Form 990

(Rev January 2020)

الوس Department of the Treasury

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 2009

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Inter	nal Reve	nue Service	► Go to www.irs.gov/Form990 for instructions and the latest info	ormation.		Inspection
A	For the	e 2019 calenda	r year, or tax year beginning $10/01$ , 2019, and ending			, 2020
В	Check if	applicable C	,		D Employer ider	ntification number
	Add	dress change	ISTERS RODEO ASSOCIATION		93-071	6745
	$\vdash$		O BOX 1018		E Telephone nur	nber
	$\vdash$	al return S	ISTERS, OR 97759-1018		541-549	9-0121
	$\vdash$	Il return/terminated		-	<u> </u>	-
	$\vdash \dashv$	ended return			G Gross receipts	\$ 396,206.
	H		Name and address of principal officer CIIPT KALIBERG		group return for se	
	∐ App	` ` `	CURI KALLBERG	• •	-	
_	T		AME AS C ABOVE	If "No," a	ubordinates includ attach a list (see i	nstructions)
<u> </u>		exempt status	501(c)(3) X 501(c) ( 4 )    (Insert no ) 4947(a)(1) or 527 C	7		_
1		osite: ► N/A			xemption number	
K			Corporation Trust Association Other L Year of formation	<u> 1976</u>	M State of	legal domicile OR
R		Summary				
			the organization's mission or most significant activities RODEO EVEN			
ince.			F THE COMMUNITY. COLLEGE SCHOLARSHIPS, FUNDER	D BX L	ROFITS AN	D INVESTMENT
, <u>e</u>		INCOME, A	RE AWARDED TO LOCAL STUDENTS.			
Governance	ا ۾ ا				0/ of its pot a	
۾ ر	2 (	Check this box	If the organization discontinued its operations or disposed of morning members of the governing body (Part VI, line 1a)	e man 25	3     3	11
Activities & Gove	4 1		pendent voting members of the governing body (Part VI, line 1b)		4	11
es 7	5		f individuals employed in calendar year 2019 (Part V. line 2a)		5	10
3≅	6		f volunteers (estimate if necessary)  RECEIVED	7	6	162
いせ	7a -		business revenue from Part VIII, column (C), line 12		7a	0.
_	ы	Net unrelated b	usiness taxable income from Form 990-T, to 39 FFR	긹	7b	0.
	1		B FEB 2 2 7021   C	Pr	ior Year	Current Year
	8 (	Contributions a	nd grants (Part VIII, line 1h)		4,550.	9,748.
Revenue	9 1	Program servic	e revenue (Part VIII, line 2g)		677,147.	40,405.
Š	10	Investment inco	ome (Part VIII, column (A), lines 3, 4, and 7d)	{	5,656.	53,374.
æ	11 (	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		147,576.	44,784.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		834,929.	148,311.
	13 (	Grants and sim	ilar amounts paid (Part IX, column (A), lines 1-3)		9,950.	7,500.
	14	Benefits paid to	o or for members (Part IX, column (A), line 4)		31,688.	14,191.
	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)			
se	16a	Professional fui	ndraising fees (Part IX, column (A), line 11e)			
Expenses	h -	Total fundraisin	ig expenses (Part IX, column (D), line 25) ▶			
ă	17 (		s (Part IX, column (A), lines 11a-11d, 11f-24e)	¦	741,263.	239,488.
		•	Add lines 13-17 (must equal Part IX, column (A), line 25)	1		261,179.
		-	expenses Subtract line 18 from line 12		782,901.	
		revenue less e	expenses Subtract line to nonline 12	Dania	52,028.	-112,868.
ets or		Total assets (P.	art X June 16)		of Current Year , 354, 805.	End of Year 1,230,684.
ese Bala		•	(Part X, line 16)	1	55,005.	69,555.
Net A	!		•	-		
_	<del></del>		and balances Subtract line 21 from line 20	1,	<u>,299,800.</u>	1,161,129.
	irt]	<b>■</b> Signature				
Und	er penaltı plete De	ies of perjury, I dect claration of prepare	The that I have examined this return, including accompanying schedules and statements, and to the conference of the conf	ne best of my	y knowledge and b	elief, it is true, correct, and
		//	Allla Il Lan		2-10-3	1 /
C:		Signature	of officer	Date		<del></del>
Sig He	yıı re	CUDT	VALUEDC	PRESI	רבאייי	
110			KALLBERG int name and title	FKEST	DENI	<del></del>
		Print/Type prep		<sub>1,</sub>	Check X if	PTIN
_		1	1 / em V: 10 / 10.	. 1	_	
Pa			TEIMIN, CITI TEIMIN, CITI	021	self-employed	P00022508
	epare se Onl	i l	CAMPBELL & TEHAN, CPA'S V V			1740054
US	e UIII	Firm's address			Firm's EIN > 91	
			SISTERS, OR 97759		Phone no 541	-549-0829
_			return with the preparer shown above? (see instructions)			X Yes No
RΔ	A For	Pananuark Dag	fuction Act Notice, see the separate instructions. TEEA	0101L 01/21	1/20	Form <b>990</b> (2019)

