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Form **990**

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

2015

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Α	For the 2	015 calend	dar year, or tax year beginning $10/01$, 2015, and ending	9/		, 201	
В	Check if app	plicable	<u>C</u>		D Employer	r identification i	number
	Addres	ss change	SISTERS RODEO ASSOCIATION		93-0	716745	
	Name	change	PO BOX 1018		E Telephori	e riumber	
	Initial r	-	SISTERS, OR 97759-1018		541-	549-012	1 .
	\vdash	um/terminated				<u> </u>	
	\vdash	ded return			G Gross red	enote S	892,395.
	⊢ ⊣		F Name and address of principal officer CTENN MITTER	H(a) Is this a	group return fo		177
	Applica	ation peridirig	GLENN MILLER	• •	subordinates in		Yes X No
_			SAME NO C MOVE	If 'No,'	attach a list (s	see instructions	") [les [No
<u>L</u>		npt status	501(c)(3) X 501(c) (4) (Insert no) 4947(a)(1) or 527				
J	Websit	te: ► N/		H(c) Group	exemption nun		
. K	Form of c	organization	X Corporation Trust Association Other ► L Year of formation	n 1970	5 M Sta	ate of legal dom	iicile OR
P	art I	Summai	у				
	1 Bri	efly descri	be the organization's mission or most significant activities RODEO_EVE	ENT FO	R THE E	NJOYMEN	T AND
	BI	ENEFIT	OF THE COMMUNITY. COLLEGE SCHOLARSHIPS, FUNDE	D BY F	ROFITS	AND INV	JESTMENT
Activities & Governance	ĪĪ		ARE AWARDED TO LOCAL STUDENTS.				
7 🖁	2 Ch	eck this bo		than 25	% of its net	assets	
ြ ိ	3 Nu	mber of vo	oting members of the governing body (Part VI, line 1a)		İ	3	. 11
ñ°	4 Nu		dependent voting members of the governing body (Part VI, line 1b)			4	11
ie i	5 To		of individuals employed in calendar year 2015 (Part V, line 2a)			5	· 0
:	6 To		of volunteers (estimate if necessary)			6	200
Ac			ed business revenue from Part VIII, column (C), line 12			7a	16,818.
	b Ne	t unrelated	business taxable income from Form 990-T, line 34			7b	15,818.
				P	rior Year	Cı	urrent Year
_	8 Co	ntributions	and grants (Part VIII, line 1h)		5,32	5.	8,091.
Revenue	9 Pro	ogram ser	vice revenue (Part VIII, line 2g)		538,03		588,988.
Ze.	10 Inv	zestment ir	ncome (Part VIII, column (A), lines 3, 4, and 7d)		7,95		8,902.
æ	11 Oth	her revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		105,58		87,362.
	12 To	tal revenue	e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		656,89		693,343.
	13 Gra	ants and s	imilar amounts paid (Part IX, column (A), lines 1-3)		11,10		13,635.
	1		to or for members (Part IX, column (A), line 4)		46,77		28,644.
	1	•	er compensation, employee benefits (Part IX, column (A), lines 5-10)		40,11		20,044.
S	15 Da		·				
Expenses	16a Fil		fundraising fees (Part IX, column (A), line 11e)	ļ			
ğ	. b Tot		sing expenses (Part IX, column (D), line 25) ►				
Ú	17 Oth	her expens	ses (Part IX, column (A), lines 11a-11d, 11f-24e)		593,87	2.	581,587.
	18 To	tal expens	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		651,74		623,866.
	•	•	s expenses. Subtract line 18 from line 12		5,15		69,477.
8				Pogunnum			nd of Year
ets or	20 To	tal accets	(Part X, line 16)	Degillilli	g of Current		_
88	20 To		es (Part X, line 26)	}	980,42		1,226,196.
Net Ass	21 10		•		29,80		176,921.
	1,40		fund balances Subtract line 21 from line 20		<u>950,62</u>	.5.]	<u>1,049,275.</u>
P	art II	<u>Signatu</u>	re Block				
Unc	er penalties o	of perjury, I dec	lare that I have examined this return, including accompanying schedules and statements, and to the best o arer (which that officer) is based on all information of which preparer has any knowledge	f my knowled	ge and belief, it	is true, correct,	and
con	nplete Deciai	ration of prep	arer (ober matrofficer) is based on all information of which preparer has any knowledge				
		▶ ¥_		x	2.14	<u>-17</u>	
Si	gn	Signati	ure of officer	Da	te		
He	ere	1 × (Henn J. H. Iler President				
		Type o	r print name and title				
		Print/Type	preparer's riaine Preparer's signature (1 au Date		Check X	ıf PTIN	
ъ.	.:A	PEGGY	J TEHAN, CPA PERMY JXTEHAN, CPA 2 5	17	self employed	I	22500
	aid Yonarer			•	sen employed	15000	22508
	eparer se Only	Firm's riam					
U:	Se Olliy	Firm's addr	1.0. 201 2007, 112 21 1211 01.			91-1749	
_			SISTERS, OR 97759-1359		Phone no		19-0829
_			nis return with the preparer shown above? (see instructions)			X Y	Yes No
B/	A For Pa	perwork F	leduction Act Notice, see the separate instructions.	A0113L 10/	12/15	F	orm 990 (2015)

