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SCANNED JAN 2 5 2010

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<u>A</u>	For the	2008 calendar year, or tax year beginning $AUG~1$, $~2008$ and ending	JUL 31, 2009								
В	Check if applicabl	Please use IRS	D Employer identification number								
	Addre	ss label or RENO RODEO ASSOCIATION									
	Name chang Initial	e type Doing Business As	88-0234480								
	return Termination	Number and street (or P 0 box if mail is not delivered to street address) Room/st P.O. BOX 12335	775-329-3877								
	Ameno	ded tions City or town, state or country, and ZIP + 4	G Gross receipts \$ 4,237,380.								
	Application	RENOT NV 03310	H(a) Is this a group return								
	pendi	F Name and address of principal officer:RAI CALLIARAN	for affiliates? Yes X No								
		SAME AS C ABOVE	H(b) Are all affiliates included? Yes No								
_	Tax-exempt status: X 501(c) (4) ◀ (Insert no) 4947(a)(1) or 527 If "No," attach a list. (see instructions)										
<u>J</u>	Websi	te: ► WWW.RENORODEO.COM	H(c) Group exemption number ▶								
		organization Corporation Trust X Association Other ► LY	ear of formation 1987 M State of legal domicile NV								
P	art I	Summary									
0	1	Briefly describe the organization's mission or most significant activities: PRODUCTI	ON OF THE ANNUAL RENO								
Activities & Governance		RODEO									
Ĕ	2	Check this box If the organization discontinued its operations or disposed of m	ore than 25% of its assets.								
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3 15								
প্ৰ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 162								
es	5	Total number of employees (Part V, line 2a)	5 16								
ξ	6	Total number of volunteers (estimate if necessary)	6 0								
Ć	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 55,189.								
_	b	Net unrelated business taxable income from Form 990-T, line 34	7ь 0.								
			Prior Year Current Year								
ø	8	Contributions and grants (Part VIII, line 1h)	24,383. 48,453.								
ᇎ	9	Program service revenue (Part VIII, line 2g)	3,364,427. 3,303,433.								
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,712. 33,264.								
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	555,710. 582,079.								
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,991,232. 3,967,229.								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)									
	14	Benefits paid to or for members (Part IX, column (A), line 4)									
ဖွာ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	182,398. 209,662.								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)									
ğ	ь	Total fundraising expenses (Part IX, column (D), line 25)									
Û	117	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,775,181. 3,565,765.								
	18	Total expenses. Add lines 13-17 (must equal Hart IX, polymor (4) line 25)	3,957,579. 3,775,427.								
		Revenue less expenses. Subtract line 18 from line 12	33,653. 191,802.								
50	3		Beginning of Year End of Year								
sets	20	Total assets (Part X, line 16)	2,936,327. 3,011,988.								
A S	21	Total liabilities (Part X, line 26)	576,574. 482,327.								
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20 graph 1 1 1 1	2,359,753. 2,529,661.								
P	art II	Signature Block									
		Under penalties of penury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowledge and belief, it is true, correct,								
			/ /								
Sig	jn	Callolan	1/13/2010								
He	re	Signature of officer	Date								
		RAY CALLAHAN									
		Type or print name and title									
Dal		Preparer's Date	Check if Preparer's identifying number (see instructions)								
Pal	_	signature / 1/1/2010	employed								
	parer's	voise if ALBRIGHT, PERSING & ASSOCIATES, LTD	• EIN ►								
USI	Only	self-employed), 1025 RIDGEVIEW DRIVE, SUITE 300									
		address, and ZIP+4 RENO, NEVADA 89519	Phone no ► 775-826-5432								
Ма	y the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No								
	001 12-		instructions. Form 990 (2008)								

	990 (2008) RENO RODEO ASSOCIATION	88-02344	180_	Page 2
a	rt III Statement of Program Service Accomplishments (see Instructions)			
ļ	Briefly describe the organization's mission: PRODUCTION OF THE ANNUAL RENO RODEO.			
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Ε	Yes [XNo
	If "Yes", describe these new services on Schedule O.	_	r	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service If "Yes", describe these changes on Schedule O.	s?	☐Yes [<u>X</u> No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount allocations to others, the total expenses, and revenue, if any, for each program service reported.			
4a	(Code:)(Expenses \$ 3,212,733. including grants of \$) PROGRAM, OPERATING AND OTHER EXPENSES INCURRED FROM TH THE ANNUAL RENO RODEO	(Revenue \$ E PRESENTA	ATION	OF
				<u>.</u>
4b	(Code:) (Expenses \$ 176,342 • including grants of \$) CONTRIBUTIONS MADE TO COMMUNITY ORGANIZATIONS FROM THE DURING THE ANNUAL RENO RODEO	(Revenue \$ INCOME GI	ENERA	TED
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$,
4d	Other program services. (Describe in Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > \$ 3,389,075 • (Must equal Part IX, Line 25, column (B))			

Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_ 5		<u>X</u>
6	Did the organization maintain any donor advised funds or any accounts where 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		<u>X</u>
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			X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	88		<u>X</u>
9	Did the organization report an amount in Part X, line 21; 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 hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	_ X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			<u></u>
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			٠,,
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	17	X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	37
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	 -	X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	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 questions 24b-24d and complete Schedule K.			v
	If "No", go to question 25	24a	<u> </u>	X
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	OF-		x
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	OE!		x
	prior year? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	00		x
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	 	<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial	27		x
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		gan i	2008)
		CUITI	330	- 4401

Form 990 (2008) RENO RODEO ASSOCIA Part IV Checklist of Required Schedules (continued)

	•		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		Х
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c_		X
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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
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		X

Form **990** (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 2 U.S. Information Returns, Enter -0- if not applicable 1a 9 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1Ь c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 16 filed for the calendar year ending with or within the year covered by this return 2a X 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c X 6a 6a Did the organization solicit any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). X 7a a Did the organization provide goods or services in exchange for any guid pro quo contribution of more than \$75? 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7е benefit contract? 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7a 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098·C as required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have 8 excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Qa a Did the organization make any taxable distributions under section 4966? 9b b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: N/A 10 a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: N/A 11a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Form **990** (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Sec	tion A. Governing Body and Management					
			Yes	No		
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,					
	processes, or changes in Schedule O. See instructions.					
1a	Enter the number of voting members of the governing body 1a 15					
b	Enter the number of voting members that are independent 162					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?	2		X		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors or trustees, or key employees to a management company or other person?	3		X		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	_4_		X		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X		
6	Does the organization have members or stockholders?	_6		<u>X</u>		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the					
	governing body?	7a	X			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х		
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	Each committee with authority to act on behalf of the governing body?	8b	X			
9a	Does the organization have local chapters, branches, or affiliates?	9a		X		
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,					
	and branches to ensure their operations are consistent with those of the organization?	9b				
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must					
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X			
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X		
Sec	tion B. Policies					
			Yes	No		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise					
	to conflicts?	12b				
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
	in Schedule O how this is done	12c				
13	Does the organization have a written whistleblower policy?	13		X		
14	Does 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 approval by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:					
а	The organization's CEO, Executive Director, or top management official?	15a	X			
	Other officers or key employees of the organization?	15b		X		
	Describe the process in Schedule O. (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a					
_	taxable entity during the year?	16a		X		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			[
_	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's					
	exempt status with respect to such arrangements?	16b]	[
Sec	tion C. Disclosure					
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ►NV					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for				
-	public inspection. Indicate how you make these available. Check all that apply.					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ancial			
	statements available to the public.					
20	·	tion:	•			
	State the name, physical address, and telephone hilmber of the person who presented the profession records of the picture.					
	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza RENO_RODEO_ASSOCIATION - 775-329-3877					
	RENO RODEO ASSOCIATION - 775-329-3877 WASHOE COUNTY FAIRGROUNDS, RENO, NV 89512					

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not co		y of	<u>ficer</u>			r, tru	uste			
(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average hours	/~	Position (check all that apply)				LA.	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director			from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations			
RAY CALLAHAN		<u>-</u>	=		<u>~</u>	Ξ.0	<u></u>			
PRESIDENT								0.	0.	0.
MIKE LUCKE			\vdash							
1ST VICE PRESIDENT							İ	0.	0.	0.
CLINT THIESSE			\vdash							
2ND VICE PRESIDENT								0.	0.	0.
JOHN TIPTON										
TREASURER			<u> </u>		L		ļ	0.	0.	0.
BILL SUMMY									•	•
SECRETARY		ļ	ـــــ			<u> </u>	ļ	0.	0.	0.
ALAN KINGSLEY EXECUTIVE DIRECTOR	40.00	x				x		73,163.	0.	0.
		-	_							
			<u> </u>		_	_				
			<u> </u>		_					
			+		-					
		-	\vdash				-			
		-	┼-		_	-				
			1		_	_	_			

	990 (2008) RENO RODI									88-023	4480	P	age 8
Pa	t VII Section A. Officers, Directors, Tru		nplo	oyee			High	est		ees (continued)			
	· (A) · Name and title	(B) Average hours	(c	(C) Position (check all that apply)				ly)	(D) Reportable compensation from	(E) Reportable compensation	(F) Estimated amount of		
		per week	Individual frustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	trom the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	nizations compensa		e Ion ed
								-			-		
											-	-	
						_					-		
					_								<u>.</u>
													