orm 990 (2019)	SISTERS RODEO ASSOCIA	ATION	93-0	716745 Page
	ment of Program Service A			
Check	if Schedule O contains a respons	e or note to any line in this Part III		
1 'Briefly describ	be the organization's mission			
RODEO_EV	ENT FOR THE ENJOYMENT	AND BENEFIT OF THE COMM	UNITY. COLLEGE S	CHOLARSHIPS,
FUNDED B	Y PROFITS AND INVESTM	ENT INCOME, ARE AWARDED	TO LOCAL STUDENTS	).
==				
2 Did the organiz	zation undertake any significant prog	ram services during the year which were	not listed on the prior	
Form 990 or 9	390-EZ?			Yes X No
If "Yes," descri	ibe these new services on Schedule	0		
3 Did the organ	ization cease conducting, or make	e significant changes in how it conduct	is, any program services?	☐ Yes X No
If "Yes," descri	ibe these changes on Schedule O	-		
4 Describe the	organization's program service ac	complishments for each of its three lai	rgest program services, as	measured by expenses
and revenue,	if any, for each program service r	reported	and anocations to othe	is, the total expenses,
4a (Code	) (Expenses \$ 218	,836. including grants of \$	) (Revenue	\$
RODEO EV	ENT FOR THE ENJOYMENT	AND BENEFIT OF THE COMM	UNITY. COLLEGE S	CHOLARSHIPS,
FUNDED B	Y PROFITS AND INVESTM	ENT INCOME, ARE AWARDED	TO LOCAL STUDENTS	; <u> </u>
		<del>_</del>	~ <b>-</b>	
	<b>-</b>			
		<del>-</del>	<b></b>	
<b>4 b</b> (Code.	) (Expenses \$	including grants of \$	) (Revenue	
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<b>4 c</b> (Code	) (Expenses \$	including grants of \$	) (Revenue	\$
	<del>-</del>			·
		<del></del>		
				. <b></b>
		<del>-</del> -		<del></del>
	n services (Describe on Schedule			
(Expenses		ing grants of \$	) (Revenue \$	)
	service expenses >	218,836.	<del></del>	Form 000 (001)
AA		TEEA0102L 07/31/19		Form <b>990</b> (2019

# Form 990 (2019) SISTERS RODEO ASSOCIATION Part IV Checklist of Required Schedules

			Yes	NI.
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	Yes	No X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	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		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 donor-restricted endowments or in 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			
а	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	
Ь	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		Х
	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		х
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	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		х
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		Х
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
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a <sup>2</sup> If 'Yes,' complete Schedule G, Part III	19		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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
BAA	TEEA0103L 07/31/19	Form	990	(2019)

# Form 990 (2019) SISTERS RODEO ASSOCIATION Partity Checklist of Required Schedules (continued)

			Yes	No
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 8	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
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	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		
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
<b>25</b> a	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
I	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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26	_	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
1	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
•	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		X
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	_	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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? 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		X
1	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 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	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Vac	Nic.
1 :	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
	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 and reportable gaming			
	(gambling) winnings to prize winners?	1 c	X	(2012)
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Form 990 (2019) SISTERS RODEO ASSOCIATION