	Statement of Program Check if Schedule O contai		-	Part III					. [7
	lescribe the organization's								
	EVENT FOR THE I		BENEFIT OF T	HE COMMUNITY.	COLLEGE S	CHOLA	ARSH	IPS.	
	D BY PROFITS AND								
2 Did the	organization undertake an	ny significant program	services during the	vear which were not lis	ted on the prior		-		
	organization undertake and	iy sigiimcant program	services during the	year willen were not its	ted on the phor		Yes	X	No
	describe these new service	ces on Schedule O.				Ц	.03	M	110
3 Did the	organization cease condu	cting, or make signific	ant changes in how	it conducts, any progra	ım services?		Yes	X	No
	describe these changes of								
Section	e the organization's progra 501(c)(3) and 501(c)(4) or	rganizations are requi	red to report the am	ts three largest program ount of grants and alloc	n services, as m cations to others	neasured s. the to	d by ex tal exp	enses	es S.
and rev	enue, if any, for each proc	gram service reported	•	J		,			,
	\ (F	¢ 502 202		, ¢	\ (D	<u>.</u>			
4a (Code) (Expenses) EVENT FOR THE I		្ including grants o) (Revenue COLLEGE_S		DCUI	rpc)
	ED BY PROFITS AND						\bar{m} \bar{o} \bar{u}	rrs,	
1 01101		2_21120112111				<u></u>			
			- -						
						- - -			
				· 					
4b (Code.) (Expenses	\$	including grants o	of \$) (Revenue	\$)
			- - <i></i>			- -			
									
							-		
						-			
						- - -			
4 - (0 - 1 -) (Expenses	<u> </u>		. c		Ċ			
4c (Code) (Expenses	Ψ	including grants o	ν γ <u> </u>) (Revenue	ې)
								~	
						-			
								~	
	rogram services (Describ	e in Schedule O.)							
(Expens		including grai) (Reven	ue \$)	
	ogram service expenses	<u>► 593</u>	3,282.						
BAA			TEEA0102L 10/12/1	5			Form	990 ((2015)

93-0716745

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SISTERS RODEO ASSOCIATION

Form **990** (2015)

Form 990 (2015) SISTERS RODEO ASSOCIATION Part IV | Checklist of Required Schedules

			res	140
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		Х
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		- X
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		X
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° If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	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
	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		Х
	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		X
	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>
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		X
	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	12 b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		_X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X
ŀ	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	14ь		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
	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
19	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		_X_

	m 990 (2015) SISTERS RODEO ASSOCIATION 93-07 Int IV Checklist of Required Schedules (continued)	16745	F	age
Га	Checklist of Required Schedules (continued)		Yes	No
20	a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a	-	X
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь		
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 cur and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes.' complete Schedule J</i>	rent 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	of 24a		х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defea any tax-exempt bonds?	se 24c		
	d 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
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, a 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	and <i>e</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	er 27		Х
	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		X
	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c 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	n 28c		Х
29	, ,	29		X
30	contributions? If 'Yes,' complete Schedule M	n 30		X
31	5	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301 7701-3? 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 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b 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 the treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	at is 37		Х

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O 38 BAA

Form 990 (2015)

