

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

Short Form
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-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: BIG BEND RANCH RODEO INC
Number and street (or P O box, if mail is not delivered to street address): P O BOX 2140
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: ALPINE, TX 79831

D Employer identification number: 35-2336158
E Telephone number: (432) 364-2696
F Group Exemption Number:

G Accounting Method: Cash Accrual Other (specify)
I Website: WWW.BIGBENDRANCHRODEO.COM
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(5) (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization: Corporation Trust Association Other
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 64,157**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	
1	Contributions, gifts, grants, and similar amounts received
2	Program service revenue including government fees and contracts 34,551
3	Membership dues and assessments
4	Investment income
5a	Gross amount from sale of assets other than inventory
5b	Less cost or other basis and sales expenses
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)
6	Gaming and fundraising events
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)
6c	Less direct expenses from gaming and fundraising events
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)
7a	Gross sales of inventory, less returns and allowances
7b	Less cost of goods sold
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
8	Other revenue (describe in Schedule O) 29,606
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 64,157
Expenses	
10	Grants and similar amounts paid (list in Schedule O) 20,000
11	Benefits paid to or for members
12	Salaries, other compensation, and employee benefits
13	Professional fees and other payments to independent contractors 7,143
14	Occupancy, rent, utilities, and maintenance
15	Printing, publications, postage, and shipping 1,633
16	Other expenses (describe in Schedule O) 33,883
17	Total expenses. Add lines 10 through 16 62,659
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 1,498
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 9,897
20	Other changes in net assets or fund balances (explain in Schedule O) 0
21	Net assets or fund balances at end of year Combine lines 18 through 20 11,395

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	9,897	22 11,395
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	9,897	25 11,395
26 Total liabilities (describe in Schedule O).	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	9,897	27 11,395

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?

TO PROVIDE COWBOYS THE OPPORTUNITY TO EDUCATE THE PUBLIC ABOUT EVERYDAY WORK ON A RANCH

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

28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
30	30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
GARY DUNSHEE PRESIDENT	1 00	0	0	0
CHACHI HAWKINS SEC/TREASURER	1 00	0	0	0
DON CADDEN DIRECTOR	1 00	0	0	0
ASHLEY WOOD DIRECTOR	1 00	0	0	0
STEWART SCHMIDT DIRECTOR	1 00	0	0	0
MARY ANN LUEDECKE DIRECTOR	1 00	0	0	0
STACEY WOOD DIRECTOR	1 00	0	0	0
JAEALYN BLACKWELL DIRECTOR	1 00	0	0	0
TATE MCMULLAN DIRECTOR	1 00	0	0	0
DENNIS YADON DIRECTOR	1 00	0	0	0
JOHN LUEDECKE DIRECTOR	1 00	0	0	0
AMANDA BISTLINE DIRECTOR	1 00	0	0	0

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 response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (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 "

Table with 3 columns: (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

Sign Here ***** Signature of officer 2018-10-24 Date
CHACHI HAWKINS TREASURER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name JOHN F PACE Preparer's signature Date Check if self-employed PTIN P00292024
Firm's name PACE & ASSOCIATES CPAS LLC Firm's EIN 45-3696852
Firm's address P O BOX 809 ALPINE, TX 79831 Phone no (432) 837-3371

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

Additional Data

Software ID:
Software Version:
EIN: 35-2336158
Name: BIG BEND RANCH RODEO INC

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

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 THE PRESENTATION OF A WORKING RANCH RODEO TO EDUCATE THE PUBLIC ABOUT THE EVERYDAY WORK OF A WORKING RANCH AND TO RAISE FUNDS TO PROVIDE SVHOLARSHIPS AT SUL ROSS STATE UNIVERSITY FOR AGRICULTURAL STUDENTS</p> <p>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	0

**TY 2017 Transfers Personal Benefits
Contracts Declaration**

Name: BIG BEND RANCH RODEO INC

EIN: 35-2336158

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
BIG BEND RANCH RODEO 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.

OMB No 1545-0047

2017**Open to Public
Inspection**

Employer identification number

35-2336158

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION SPONSORSHIPS AMOUNT 29,606

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SCHOLARSHIPS GRANTEE NAME SUL ROSS STATE UNIVERSITY GRANTEE ADDRESS EAST HWY 90 ALPINE, TX 79830 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CA SH AMOUNT GIVEN 20,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION ADVERTISING AMOUNT 1,882 DESCRIPTION INSURANCE AMOUNT 1,708 DESCRIPTION RODEO EXPENSES AMOUNT 8,723 DESCRIPTION PRIZES AMOUNT 21,570 TOTAL TO FORM 990-EZ, LINE 16 33,883