Part: V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	•			Yes	No
2 =	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			No.	
26	ments, filed for the calendar year ending with or within the year covered by this return	2 a	0	3843 ° 26 * 4√	
t	If at least one is reported on line 2a, did the organization file all required federal employment	it tax returns?	2 b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	structions)	, 25 m	V 1, 2	4; \$\$\$.\\$\\$\\$\\$
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year	ar <sup>o</sup>	3 a		X
Ŀ	If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>		3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other f	er authority over, a	40		Х
	If 'Yes.' enter the name of the foreign country	inancial accounty.	4 a	· '{	
•	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR)	arbidi		
5.5	Was the organization a party to a prohibited tax shelter transaction at any time during the ta		5 a	//////////////////////////////////////	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shell		5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	and did the organization	6 a		X
t	If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).		100	) N	3%
	Did the organization receive a payment in excess of \$75 made partly as a contribution and p	partly for goods and	3	, ,	
•	services provided to the payor?	darity for goods and	7 a		
t	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
C	Did the organization self, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?	was required to file	7 c		
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	C 1,888	s <sub>n</sub> , >	#S 4
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7 e		440
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	nefit contract?	7 f		
	If the organization received a contribution of qualified intellectual property, did the organization file as required?		7 g		
ŀ	ilf the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h		
8		by the sponsoring	2.	,	3 4 1
	organization have excess business holdings at any time during the year?	,	8		
9	Sponsoring organizations maintaining donor advised funds.		, , , , , ,		į į
ā	Did the sponsoring organization make any taxable distributions under section 4966?		9 a		
È	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	rson <sup>7</sup>	9 b		
	Section 501(c)(7) organizations. Enter			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Initiation fees and capital contributions included on Part VIII, line 12	10a			ASSESS , C
t	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b		r .48	
	Section 501(c)(12) organizations. Enter	1	# , <b>1</b>	M2 , 43/4	
_	Gross income from members or shareholders	11 a		يُ رئين در ما	
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ).	11 b			<b>3</b>
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a	V 858	ggsgave A
	of Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b		x. ++	
	Section 501(c)(29) qualified nonprofit health insurance issuers.		12-	۴ 🔌	kon v
a	Is the organization licensed to issue qualified health plans in more than one state?	I- 0	13a	* , 19	<b>P</b> . 1
	Note: See the instructions for additional information the organization must report on Schedu	ie O	- 3	\$ X3	18 . 34 / 2
	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	13b			
	Enter the amount of reserves on hand	13c	7. 27.20	- <u>∰3524, 2,1</u>	<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	Schodule O	14a		
	off 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 mexcess parachute payment(s) during the year?	n remuneration or	15		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N				
16	Is the organization an educational institution subject to the section 4968 excise tax on net in	vestment income?	16	Married Control	X
10	If 'Yes,' complete Form 4720, Schedule O	FOOTHORE IIIOOMO		## \*\	Name
3 4 4	TESANOSI 07/21/10		li, ingerigit	990 (	2010

Form 990 (2019) 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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI 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 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 on Schedule O b Enter the number of voting members included on line 1a, above, who are independent 1 b 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 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? 7 a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8 a X b Each committee with authority to act on behalf of the governing body? 8 b 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 on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Х 10 a Did the organization have local chapters, branches, or affiliates? 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? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11 a **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 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done Х 12c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 Х 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 X 15a X **b** Other officers or key employees of the organization 15<sub>b</sub> 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 16 a taxable entity during the year? 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? 16<sub>b</sub> 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 (1024 or 1024-A, 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 Another's website Other (explain on Schedule O) Upon request 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O 20 State the name, address, and telephone number of the person who possesses the organization's books and records CURT KALLBERG 220 W CASCADE AVE SISTERS OR 97759 541-549-0121

#### 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

See instructions for the order in which to list the persons above

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 per	thar	one one both	box, an c ector	unles officer /trust		on	(D)  Reportable compensation from the organization	(E)  Reportable compensation from	(F) Estimated amount of other	
	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) CURT KALLBERG	0										
PRESIDENT	0	<u> </u>		Х				0.	0.	0.	
(2) KEITH SWEENEY	0	}									
BOARD MEMBER	0	<u> </u>		X				0.	0.	0.	
(3) BRIAN WITT	0										
BOARD MEMBER	0	_X_						0.	0.	0.	
(4) AMORITA ANSTETT	0									_	
BOARD MEMBER	0	X		Х				0.	0.	0.	
(5) GARY BAKER	0									_	
BOARD MEMBER	0	Х						0.	0.	0.	
(6) FRANK JACOBSEN	0								·		
BOARD MEMBER	0	Х						0.	0.	0.	
(7) RODGER DWIGHT	0	]			1						
VICE PRESIDENT	0	X_						0.	0.	0.	
(8) PATTI CORDONI	0	]									
SECRETARY	0	X						0.	0.	0.	
_(9) RICK_WAGEMAN	0	]									
TREASURER	0	X		Х				0.	0.	0.	
(10) TOM CROWDER	0					1					
BOARD MEMBER	0	X						0.	0.	0.	
(11) JOHN LEAVITT	0						j				
BOARD MEMBER	0	X						0.	0.	0.	
(12)											
(13)											
(14)											