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Part V Statements Regarding Other IRS Filings and Tax Compliance	33 0710743			ugo
Check if Schedule O contains a response or note to any line in this Part V				Γ
			Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 83			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1 c	Х	
2 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			
b If at least one is reported on line 2a, did the organization file all required federal employment		2 b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst				
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year	r?	3 a		
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		3 b	X	L
4a At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other financial account.	or other authority over, a nancial account)?	4 a		Х
b If 'Yes,' enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fin	appoint Associate (ERAR)			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter		5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	T (Tarisaction)	5 c		<u> </u>
			 	
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, are solicit any contributions that were not tax deductible as charitable contributions?		6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such co not tax deductible?	ntributions or gifts were	6 b		
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 passervices provided to the payor?	artly for goods and	7 a		
b 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 where Form 8282?		7 с		
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 l		7 e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal beni		7 f		_
g If the organization received a contribution of qualified intellectual property, did the organization as required?		7 g		
 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaining donor advised funds. 		7 h		
organization have excess business holdings at any time during the year?	lained by the sponsoring	8		
	ŀ	<u> </u>		-
 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 		9 a		İ
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor advisor.	son?	9 b		-
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12	10a	1		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 Ь			
11 Section 501(c)(12) organizations. Enter.				
a Gross income from members or shareholders	11 a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 Ь			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b			
13 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	e O	'		
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			
c Enter the amount of reserves on hand	13 c			_
14a Did the organization receive any payments for indoor tanning services during the tax year?		14 a		X

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

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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

Sect	tion A. Governing Body and Management					
				Yes	No	
	Enter the number of voting members of the governing body at the end of the tax year 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	1a 11				
	Enter the number of voting members included in line 1a, above, who are independent	1 b 11	1			
	Did any officer, director, trustee, or key employee have a family relationship or a business rel		1			
4	officer, director, trustee, or key employee?	and any other	2		Х	
3	Did the organization delegate control over management duties customarily performed by or u of officers, directors, or trustees, or key employees to a management company or other personal company or other personal company.	nder the direct supervision	3		X	
4	Did the organization make any significant changes to its governing documents	5.1	ب			
-	since the prior Form 990 was filed?					
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?					
	Did the organization have members or stockholders?		5	Х	X	
	Did the organization have members, stockholders, or other persons who had the power to ele	ect or appoint one or more	<u> </u>			
, -	members of the governing body?		7 a	Х		
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					
8	stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?		8a	Х		
b	b Each committee with authority to act on behalf of the governing body?					
9						
Sect	tion B. Policies (This Section B requests information about policies not requ	ired by the Internal Rev	enue	Code	X)	
				Yes	No	
10 a	Did the organization have local chapters, branches, or affiliates?		10 a		X	
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?						
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			_X		
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	DEE DEMEDORE O	12 a	Х		
	Were officers, directors, or trustees, and key employees required to disclose annually interes to conflicts?	ts that could give rise	12 ь		X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy Schedule O how this was done	y [?] If 'Yes,' describe in	12 c			
13	Did the organization have a written whistleblower policy?		13		_X_	
14	Did the organization have a written document retention and destruction policy?		14	X		
15	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and decidents.					
a	The organization's CEO, Executive Director, or top management official		15 a	Ì	X	
b	Other officers or key employees of the organization		15 b		X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)					
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar ataxable entity during the year?	arrangement with a	16 a		х	
b	olf 'Yes,' did the organization follow a written policy or procedure requiring the organization to participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	evaluate its safeguard the	16 b			
Sec	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an for public inspection. Indicate how you made these available. Check all that apply	d 990-T (Section 501(c)(3)s o	nly) av	aılable	 e	
	Own website Another's website X Upon request Ott	ner (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po the public during the tax year SEE SCHEDULE O	licy, and financial statements availab	le to			
20	State the name, address, and telephone number of the person who possesses the organizate	on's books and records 🕨		,		
	GLENN MILLER 202 W SISTERS PARK DR SISTERS OR 97759 541-	549-6691				
BAA			Form	990 (2	2015)	

