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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . .

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 41e regarding organizational activities, financials, and tax matters.

42a The organization's books are in care of KIRK LOWRY Telephone no (970) 842-5101 Located at PO BOX 324 BRUSH, CO ZIP + 4 80723

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

	<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>46</b>	No

**Part VI Section 501(c)(3) organizations only**  
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000. . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b> Signature of officer JEFF OSUCH PRESIDENT Type or print name and title	2017-05-09 Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name ROGER M SCHAEFER	Preparer's signature	Date 2017-05-09	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00152062
	Firm's name ▶ ROGER M SCHAEFER CPA			Firm's EIN ▶ 84-0944453	
	Firm's address ▶ PO BOX 1125 FORT MORGAN, CO 807011125			Phone no (970) 867-9422	

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 84-6038833

**Name:** BRUSH RODEO ASSOCIATION INC

### Form 990EZ, Part III - Statement of Program Service Accomplishments

<b>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</b>	<b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b>	
<p><b>28</b> INDEPENDENCE DAY RODEO - SERVES APPROXIMATELY 10,500 PEOPLE THIS ANNUAL THREE DAY EVENT PROMOTES THE SOCIAL WELFARE OF THE COMMUNITY AND MAKES POSSIBLE THE UPKEEP AND PERMANENT IMPROVEMENTS TO THE FAIR GROUNDS OWNED BY MORGAN COUNTY, CO</p> <p>(Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	



**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue ServiceName of the organization  
BRUSH RODEO ASSOCIATION INC**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2016****Open to Public Inspection**

Employer identification number

84-6038833

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING FOR EVENTS 1,491 CONCESSIONS EXPENSE 2,085 FIREWORKS/GATES/PROGRAMS 10,000 RODEO OPERATIONS 11,668 VIP PICNIC 125 RODEO STOCK 19,145 PARADE EXPENSE 175 TOTAL 44,689

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART III, LINE 28	INDEPENDENCE DAY RODEO - SERVES APPROXIMATELY 10,500 PEOPLE THIS ANNUAL THREE DAY EVENT PROMOTES THE SOCIAL WELFARE OF THE COMMUNITY AND MAKES POSSIBLE THE UPKEEP AND PERMANENT IMPROVEMENTS TO THE FAIR GROUNDS OWNED BY MORGAN COUNTY, CO

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	INDEPENDENCE DAY RODEO - SERVES APPROXIMATELY 10,500 PEOPLE THIS ANNUAL THREE DAY EVENT PROMOTES THE SOCIAL WELFARE OF THE COMMUNITY AND MAKES POSSIBLE THE UPKEEP AND PERMANENT IMPROVEMENTS TO THE FAIR GROUNDS OWNED BY