		(B)			((	<del>)</del>			-	_			nued)
`	(A) Name and title	Average hours per week	box	, unle	ess pe	erson direct	than is boti or/trus	h an tee)	Reportable compensation from	Reportable compensation from related organizations	0	(F) ted amo	
		(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)	relaled organizations (W-2/1099-MISC)	and	nsation i ganizati i related nization	ion I
(15)						-							
(16)										•			
(17)													
(18)													
(19)									_				
(20)													
(21)											_		
(22)													
(23)													
(24)													
(25)													
1 b	Subtotal	<u></u>	-			I <u>-</u>		<b>&gt;</b>	0.	0.			0
	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)	on A						<b>▶</b>	0.	0.			0
2	Total number of individuals (including but not limited from the organization ► 0	to those I	ısted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	pensation	l	
				-								Yes	No
	Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc	h individu	ıal								3		Х
	For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportab er than \$1	le co 50,0	mpe 00?	ensa If '\	ition Yes,	and con	oth <i>ple</i>	er compensation to the Schedule J for	from	4		Х
5	Did any person listed on line 1a receive or accruing for services rendered to the organization? If 'Yes	e comper s,' comple	satio	n fr	om dule	any J fo	unre	late ch p	ed organization or erson	ındıvıdual	5		X
Sect	ion B. Independent Contractors	hnı hates	enen	den	1.00	ntra	ctors	tha	at received more t	nan \$100 000 of			
	Complete this table for your five highest compen compensation from the organization Report compen	sation for	the c	alen	dar	year	endi	ng v					
	(A) Name and business addi	ress							Description (	of services	Compe	nsatio	n
			_										
	Total number of independent contractors (including b	out not lim	ited to	o the	nse i	ıster	l aho	Ve)	who received more	than			
~	\$100,000 of compensation from the organization		(	<i>-</i> (1)(			. 400	. 5)	15561164 IIIOTE				