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

- 1a 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) Position (do not check more than orie box, unless person is both an officer and a director/trustee) Estimated amount of other compensation from the (A) (B) (D) (E) Name and Title Average hours Reportable Reportable compensation from the organization (W 2/1099 MISC) compensation from related organizations (W 2/1099 MISC) per Officer employee Individual trustee Institutional trustee Highest compensated organization employee hours for related arid related organiza tioris below dotted (1) FRANK JACOBSEN 0 0 BOARD MEMBER Х 0 0 0. (2) GARY BAKER 0 Χ BOARD MEMBER 0 0 0 0. 0 (3) CATHY WILLIAMS 0 Х BOARD MEMBER 0 0 0. (4) RODGER DWIGHT 0 BOARD MEMBER 0 X ţ 0. 0 0 (5) KEITH SWEENEY 0 BOARD MEMBER 0 Х 0 0 0. (6) TOM CROWDER 0 0 BOARD MEMBER Х 0 0 0. (7) JOHN LEAVITT 0 BOARD MEMBER 0 Х 0 0 0. (8) GLENN MILLER 0 PRESIDENT 0 Х 0 0 0. 0 (9) JOHN ROGERS Χ TREASURER 0 0 0 0. (10)BONNIE MALONE 0 **SECRETARY** 0 X 0 0 0. (11) CHRIS SCHAAD 0 VICE PRESIDENT 0 Χ 0 0 0. (12) (13)(14)

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Form 990 (2015)

Part VII Section A. Officers, Directors, 17		ney	En			es,	an	ia nignest Co	npensated En	ipioyee	S (continued)
(A) Name and title	Average hours per week	box,	unle: er an	heck ss pe nd a	sitiori : more ersori direct	e than is bot or/trus	h an tee)	compensation from	(E) Reportable compensation from	amou	(F) stimated int of other perisation
	(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)	relatéd organizations (W 2/1099 MISC)	fr org an	pensation om the anization d related anizations
(15)										 	-
(16)											
(17)		-									
(18)		-									
(19)		-									
(20)		1								 	
(21)					ļ					 	
(22)		-								-	
(23)											
<u>(24)</u>											
(25)		-									
1 b Sub-total		L	1				>	0.	0.		0.
c Total from continuation sheets to Part VII, Sectio	n A							0.	0.		0.
d Total (add lines 1b and 1c)							<u> </u>	0.	0.		0.
2 Total number of individuals (including but not limit from the organization ▶ 0	ted to tho	se lis	ted	abo	ve)	who	rece	eived more than \$	100,000 of reporta	ble comp	ensation
3 Did the organization list any former officer, direct	or or true	too	kov	omi	nlov	20.0	r bu	short composite	d amplaces		Yes No
on line 1a? If 'Yes,' complete Schedule J for suci	n ındıvıduz	a/							, ,	3	X_
For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	r than \$15	50,00	0? /:	f 'Y	es' c	comp	lete	Schedule J for	om	4	Х
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	compens of complet	satior e Sci	n fro hedu	m a ule .	iny u <i>J for</i>	nrela such	ated 1 <i>pe</i>	l organization or in erson	ndıvıdual	5	X
Section B. Independent Contractors 1 Complete this table for your five highest compens	ated inde	nend	ent	con	trac	tore t	hat	recoved more th	n \$100 000 of		
compensation from the organization Report com	pensation	for th	ne c	aler	ndar	year	en	ding with or within	the organization's		
(A) Name and business addi	ess						-	Description of	of services	Comper	
2 Total number of independent contractors (including		limite	ed to	o th	ose	listed	d ab	pove) who received	d more than	······································	
\$100,000 of compensation from the organization	<u>`</u>	TEEA0	108L	10/	12/15					Form 9	990 (2015)

