. Enter.	111			
	Gross income from members or shareholders	11 a			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 Б			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of I		12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	a Is the organization licensed to issue qualified health plans in more than one state?		13 a		
	Note. See the instructions for additional information the organization must report on Schedule	O.			
l	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13 ь			

13 c

14a

Х

Form 990 (2014) SISTERS RODEO ASSOCIATION 93-0716745 Page 6 Part VI: Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 1 b 11 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Х 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body? X 8 a b Each committee with authority to act on behalf of the governing body? 8 b Х 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c Х 13 Did the organization have a written whistleblower policy? X 13 14 Did the organization have a written document retention and destruction policy? X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Х 15 a b Other officers or key employees of the organization $\overline{\mathbf{X}}$ 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a X b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 161 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year SEE SCHEDULE O

SISTERS OR 97759 541-549-6691

State the name, address, and telephone number of the person who possesses the organization's books and records

GLENN MILLER 202 W SISTERS PARK DR

Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

			(C)							
(A) Name and Title	(B) Average hours	than	one b both a	tion (do not chec one box, unless both an officer a director/trustee			on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	compensation from the organization and related organizations
(1) FRANK JACOBSEN	0									
BOARD MEMBER	0	X						0.	0.	0.
(2) RON COLLINS BOARD MEMBER	<u>0_</u> 0	х						0.	0.	0.
(3) CATHY WILLIAMS	0			1						,
BOARD MEMBER	0	X				ļļ.	_	0.	0.	0.
BOB_BUCKMAN	0	ļ								
BOARD MEMBER	0	X		_			_	0.	0.	0.
_(5) KEITH SWEENEY	0	١								_
BOARD MEMBER	0	X						0.	0.	0.
(6) CHRIS SCHAAD	0	ļ							_	_
VICE PRESIDENT	0	X		\dashv		\vdash		0.	0.	0.
	0			ł				_	0	
BOARD MEMBER	0	X		\dashv				0.	0.	0.
(8) JOHN LEAVITT	0	X						_	_	0
BOARD MEMBER	0	 ^					-	0.	0.	0.
PRESIDENT	0	ł		х				0.	0.	0.
(10) JOHN ROGERS	0	 	\vdash	^			-	<u> </u>	<u>U.</u>	0.
TREASURER	0	1		х				ο.	0.	0.
(11) BONNIE MALONE	0			^				0.	0.	0.
SECRETARY	0	1		$_{\rm X}$				0.	0.	0.
(12)				-				<u> </u>	<u> </u>	,
(13)		 								<u></u>
(14)										

Tail Vii Section A. Officers, Directors, 1		INC		<u>))</u>		,	aii	Tinghest Col	npensated Lin	pioye	=5 (coi	nunueu,
(A) Name and title	Average hours per week (list any	offi	(do not ched box, unless officer and a			ıs bott or/trusi	h arı tee)	compensation from the organization	(E) Reportable compensation from related organizations	amo con	(F) stimated unt of of npensati	ther ion
	hours for related organiza tions below dotted line)	individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 2/1099 MISC)	(W 2/1099 MISC)	org ar	rom the ganization id relate anization	on ed
(15)										_		
(16)	 											
(17)												
(18)		-										
(19)		-							<u> </u>			
(20)												
(21)		-									<u></u> .	
(22)	 											
(23)									<u> </u>			
(24)											-	
(25)									-**			
1 b Sub-total						<u> </u>	•	0.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	on A					1	A	0.	0.		-	0.
2 Total number of individuals (including but not lim from the organization ► 0	nited to tho	se lis	ted	abo	ve)	who r	rece	eived more than \$		le comp	ensat	ion
3 Did the organization list any former officer, direct	tor, or trus	tee.	kev	emr	olove	e n	r hic	nhest compensate	d employee		Yes	No
on line 1a ³ If Yes, compléte Schedule J for suc 4 For any individual listed on line 1a, is the sum o	ch individua	al .	-		-				. ,	3		Х
the organization and related organizations great such individual	er than \$15	50,00	07 /	f 'Ye	es' c	ompl	lete	Schedule J for		4		Х
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye Section B. Independent Contractors	e compens s,' complet	e Sc.	n fro hedu	m a ule u	ny u J for	nrela such	ited pe	organization or ir rson	idividual	5		Х
Complete this table for your five highest comper compensation from the organization. Report con	sated inde	pend for t	lent he c	con aler	tract idar	ors tl year	hat end	received more tha ding with or within	n \$100,000 of the organization's	tax yeaı	r	
(A) Name and business add	dress							(B) Description o	f services	Compe	C) nsatio	n
					-							
2 Total number of independent contractors (includ \$100,000 of compensation from the organization	-	limit	ed to	o the	ose	listed	l ab	ove) who received	f more than			
RAA	<u>_</u> _	TEFAN	1001	02/	20/15					Form	000 /	2014