		Check if Schedul	ie O contains a res	ponse or note to an	y line in this Part v	HI		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaig Membership dues Fundraising events. Related organizatio Government grants (cont All other contributions, g similar amounts not incl Noncash contributions in lines 1a-1f	tributions) 1 tributions)	5,000. 698.	9,748.			
				Business Code	J, 140.			mar are not to now a new
Program Service Revenue	2 -						335 % C387 31 / 37 / 4	M. P. S. C. & L. B. C. W. C. S. C. S. V. W. J.
.¥e		RODEO TICKET SA		711210	<u>36,·505.</u>	36,505.		
Æ	b	RODEO_SPONSORS/	/ADVERTISER	711210	3,900.	3,900.		
ice	C	RODEO VENDOR CO	OMMISSIONS	711210				
e⊾	d			711210		,		
n S	_	KODEO MIN COM	15515115	,11210				<del>-</del>
ran		All other program s		<del>-</del>		· · · · · ·		
S	T	, -				**** *** *** *** **** **** ****	AND AND AND AND AND THE	man Case millione million
₫.	g	Total. Add lines 2a	-2t		40,405.			A STATE OF THE STA
	3	Investment income (		interest, and				
		other similar amoui	nts)	•	3,973.			3,973.
	4	Income from invest	tment of tax-exemp	t bond proceeds 🕨	,			
	5	Royalties		•				
		,	(i) Real	(II) Personal	ALCONOMIC PROPERTY.	5.775.785.7975.477	Conference of the Conference o	4,517, 22,618, 27,718
	٠.	Gross rents	<del> </del>			and the state of the second state of the second	a sala si da	Comment of the Commen
			6a 40,020	·				
		Less rental expenses	6b					
	C	: Rental income or (loss)	6c 40,020	) <u>.                                     </u>		appending and an order of the contract of the	Einelle militarist profit with militaris	adig . Nay yagirilini tar gunnin ar A
	d	Net rental income of	or (loss)	<b>-</b>	40,020.			40,020.
•	_		(i) Securities	(ii) Other	TO SERVICE THE SERVICE OF THE			
	/ a	Gross amount from sales of assets	1					mont square fadinissi que d'ansi mus.
		other than inventory	7a 23,539	269,900.				
	þ	Less cost or other basis				a termination of	<b>为多,如果,如果</b>	
• •		and sales expenses `	<b>7b</b> 21,666	5. 222,372.				\$10.00 to 10.00 to 1
	С	: Gain or (loss)	<b>7c</b> 1,873	47,528.				
	d	Net gain or (loss)		►	49,401.	1,605.		47,796.
iue		Gross income from fundi	raising events					
Other Reven		of contributions reported	d on line 1c)		( The second			<b>事</b> 和专业。
ě		•	· / / / / / / / / / / / / / / / / / / /		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<b>基度</b> 设置
rF		See Part IV, line 18	<u></u>	a				P# 4
þe		Less direct expens	<u>L</u> -	i <b>b</b>	The same of the same of the same		man and the same of the same	
ð	С	: Net income or (loss	s) from fundraisin <u>g</u>	events		10 1 Sec. 20 S		,
		Gross income from gami See Part IV, line 19	9	,  a	elegant gen gen gen gen gen en e			
		Less direct expens	<u> </u>	) h				Contract Contract
	С	Net income or (loss	s) from gaming acti	vities ►				
	10 -	Cross sales of inventory	loss		A Section 18		1445	1.00
	ıva	Gross sales of inventory, returns and allowances	, 1633	0a 6,605.				
		Less cost of goods	<u></u>					
		_	<u></u>	3,037.		CALCON AND AND AND AND AND AND AND AND AND AN	A 48 12 18 18 18 18 18	1967 TE 1967 T
	С	Net income or (loss	s) from sales of inv		2,748.	2,748.	KE V - 2842 / \$425 400000 / 02000 / 000000000	***************************************
9				Business Code				
ğω	Нa	MISCELLANEOU	JS_INCOME	711210	2,016.	2,016.		
ellane	b	) <b></b>	<del></del>				<del></del>	
뿕》	С	:				,		,
Re	4	All other revenue						-
Miscellaneous Revenue		Total. Add lines 11	a-11d		2.016			Chrest Control
				·	2,016.		7772 - March 1980 - 1982 - 1983 - 1983 - 1983 - 1983 - 1983 - 1983 - 1983 - 1983 - 1983 - 1983 - 1983 - 1983 -	01 700
	12	Total revenue. See	Instructions		148,311.	46,774.	0.	<u>91,789.</u>

### 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 X (A) Total expenses (D) (B) Do not include amounts reported on lines Management and Fundráising Program service 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 7,500 7.500 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 14,191 14,191 Compensation of current officers, directors, 0 trustees, and key employees 0 0 0. 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. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 11 Fees for services (nonemployees) a Management **b** Legal c Accounting **d** Lobbying 1,30,12,40 e Professional fundraising services See Part IV, line 17 1,226 f Investment management fees 1,226 g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule () Advertising and promotion -18,285 18,285 12 4,661 4,661 Office expenses 13 4,660 14 Information technology 4,660 15 Royalties 6,577 6,577 .16 Occupancy 17 Travel Payments of travel or entertainment 18 expenses for any federal, state, or local public officials 25,784 Conferences, conventions, and meetings 25,784 19 532 20 Interest 532 21 Payments to affiliates 22 Depreciation, depletion, and amortization 65,535 65,535 10, 19723 10,197 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) .7,618 12,788 20,406 a TAXES\_ 6,000 16,289 10,289 b BOOKKEEPING \_\_\_ 10,969 10,969 C AREA RODEO SPONSORSHIPS 10,935 10,935 d REPAIRS & MAINT-BUILD/GROUNDS SEE SCH. O 43,070. 362. 43,432. e All other expenses 42,343. 0. 218,836 25 Total functional expenses. Add lines 1 through 24e 261,179 - 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) BAA

93-0716745 Page 11 Form 990 (2019) SISTERS RODEO ASSOCIATION Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year **(B)** End of year 28,951 1 6,065. Cash - non-interest-bearing 2 Savings and temporary cash investments 25,300 30,086. 2 Pledges and grants receivable, net 3 3 4 Accounts receivable, net Loans and other receivables from any current or former officer, director trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 8 Inventories for sale or use 39,624 39,488. <u> 15,77</u>3 9 Prepaid expenses and deferred charges 1984 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule  $\mathsf{D}$ 10 a 1,965,846 W. W. V. 1,056,772 10 b 909,074 1,171,420 10 c b Less accumulated depreciation 88,345 11 82,500. Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 1,165 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 1,354,805. 16 1,230,684. Total assets. Add lines 1 through 15 (must equal line 33) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 40,405. 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D. 21 Liabilities Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 55,005 29,150. Unsecured notes and loans payable to unrelated third parties 24 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 55,005 69,555 26 Total liabilities. Add lines 17 through 25 ale grain is not the said Organizations that follow FASB ASC 958, check here 3.4.4 X or Fund Balances me make a company of the second and complete lines 27, 28, 32, and 33. 44 4 SHA 27 244,832 112,918. Net assets without donor restrictions