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rare	Check if Schedule O contains a resp	onse or note to any	line in this Part VIII			Π
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts ts	1 a Federated campaigns 1 a					
irar	b Membership dues 1 b	5,324.		***		
S, E	c Fundraising events 1 c					
Sift lar,	d Related organizations 1 d					
im,	e Government grants (contributions) 1 e					
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above	2,767.				
E E	g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f	-	0 001			
<u>0</u> 8	n Iotal. Add lines 1a-11	Business Code	8,091.			
Program Service Revenue	2a RODEO TICKET SALES	711210	400,402.	400, 402.		
3ev	b RODEO SPONSORS/ADVERTISER	711210	165,235.	165,235.		
ce	c RODEO VENDOR COMMISSIONS	711210	21,887.	21,887.	· · · · · · · · · · · · · · · · · · ·	 _
ervi	d RODEO ATM COMMISSIONS	711210	1,464.	1,464.		
яS	e			=7 - 3 - 3		
grai	f All other program service revenue					
P	g Total. Add lines 2a-2f	P	588,988.			
	3 Investment income (including dividends					
	other similar amounts)	•	4,959.	4,959.		
	4 Income from investment of tax-exempt	bond proceeds				·
	5 Royalties	<u> </u>			····	
	(i) Real	(II) Personal				
	6 a Gross rents 19,278					
	b Less rental expenses 2,460 c Rental income or (loss) 16.818			į		
	c Rental income or (loss) 16,818 d Net rental income or (loss)	·	16,818.		16 010	
	() ()	(ii) Other	10,010.		16,818.	
	7 a Gross amount from sales of assets other than inventory 57, 633					
	b Less cost or other basis	2,230.		· ·		
	and sales expenses 55, 940					
	c Gain or (loss) 1,693					
	d Net gain or (loss)	•	3,943.	3,943.		
Other Revenue	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c)					
<u>.</u>	See Part IV, line 18	a h				
۽	b Less direct expensesc Net income or (loss) from fundraising e	~L				
0	9 a Gross income from gaming activities See Part IV, line 19	a				, , , , , , , , , , , , , , , , , , ,
	b Less direct expenses	b				
	c Net income or (loss) from gaming activ	nties				
	10 a Gross sales of inventory, less returns and allowances	a 210,164.				
	b Less cost of goods sold	b 140,652.				
	c Net income or (loss) from sales of inve		69,512.	69,512.	·	
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS INCOME	711210	1,032.	1,032.		
	b					
	d All other revenue					
	e Total. Add lines 11a-11d	▶ !	1 022			
	12 Total revenue. See instructions	▶	1,032. 693,343.	668,434.	16,818.	
RΔΔ			0109 10/12/15	000,434.	10,818.	Form 990 (2015)

Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a re	omplete all columns A	All other organizations m line in this Part IX	ust complete column (A,)
	Check if Schedule & contains a re	(A)	(B)	(C)	(D)
Do r 6b, 7	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	4,120.	4,120.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	9,515.	9,515.		7
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	28,644.	28,644.		
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
. 8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				-
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				<u></u>
	a Management				
	Legal				
	Accounting	775.		775.	
	Lobbying				
	Professional fundraising services See Part IV, line 17				
		1 406		1 406	
-	Investment management fees	1,426.	 	1,426.	
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)				
12	Advertising and promotion	37,327.	37,327.		
13	Office expenses	2,723.		2,723.	
14	Information technology	11,967.	8,067.	3,900.	
15	Royalties				
16	Occupancy	7,000.	3,400.	3,600.	
17	Travel	7,000.	3,100.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				· · · · · · · · · · · · · · · · · · ·
19	Conferences, conventions, and meetings	24,698.	24,698.		
20	Interest	6,753.		6,753.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	42,763.	42,763.		
23	Insurance	14,145.	8,060.	6,085.	
24	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)				
á	RODEO SUBCONTRACTORS	164,557.	164,557.		
	RODEO PRIZE MONEY & TROPHY	93,470.			
	OTHER DIRECT RODEO COSTS	75,399.			
	REPAIRS & MAINT-BUILD/GROUNDS	53,151.	53,151.		
	e All other expenses	45,433.	40,111.	5,322.	
	Total functional expenses Add lines 1 through 24e	623,866.	593, 282.	30,584.	0.
	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 Fig. 1f following SOP 98-2 (ASC 958-720).	322,000.	333, 232.	30,304.	

Form 990 (2015) SISTERS RODEO ASSOCIATION

Part X Balance Sheet 93-0716745 Page **11**

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	15,190.	1	6,112.
	2	Savings and temporary cash investments	20,372.	2	7,379.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
ဖွ	7	Notes and loans receivable, net		7	······································
Assets	8	Inventories for sale or use	18,400.	8	46,814.
As	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a 1,746,501.			
i	b	Less accumulated depreciation 10b 690,746.	797,892.	10 c	1,055,755.
	11	Investments – publicly traded securities	128,571.	11	106,174.
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments program-related See Part IV, line 11		13	
	14	Intangible assets		14	3,961.
	15	Other assets See Part IV, line 11		15	1.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	980,425.	16	1,226,196.
	17	Accounts payable and accrued expenses		17	27 2 2 0 7 2 2 0 .
	18	Grants payable		18	
	19	Deferred revenue	29,800.	19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	176,921.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	29,800.	26	176,921.
sec		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	0.50 470		
lar	27	Unrestricted net assets	863,472.	27	971,737.
Ва	28	Temporarily restricted net assets	87,153.	28	77,538.
힏	29	Permanently restricted net assets	1846	29	
Net Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
क	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds		32	
ě	33	Total net assets or fund balances	950,625.	33	1,049,275.
	34	Total liabilities and net assets/fund balances	980,425.	34	1,226,196.
BA	Δ				Form 990 (2015)