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) (C) (D) Related or Unrelated Revenue exempt business excluded from tax function revenue under sections revenue 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1 a **b** Membership dues 1 b 5,325 c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f q Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f 5,325 Program Service Revenue Business Code 2a RODEO TICKET SALES_ 711210 353, 187 353, 187 711210 163,978 163,978 b RODEO SPONSORS/ADVERTISER 19,499 c RODEO VENDOR COMMISSIONS 711210 19,499 d RODEO ATM COMMISSIONS 711210 1,371 1,371 f All other program service revenue g Total. Add lines 2a-2f 538,035. Investment income (including dividends, interest and other similar amounts) 6,603 6,603 Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents 22,125 <u>2,1</u>33 b Less. rental expenses. c Rental income or (loss) 19,992. d Net rental income or (loss) 19,992 19,992 (n) Other (i) Securities 7 a Gross amount from sales of assets other than inventory 4,228 b Less cost or other basis and sales expenses 2,880 c Gain or (loss) 1,348 d Net gain or (loss) 1,348 1,348 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV. line 18 а **b** Less, direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances <u>23</u>4,129. b Less, cost of goods sold b 150,110. c Net income or (loss) from sales of inventory 84,019 84,019 Miscellaneous Revenue **Business Code** 11a MISCELLANEOUS INCOME 711210 1,571 1,571 d All other revenue e Total. Add lines 11a-11d 1,571

Total revenue. See instructions

656,893

631,576

0

19,992

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	CHOCK II COIICEAIG C COINCAIG A I	seperies of thete to arry	THE IT THE T GIVEN		
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,100.	2,100.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	9,000.			
3	Grants and other assistance to foreign organizations, foreign governments, and for-	9,000.	9,000.		
4	eign individuals See Part IV, lines 15 and 16 Benefits paid to or for members	46,771.	46,771.		
5	Compensation of current officers, directors,				
6	trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described	0.	0.	0.	0.
7	ın section 4958(c)(3)(B) Other salaries and wages	0.	0.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				-
9	Other employee benefits				
10	Payroll taxes				- 1117 - 1
11	Fees for services (non-employees)				
	Management				
	Legal				
	: Accounting	700.		700.	
	Lobbying		T		·
	Professional fundraising services See Part IV, line 17 Investment management fees	1 700	1 700		
g	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	1,789.	1,789.		
12	Advertising and promotion	52,406.	52,406.		
	Office expenses	3,954.		3,954.	
14	Information technology	9,938.	9,938.		
15	Royalties	2 224	2 600		
16	Occupancy Travel	8,084.	3,600.	4,484.	
17 18					
19	Conferences, conventions, and meetings	25,588.	25,588.		
20	Interest	428.	428.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	46,431.	46,431.		
23 24	Insurance Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).	13,591.	8,982.	4,609.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	RODEO_SUBCONTRACTORS	177,759.	177,759.	······································	
	RODEO PRIZE MONEY & TROPHY	96,764.	96,764.		
c		69,378.	69,378.		
c		35,504.	35,504.		
	All other expenses	51,558.	30,492.	21,066.	
25	Total functional expenses Add lines 1 through 24e	651,743.	616,930.	34,813.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Part X. Balance Sheet