TEFA01111 07/31/19

Assets

28

30

31

32 Š 33 Net assets with donor restrictions

and complete lines 29 through 33.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Organizations that do not follow FASB ASC 958, check here

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

1,161,129

1,230,684.

48.211

28

29

30

31

32

33

54,968

1,299,800

1,354,805

• • • •	(2010) Bioline (2010)				
Pa	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		148,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		261,	<u>179.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	-	112,	<u>868.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	299,	<u>800.</u>
5	Net unrealized gains (losses) on investments	5		-1,	171.
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 on Schedule O) SEE SCHEDULE O	9		-24,	633.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,	161,	128.
Pa	TIXII 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		[	P	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both	ed on a	a T		
	X   Separate basis   Consolidated basis   Both consolidated and separate basis				11
	b Were the organization's financial statements audited by an independent accountant?		2	ь	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both	ate			
	Separate basis Consolidated basis Both consolidated and separate basis			4	-
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?		2	С	Х
	If the organization changed either its oversight process or selection process during the tax year, explain on 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 the Single Audit Act and OMB Circular A-133?		3	а	Х
	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits $^{\circ}$	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	<u>-                                     </u>	
BA	TEEA0112L 01/21/20		For	m <b>990</b>	(2019)

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
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Open(to Public Inspection

SISTERS RODEO ASSOCIATION 93-0716745 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? No Yes 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 Yes No impermissible private benefit? Partill Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements. 2a 2 b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Rartill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not 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 in Part XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB 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 ▶\$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items **►**S a Revenue included on Form 990, Part VIII, line 1 ▶\$ b Assets included in Form 990, Part X

Rartilli Organizations Maintai	ming Collection	ons of Art, mist	orical Treasures, o	r Other Similar Ass	sets (COITIII)	iueu)
3 Using the organization's acquisition items (check all that apply)	, accession, and of			nake significant use of its	collection	
a Public exhibition		<b>d</b> Loan	or exchange program			
<b>b</b> Scholarly research		e U Other				
c Preservation for future general						
4 Provide a description of the organiz Part XIII						
5 During the year, did the organiza to be sold to raise funds rather the	nan to be maıntaıı	ned as part of the o	organization's collection	7ر	Yes	No
Partive Escrow and Custodia line 9, or reported an	Arrangement amount on For	m 990, Part X,	the organization an line 21.	swered 'Yes' on Fo	orm 990, Pa	art IV,
1 a Is the organization an agent, trus on Form 990, Part X?				er assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and o	omplete the follow	ing table			
					Amount	
c Beginning balance				1 c		
<b>d</b> Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1f		<del></del>
2 a Did the organization include an a					☐ Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII Chec	k here if the explai	nation has been provide	ed on Part XIII		
PartiVa Endowment Funds. C	omplete if the	organization ar	swered 'Yes' on Fo	orm 990, Part IV, II	ne 10.	
	(a) Current year	(b) Prior yea			(e) Four year	ars back
1 a Beginning of year balance.						
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships			_			
e Other expenditures for facilities and programs						
f Administrative expenses	_					
<b>g</b> End of year balance						
<ol><li>Provide the estimated percentage</li></ol>	e of the current ye		ne 1g, column (a)) held	as		
a Board designated or quasi-endowm		%				
<b>b</b> Permanent endowment ▶	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
c Term endowment ►	- %					
The percentages on lines 2a, 2b, ar						
3a Are there endowment funds not in the organization by	he possession of th	ne organization that a	are held and administered	d for the	Yes	No
(i) Unrelated organizations					3a(i)	
(ii) Related organizations					3a(ii)	_
<b>b</b> If 'Yes' on line 3a(ii), are the rela	ited organizations	listed as required	on Schedule R?		3b	+
4 Describe in Part XIII the intended	_				35	
· · · · · · · · · · · · · · · · · · ·	<u> </u>		ent lunus			
PartiVII Land, Buildings, and I Complete if the organi		ed 'Yes' on For	m 990, Part IV, line	e 11a. See Form 99	90, Part X,	line 10
Description of property	(a) (	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land			161,270.		161	1,270.
<b>b</b> Buildings		_	1,152,938.			2,938.
c Leasehold improvements			315,293.			5,293.
<b>d</b> Equipment			336,345.			6,345.
e Other				909,074.		9,074.
Total. Add lines 1a through 1e (Column	nn (d) must equal	Form 990, Part X.	column (B), line 10c ).	<u> </u>		6,772.
ВАА				Sched	dule D (Form 9	