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ori	m 990 (2015) SISTERS RODEO ASSOCIATION	93-0716745		Pa	age 1
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Σ
1	Total revenue (must equal Part VIII, column (A), line 12)	1	- 6	93,3	343
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	23,8	366
3	Revenue less expenses Subtract line 2 from line 1	3		69,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		50,6	
5	Net unrealized gains (losses) on investments	5			438
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		26,	735
10		10			-
<u> </u>	column (B))	10	1,0	49,2	4/5
P 2	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
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			Yes	No
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X	
4			Za		<u> </u>
	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	newed on a			
	b 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 Consolidated basis Both consolidated and separate basis If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversights.	•			
	review, or compilation of its financial statements and selection of an independent accountant?	to, are addit,	2 c		Х
3	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3 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?	ı the Single			
			3 a		Х
	b If '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 Ь		

Form **990** (2015)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 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.

2015

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

n990. Open to Public Inspection
Employer identification number

	SISTERS RODEO ASSOCIATION		93-0716745					
Pa	Organizations Maintaining Don Complete if the organization ans	or Advised Funds or Other Similar Fu wered 'Yes' on Form 990, Part IV, line	nds or Ac					
		(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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No							
6	6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No							
Pa	rt il Conservation Easements. Complete if the organization ans	swered 'Yes' on Form 990, Part IV, line	e 7.					
1	Purpose(s) of conservation easements held by							
	Preservation of land for public use (e.g., r		f a historicall	y important land area				
	Protection of natural habitat	Preservation o	f a certified t	nistoric structure				
	Preservation of open space							
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in the	ne form of a	conservation easement on the				
			Н	leld at the End of the Tax Year				
	a Total number of conservation easements		2 a					
	b Total acreage restricted by conservation ease		2 b					
	c Number of conservation easements on a certi	ied historic structure included in (a)	2 c					
	d Number of conservation easements included i structure listed in the National Register	n (c) acquired after 8/17/06, and not on a historic	2 d					
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or terminate	d by the orga	anization during the				
4	Number of states where property subject to co	nservation easement is located >	_					
5	Does the organization have a written policy re and enforcement of the conservation easement	garding the periodic monitoring, inspection, hand its it holds?	lling of violat	ons, Yes No				
6	Staff and volunteer hours devoted to monitorin	ng, inspecting, handling of violations, and enforci	ng conserval	tion easements during the year				
7	Amount of expenses incurred in monitoring, in ►\$	specting, handling of violations, and enforcing co	onservation e	easements during the year				
8	Does each conservation easement reported of and section $170(h)(4)(B)(i)^7$	n line 2(d) above satisfy the requirements of sect	tion 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	orts conservation easements in its revenue and o the organization's financial statements that des	expense stat scribes the o	ement, and balance sheet, and rganization's accounting for				
Pa	rt III Organizations Maintaining Collec	tions of Art, Historical Treasures, or Oth swered 'Yes' on Form 990, Part IV, line	i <mark>er Similar</mark> e 8.	Assets.				
1	a If the organization elected, as permitted under art, historical treasures, or other similar asset in Part XIII, the text of the footnote to its finar	SFAS 116 (ASC 958), not to report in its revenues held for public exhibition, education, or researd cial statements that describes these items	ue statement ch in furthera	and balance sheet works of nce of public service, provide,				
	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items							
	(i) Revenue included on Form 990, Part VIII,	line 1		► \$				
	(ii) Assets included in Form 990, Part X			►\$				
	amounts required to be reported under SFAS		r financial ga	in, provide the following				
	a Revenue included on Form 990, Part VIII, line	1		► \$				
	b Assets included in Form 990, Part X			► \$				

, 3			/	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		367,139.		367,139.
b Buildings		821,412.		821,412.
c Leasehold improvements		315,402.		315,402.
d Equipment		242,548.		242,548.
e Other			690,746.	-690,746.
Total. Add lines 1a through 1e (Column (d) i	must equal Form 990, Part X, co	lumn (B), line 10c)	•	1,055,755.