		Check if Schedule O contains a response or note to	any line	in this Part X			
			113131		(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			76,625.	1	15,190.
	2	Savings and temporary cash investments			7,927.	2	20,372.
	3	Pledges and grants receivable, net			-	3	-
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former of trustees, key employees, and highest compensated er Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified pe section 4958(f)(1)), persons described in section 4958(employers and sponsoring organizations of section 50 beneficiary organizations (see instructions). Complete	(c)(3)(B), 1(c)(9) vo	and contributing luntary employees'		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			10,223.	8	18,400.
ĕ۱	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10 a	1,455,074.			
	b	Less accumulated depreciation	10 b	657,182.	758,043.	10 c	797,892.
ļ	11	Investments - publicly traded securities	<u> </u>	,	133,348.	11	128,571.
	12	Investments – other securities See Part IV, line 11		Ī	= = = 7 = = 0	12	
	13	Investments - program-related See Part IV, line 11		Ī		13	
	14	Intangible assets		14			
ł	15	Other assets See Part IV, line 11	Ī		15		
	16	Total assets. Add lines 1 through 15 (must equal line 3	34)	Ī	986,166.	16	980,425.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue		_	59,600.	19	29,800.
	20	Tax-exempt bond liabilities		_		20	
je.	21	Escrow or custodial account liability Complete Part IV		Ļ		21	·····
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L				22	
7	23	Secured mortgages and notes payable to unrelated th	ird parties	,		23	
	24	Unsecured notes and loans payable to unrelated third	•	ŀ		24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Comp	s to relate plete Part	d third parties, X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25			59,600.	26	29,800.
ses		Organizations that follow SFAS 117 (ASC 958), check lines 27 through 29, and lines 33 and 34.	here ► [>	and complete			
ğ	27	Unrestricted net assets			836,166.	27	863,472.
32	28	Temporarily restricted net assets			90,400.	28	87,153.
힏	29	Permanently restricted net assets		[29	
Net Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), and complete lines 30 through 34.	check he	re ►			
Si o	30	Capital stock or trust principal, or current funds			30		
8	31	Paid-in or capital surplus, or land, building, or equipment	ent fund			31	
As	32	Retained earnings, endowment, accumulated income,	or other f	unds		32	· · · · · · · · · · · · · · · · · · ·
草	33	Total net assets or fund balances			926,566.	33	950,625.
-	34	Total liabilities and net assets/fund balances			986,166.	34	980, 425.
-							

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Form 990 (2014)

	n 990 (2014) SISTERS RODEO ASSOCIATION	<u>93-0716745</u>		Pa	ige 12			
Pai	rt XI- Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	56,8	393.			
2	Total expenses (must equal Part IX, column (A), line 25)	2			743.			
3	3 Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9		<u>566.</u>			
5	Net unrealized gains (losses) on investments	5			391.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	9		29.8	300.			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	10						
<u> </u>	column (B))	10	9	50, t	<u> 25.</u>			
rai	t XII Financial Statements and Reporting				_			
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990. X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O							
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis	ewed on a						
ŀ	Were the organization's financial statements audited by an independent accountant?		2 b		Х			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both Separate basis Both consolidated and separate basis	oarate			,			
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2 c		Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O							
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3 a		Х			
	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3 b					
BAA			Form	990 (2014)			

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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

	SISTERS RODEO ASSOCIATION			93-0716745
Par		or Advised Funds or Other Similar		
<u> </u>	Complete if the organization ans	wered 'Yes' to Form 990, Part IV, I	lıne 6.	
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year).			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and don are the organization's property, subject to the	or advisors in writing that the assets held in organization's exclusive legal control?	donor advised f	unds Yes No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	s, and donor advisors in writing that grant fu of the donor or donor advisor, or for any oth	unds can be use her purpose conf	d only ferring Yes No
Par	t II Conservation Easements.	LD/ LL 5 000 D LD/ L		
		wered 'Yes' to Form 990, Part IV, I	line /.	
1	Purpose(s) of conservation easements held by			
	Preservation of land for public use (e g , re	· 🗀		lly important land area
	Protection of natural habitat	Preservation	on of a certified	historic structure
_	Preservation of open space	a hald a suplified assessment as a saturbuling		
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution	in the form of a	conservation easement on the
	•			Held at the End of the Tax Year
ā	Total number of conservation easements		2 a	
ŧ	Total acreage restricted by conservation easer	nents	2 b	
•	: Number of conservation easements on a certif	ed historic structure included in (a)	2 c	
(Number of conservation easements included in	(c) acquired after 8/17/06, and not on a his	storic	
	structure listed in the National Register		2 d	•
3	Number of conservation easements modified, tax year ►	•	nated by the org	ganization during the
4	Number of states where property subject to co	nservation easement is located >		
5	Does the organization have a written policy reg		handling of viola	. — —
•	and enforcement of the conservation easement Staff and volunteer hours devoted to monitoring		acomonte durina	Yes No
6	> Stall and volunteer hours devoted to monitoring	g, inspecting, and emorcing conservation ea	asements during	the year
7	Amount of expenses incurred in monitoring, in	specting, and enforcing conservation easem	ents during the	year
	▶\$			-
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of	section 170(h)(4	Yes No
9	In Part XIII, describe how the organization rep include, if applicable, the text of the footnote to conservation easements			
Par	t III Organizations Maintaining Collect	i <mark>ons of Art, Historical Treasures, or</mark> wered 'Yes' to Form 990, Part IV, I	Other Similar line 8.	Assets.
1 4	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finan	s held for public exhibition, education, or res		
1	 If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items 	SFAS 116 (ASC 958), to report in its revent d for public exhibition, education, or research	ue statement an ch in furtherance	d balance sheet works of art, of public service, provide the
	(i) Revenue included in Form 990, Part VIII, I	ne 1		► \$
	(ii) Assets included in Form 990, Part X			► \$
	If the organization received or held works of a amounts required to be reported under SFAS	116 (ASC 958) relating to these items	ts for financial g	
	Revenue included in Form 990, Part VIII, line			► \$
1	Assets included in Form 990, Part X			► \$