BAA

Schedule D (Form 990) 2019

(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	<u>.                                    </u>	
(A) (B)	<u> </u>	
(B)		
<u>(c)</u>		
(D) (E)		
(E)		
(F)		
(G) (H)		
(I)		though blitten a mitte, activity, activity, activity and his
Total (Column (b) must equal Form 990, Part X, column (B) line 12)		infilm. infilty arradius, unfaint, and other sections.
Part VIII Investments — Program Related.	d 'Yes' on Form 99	N/A 0, 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)	<del></del>	
(7)		
(8)		
(9)		
(9) (10)		
(10)  Total (Column (b) must equal Form 990, Part X, column (B) line 13)		for their man are a
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)  "Part" IX Other Assets.	N/A	A
Total (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered	N/I 'Yes' on Form 99	A 0, Part IV, line 11d. See Form 990, Part X, line 15
Total (Column (b) must equal Form 990, Part X, column (B) line 13)  Part X  Other Assets.  Complete if the organization answered  (a) De	N/A	A
(10)  Total (Column (b) must equal Form 990, Part X, column (B) line 13)  Part X  Other Assets.  Complete if the organization answered  (a) De	N/I 'Yes' on Form 99	A 0, Part 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 X  Other Assets.  Complete if the organization answered  (a) De  (1) (2)	N/I 'Yes' on Form 99	A 0, Part 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 X  Other Assets.  Complete if the organization answered  (a) De	N/I 'Yes' on Form 99	A 0, Part 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 (a) De (1) (2) (3)	N/I 'Yes' on Form 99	A 0, Part 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 (a) De (1) (2) (3) (4)	N/I 'Yes' on Form 99	A 0, Part 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 X  Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7)	N/I 'Yes' on Form 99	A 0, Part 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 X  Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8)	N/I 'Yes' on Form 99	A 0, Part 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 X  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	N/I 'Yes' on Form 99	A 0, Part 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 (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	N/I d 'Yes' on Form 99 scription	A 10, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(10)  Total (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (	N/I d 'Yes' on Form 99 scription	A 0, Part 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 (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities.	N/Id 'Yes' on Form 99 scription	A O, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(10)  Total (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX  Other Assets.  Complete if the organization answered (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X)  Other Liabilities.  Complete if the organization answered 'Yes' on Factoria (Part X)  Complete if the organization answered 'Yes' on Factoria (Part X)	M/I 'Yes' on Form 99 scription  (B) line 15)	A 10, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(10)  Total (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX  Other Assets.  Complete if the organization answered (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X)  Other Liabilities.  Complete if the organization answered 'Yes' on Factoria (Part X)  Complete if the organization answered 'Yes' on Factoria (Part X)	N/Id 'Yes' on Form 99 scription	A O, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)  Part X  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X)  Complete if the organization answered 'Yes' on Figure 1.  (a) Description 1.  (b) Federal income taxes  (2)	M/I 'Yes' on Form 99 scription  (B) line 15)	A 10, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)  Part X  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X)  Complete if the organization answered 'Yes' on Factor of the organization ans	M/I 'Yes' on Form 99 scription  (B) line 15)	A 10, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)  Part X  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X)  Complete if the organization answered 'Yes' on Factorial income taxes  (2)  (3)  (4)	M/I 'Yes' on Form 99 scription  (B) line 15)	A 10, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)  Part X Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X)  Complete if the organization answered 'Yes' on Factorial income taxes  (2)  (3)  (4)  (5)	M/I 'Yes' on Form 99 scription  (B) line 15)	A 10, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)  Part X Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X)  Complete if the organization answered 'Yes' on Factorial income taxes  (2)  (3)  (4)  (5)  (6)	M/I 'Yes' on Form 99 scription  (B) line 15)	A 10, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)  Part X Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X)  Complete if the organization answered 'Yes' on F1.  (1) Federal income taxes (2)  (3)  (4)  (5)  (6)  (7)	M/I 'Yes' on Form 99 scription  (B) line 15)	A 10, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
Total (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered  (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities.  Complete if the organization answered 'Yes' on F1.  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	M/I 'Yes' on Form 99 scription  (B) line 15)	A 10, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
Total (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered  (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X) Other Liabilities.  Complete if the organization answered 'Yes' on F1. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	M/I 'Yes' on Form 99 scription  (B) line 15)	A 10, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
Total (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered  (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X) Other Liabilities.  Complete if the organization answered 'Yes' on F1.  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	M/I 'Yes' on Form 99 scription  (B) line 15)	A 10, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
Total (Column (b) must equal Form 990, Part X, column (B) line 13)  Part X Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X)  Complete if the organization answered 'Yes' on F1.  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	M/I 'Yes' on Form 99 scription  (B) line 15)	A 10, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value