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Schedule **D** (Form 990) 2015

Part VII Investments - Other Securities.		N/A	
Complete if the organization answered		, Part IV, line 11b. See Form 990, Part X, line 12	<u>2.</u>
(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)	<u> </u>		
(D)			
(E)			_
(F) (G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)			
Port VIII Investments - Program Related.		N/A	
Complete if the organization answered		, Part IV, line 11c. See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	<u>.</u>
(1)			
(2)	 		
(3)			
(4)	 		
(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 (os' on Form 990, P	art IV, line 11d. See Form 990, Part X, line 15.	
	scription	(b) Book value	
(1)		(2) 2301.1333	
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (E	3) line 15.)	<u> </u>	
Part X Other Liabilities.	. 000 Dowl IV June 11e ev	116 Con Form 000 Don't V June 25	
Complete if the organization answered 'Yes' on Form (a) Description of liability	(b) Book value		
(1) Federal income taxes	(B) Book Value		
(2)			
(3)			
(4)			
(5)		<u> </u>	
(6)		 	
(7) (9)		 	
<u>(8)</u> (9)		- 	
(10)		· ·	
(11)			
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	>		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo		nancial statements that reports the organization's liability for uncertain	
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote	nas been provided in Part XIII	[
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chedule D	(Form 990)	2015	STSTERS	RODEO	ASSOCIATION
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93-0716745

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Part XI Reconciliation of Revenue per Audited Financial Statem		eturn.	
Complete if the organization answered 'Yes' on Form	990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements.		1	693,343.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2 a		
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	693,343.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1		·· ········
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
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 must equal Form 990, Part I, line	12)	5	693,343.
Part XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses per	Return.	
Complete if the organization answered 'Yes' on Form	990, Part IV, line 12a.		
Total expenses and losses per audited financial statements		1	623,866.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2 a		
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	\	2 e	
3 Subtract line 2e from line 1		3	623,866.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
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 must equal Form 990, Part I, line	e 18)	5	623,866.
Part XIII Supplemental Information.			·

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.

SCHEDULE I (Form 990)		Green Comple	ants and Oth ernments, an	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	o Organization the United Sta orm 990, Part IV, line 21	S, Ites or 22.		2015
Department of the Treasury Internal Revenue Service		► Information	about Schedule I (Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. 	i uctions is at www.irs.g	ov/form990.		Open to Public Inspection
Name of the organization	NOTERTOON						Employer identification number 93-0716745	tion number
Part General Infor	mation on Grai	General Information on Grants and Assistance	ınce					
1 Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance?	maintain records to	o substantiate the ar rants or assistance?	nount of the grants	the grants or assistance, the grantees' eligibility for the grants or assistance, and	tees' eligibility for the gi	ants or assistance, ar	þ	X Yes No
2 Describe in Part IV the	e organization's pro	ocedures for monitor	ing the use of grant	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States				
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II	ther Assistance art IV, line 21, for	to Domestic Orc	ganizations and that received r	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	lents. Complete If Part II can be dupl	Complete if the organization answered 'Yes' on can be duplicated if additional space is neede	inswered 'Yes' or al space is neede	od.
1 (a) Name and address of organization or government	of organization	(b) EIN	(c) 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)	1 1 2							
	! ! ! !							
(2)								
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 							
(3)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
(4)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
(5)	1 1 1 1 1 1 1							
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
(9)	 							
	 	i						
(J)								
(8)								
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1							
2 Enter total number of section 501(c)(3) and government organizations	section 501(c)(3) a	and government orga	nizations listed in the	listed in the line 1 table				0
S Criter total number of outer organizations listed in the first ratio BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice, se	ee the Instructions for	or Form 990.		TEEA3901L 11/04/15	11/04/15	Schedul	Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015)

Page 2 1 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. 93-0716745 SISTERS RODEO ASSOCIATION Schedule I (Form 990) (2015) Part III

(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	1	1,500.			
HIGH SCHOOL STUDENT 2 SCHOLARSHIPS	8	7,500.			
3 CRISIS FUND TO MEMBERS	1	515.			
4					
r.					
G					
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 I	, line 2, Part III, α	olumn (b), and any oth	ler additional information.

TEEA3902L 11/04/15

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 Name of the organization

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 INCOME TAX ON RENTAL INCOME

	\$ 29,800. -3,065.
TOTAL	\$ 26,735.