Part III Organizations Maintain	ning Collec	tions o	of Art, Historic	cal Treasures, or Ot	her Similar Assets	(contin	ued)	
Using the organization's acquisition items (check all that apply)	on, accession	n, and of	ther records, che	eck any of the following	that are a significant us	se of its	collection	on
a Public exhibition			d Loan	or exchange programs				
b Scholarly research			e 🗌 Other					
c Preservation for future gener	ations							
4 Provide a description of the orga Part XIII.			•	,	, , ,	e ın		
5 During the year, did the organiza to be sold to raise funds rather th	nan to be mai	ıntaıned	as part of the or	ganization's collection?		Yes		No
Part IV Escrow and Custodia line 9, or reported an					nswered 'Yes' to F	orm 99	90, Pa	rt IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	ın, or oth	ner intermediary	for contributions or other	er assets not included	Yes		No
b If 'Yes,' explain the arrangement	ın Part XIII a	ind comp	olete the followin	ng table	<u></u>	Amoun	+	
c Beginning balance					1 c	74110411		``
d Additions during the year					1 d			•
e Distributions during the year					1 e			
f Ending balance					1 f			
2a Did the organization include an a	mount on Fo	rm 990	Part X line 21 t	for escrow or custodial a		Yes		No
b If 'Yes,' explain the arrangement					•	1.es	-	⊣" "
bii res, explain the arrangement	iiii ait xiiii	OHOUR III	ord if the explain	anon has been provided	THE LICENIA		L	
Part V Endowment Funds. Co	mplete if t	he ora	anization ans	wered 'Yes' to Forn	n 990. Part IV. line	10.		
	(a) Current		(b) Prior year				Four years	back
1 a Beginning of year balance		<u></u>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 (3)	, , , , , , , , , , , , , , , , , , ,	
b Contributions					7			
c Net investment earnings, gains, and losses								
d Grants or scholarships							_	
e Other expenditures for facilities and programs								
f Administrative expenses								•
g End of year balance								
2 Provide the estimated percentage	e of the curre	nt year	end balance (line	e 1g, column (a)) held a	S			
a Board designated or quasi-endov	vment ►		%					
b Permanent endowment ▶		8						•
c Temporarily restricted endowmer	nt ►		%					
The percentages in lines 2a, 2b,	and 2c shoul	d equal	10 0%					
3a Are there endowment funds not a	n the posses	sion of t	he organization t	that are held and admin	istered for the			
organization by.			g				Yes	No
(i) unrelated organizations						3a(i)		
(ii) related organizations						3a(ii)		
b If 'Yes' to 3a(II), are the related of	organizations	listed as	required on Scl	hedule R?		3b		
4 Describe in Part XIII the intended	duses of the	organiza	ation's endowme	nt funds				
Part VI Land, Buildings, and Complete if the organic			'Yes' to Form	n 990, Part IV, line	11a. See Form 990), Part	X, line	10.
Description of property			t or other basis	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	llue
1 a Land		<u> </u>	,	161,270.	· · · · · · · · · · · · · · · · · · ·		161	, 270.
b Buildings				755,080.				, 080.
c Leasehold improvements				315, 402.				, 402.
d Equipment				223, 322.				, 3 02.
o Other				220,322.	CE7 100		<u> </u>	100

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Page 102.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Schedule D (Form 990) 2014