TEEA3303L 8/22/19

schedule D (Form 330) 2013 SISIERS RODEO ASSOCIATION		93-0/10/43	raye 🕶
Part XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenue	e per Return.	
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	148,311.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2a		
<b>b</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	<u> </u>	2 e	
3 Subtract line 2e from line 1		3	148,311.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
<b>b</b> Other (Describe in Part XIII )	4 b		
c Add lines 4a and 4b	<u> </u>	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 12)	5	148,311.
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With Expens	ses per Return.	
Complete if the organization answered 'Yes' on Form			
1 Total expenses and losses per audited financial statements		1	261,179.
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>b</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	261,179.
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>b</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, II	ne 18)	5	261,179.

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 D (Form 990) 2019

# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

2019	Charles
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OMB No 1545-0047

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number

ISTERS RODEO ASSOCIATION						93-0716745	ı,
artil General Information on Grants and Assistance	ants and Assist	ance					
1 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?	o substantiate the am e grants or assistan	ount of the grants or	assistance, the grantees'	eligibility for the grants	or assistance, and		XYes No
2 Describe in Part IV the organization's procedures for monitoring the use	ocedures for monitorin	g the use of grant fur	of grant funds in the United States				_
<u>fartilit</u> Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Ye 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	ice to Domestic for any recipient	<b>Organizations</b> at that received m	and Domestic Governore than \$5,000. F		Complete if the organization answered 'Yes' on be duplicated if additional space is needed	ion answered 'Ye space is needed	s, on
1 (a) Name and address of organization or government	(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 noncash assistance	(h) Purpose of grant or assistance
<del>[</del>							
<u></u>	:						
<u>(</u>							
<del>-</del>							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3) and government o	rganizations listed	in the line 1 table			<b>A</b>	0

Schedule I (Form 990) (2019)

TEEA3901L 07/10/19

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

**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. Schedule I (Form 990) (2019)

Part III Grants and Oth

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOL	SCHOLARSHIPS TO RODEO QUEENS					
2 HIGH	2 HIGH SCHOOL STUDENT SCHOLARSHIPS	3	, 7, 500.			
3 CRISI	3 CRISIS FUND TO MEMBERS	П				
4						
ហ						
ဖ						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	le the information	required in Part I,	line 2; Part III, col	umn (b); and any othe	r 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.

Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

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 NEWS LETTER AND OTHER DOCUMENTS.

## FORM 990, PART IX, LINE 24E OTHER EXPENSES

		(A)	(B)	(C)	(D)
		TOTAL	PROGRAM SERVICES	MANAGEMENT <u>&amp; GENERAL</u>	FUNDRAISING
CREDIT CARD DISCOUNTS DUES & FEES ONLINE TICKET FEES		6,124. 362.	6,124.	362.	
OTHER DIRECT RODEO COSTS POSTAGE AND SHIPPING		6,416. 4,522.	6,416. 4,522.		
PRINTING AND PUBLICATIONS RODEO PRIZE MONEY & TROPHY RODEO SUBCONTRACTORS		5,979. 10,445.	5,979. 10,445.		
UTILITIES	TOTAL	9,584. \$ 43,432.	9,584. \$ 43,070.	\$ 362.	\$ 0.

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

DEFERRE	REVENUE
PREPAID	<b>EXPENSES</b>

\$	-40,405.
	_ 15,772.
TOTAL \$	-24,633.