' (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) (B)		
(c)		
(D)		
(E)		
(F)		
S 2		
(-)		
(I)		
Total (Column (b) must equal Form 990, Part X, column (B) line 12) Part VIII Investments — Program Related.		NT / 75
Complete if the organization answered	'Yes' to Form 990.	N/A Part IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets.	N/A	,
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered 'Y (a) Dec	N/A	art IV, line 11d. See Form 990, Part X, line 15.
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered 'Y (a) December 1	N/A 'es' to Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered 'Y (a) Dec. (1) (2)	N/A 'es' to Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered 'Y (a) Dec. (1) (2) (3)	N/A 'es' to Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered 'Y (a) De: (1) (2) (3) (4)	N/A 'es' to Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
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Part XI. Reconciliation of Revenue per	Audited Financial Statements With Revenue per Ret	urn.	
Complete if the organization a	answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per	audited financial statements	1	656,893.
2 Amounts included on line 1 but not on Form	990, Part VIII, line 12		·
a Net unrealized gains (losses) on investment	s 2a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	656,893.
4 Amounts included on Form 990, Part VIII, lir	ne 12, but not on line 1		•
a Investment expenses not included on Form	990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue Add lines 3 and 4c. (This mu	ust equal Form 990, Part I, line 12).	5	656,893.
Part XII Reconciliation of Expenses per	r Audited Financial Statements With Expenses per R	eturn.	
Complete if the organization a	answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited finan	ncial statements	1	651,743.
2 Amounts included on line 1 but not on Form	990, Part IX, line 25.		
a Donated services and use of facilities	2a		
b Prior year adjustments	2 b		
c Other losses	2 c	-	
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d	- 1	2 e	•
3 Subtract line 2e from line 1		3	651,743.
4 Amounts included on Form 990, Part IX, line	e 25, but not on line 1		
a Investment expenses not included on Form	990, Part VIII, line 7b		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4 c	
5 Total expenses Add lines 3 and 4c. (This m	oust equal Form 990, Part I, line 18)	5	651,743.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information.

BAA

Part XIII Supplemental Information.

SCHEDULE		Grants an	nd Othe	er Assistance	to Organization	ý		OMB No 1545-0047
(Form 990)		Governmen Complete if the or	nts, and rganization	Individuals in	Governments, and Individuals in the United States complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.	ates or 22.		2014
Department of the Treasury Internal Revenue Service	•	· Information about Scl	hedule I (F	Attach to Form 990 orm 990) and its instr	 Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. 	ov/form990.		Open to Public Inspection
Name of the organization STSTFRS RODFO ASSOCTATION	ASSOCIATION						Employer identification number 93-0716745	tion number
Part I General In	General Information on Grants and Assistance	nd Assistance						
1 Does the organiza the selection crite. 2 Describe in Part I	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	antiate the amount of the assistance?	he grants c e of grant f	t of the grants or assistance, the grantees use of grant funds in the United States	tees' eligibility for the grites	ants or assistance, ar	þı	X Yes No
Part II Grants and Form 990,	Grants and Other Assistance to Domestic Organia Form 990, Part IV, line 21 for any recipient that	mestic Organizatio	ins and Delived mo	Jomestic Governm ore than \$5,000. F	zations and Domestic Governments. Complete If the organization answered 'Yes' to received more than \$5,000. Part II can be duplicated if additional space is needed	the organization a cated if additiona	Inswered 'Yes' to	d.
1 (a) Name and address of organization or government		(b) EIN (c) IRCs) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
<u>-</u>								
e-								
(8)								

Schedule I (Form 990) (2014)

TEEA3901L 06/19/14

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book FMV, appraisal, other)	(f) Description of non cash assistance
1 SCHOLARSHIPS TO RODEO QUEENS	H	1,500.			
HIGH SCHOOL STUDENT 2 SCHOLARSHIPS	З	7,500.			
3					
4					
z,					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ide the informatio	n required in Part l	I, line 2, Part III, c	olumn (b), and any oth	ner additional information.

SCHEDULE O (Form 990 or 990-EZ)

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SISTERS RODEO ASSOCIATION

Employer identification number

93-0716745

FORM 990. PART VI. LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

SISTERS RODEO ASSOC MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. THIS STATEMENT IS INCLUDED IN THE ASSOCIATION'S ANNUAL NEWLETTER AND OTHER DOCUMENTS.

FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DEFERRED INCOME-BOX SEATS

TOTAL \$ 29,800.