1b	Total .		L	L			<u> </u>	L	73,163.	0	-		0.
2	Total number of individuals (including those compensation from the organization	e in 1a) who re	ceiv	ed n	nore	tha	ın \$1	00,	000 in reportable		>	Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	y en	nplo	yee,	or I	nighest compensated er	mployee on	3	les	X
4	For any individual listed on line 1a, is the stand related organizations greater than \$15	um of reportab 0,000? <i>If</i> "Yes,	le co " co	mpl	ete :	Sche	edul	ə J	for such individual		4		х
5 Sec	Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched tion B. Independent Contractors				rom	any	y unr	elat	ed organization for serv	ices rendered to	5	<u> </u>	Х
1	Complete this table for your five highest countered the organization. NONE	mpensated in	depe	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of compe	nsation	from	
	(A) Name and business	address	_						(B) Description of s	services	Compe	C) ensatio	n
													
2	Total number of independent contractors (infrom the organization ▶	including those	 9 IN	1) w	ho r	ecei	ved	mo	re than \$100,000 in com	pensation			
											Form	990 (2008)

Pa	rt VII	Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इइ	1 a	Federated campaigns	1a					
돌딃	b	Membership dues	16	25,200.				
S, E	c	Fundraising events	1c	23,253.				
Contributions, gifts, grants and other similar amounts	d	Related organizations	1d					
ξ.Ε	е	Government grants (contribut	tions) 1e					
t S	f	All other contributions, gifts, gran	nts, and					
혈		similar amounts not included abo	ove 1f					
들	9	Noncash contributions included in lines	s 1a-1f \$					
<u>ā</u>	h	Total. Add lines 1a-1f			48,453.			
				Business Code				
<u>8</u>	2 a	ANNUAL RENO ROI	DEO	711210	3303433.	3303433.		
e S	b							
n S	С							
è a	d							
Program Service Revenue	е							
-	f	All other program service reve	enue		3303433.			
\longrightarrow		Total. Add lines 2a-2f	almost a sala a sala a		3303433.			:
	3	Investment income (including	j alviaenas, inter	est, and	33,264.		33,264.	
	4	other similar amounts) Income from investment of ta	v-avamnt hand		33/204.		33/2010	
	4 5	Royalties	ix-exempt bond (Dioceeds -			-	
	3	noyaliles	(ı) Real	(II) Personal				
	6 a	Gross Rents	(i) Neai	(ii) reisonai				
	b		-					
	c	5		<u> </u>				
	d			•				
İ	_	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	- Wasses					
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)					••••	
a	8 a	Gross income from fundraising	ng events (not					
E I		including \$	of					
ě		contributions reported on line	e 1c). See	1				
er F		Part IV, line 18	а	·				
Other Revenue		Less: direct expenses	t					
_		Net income or (loss) from fun						
	9 a	Gross income from gaming a		12 165				
		Part IV, line 19	a .	01 E71				
		Less: direct expenses		21,3/1.	21,894.	21,894.		
		Net income or (loss) from gar			21,094.	21,094.		
	10 a	Gross sales of inventory, less and allowances		786840.				
		Less: cost of goods sold	a	240500				
		Net income or (loss) from sale	•	<u> </u>	538,260.	1		538,260.
İ		Miscellaneous Reven		Business Code				
}	11 a	ACTUAL THOUSE		900099	24,787.]	24,787.	
	b	INDEAT TRED TOC	SES	900099	-2,862.		-2,862.	
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d		>	21,925.			
	12	Total Revenue. Add lines 1h, 2g, 3	, 4, 5, 6d, 7d, 8c, 9c, 1	0c, and 11e	3967229.	3325327.	55,189.	538,260.
83200 02-02)9 !-09							Form 990 (2008)

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) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp				
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members	,			
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	170,528.	41,008.	129,520.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	2,990.		2,990.	
9	Other employee benefits	25,190.		25,190.	
10	Payroll taxes	10,954.	718.	10,236.	
11	Fees for services (non-employees):				
а	Management				_
b	Legal				
c	Accounting	7,763.		7,763.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	370,586.	356,208.	14,378.	
13	Office expenses	34,892.		34,892.	
14	Information technology				
15	Royalties				
16	Occupancy	38,414.	26,894.	11,520.	
17	Travel	36,372.	3,461.	32,911.	
18	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials			İ	
19	Conferences, conventions, and meetings	28,833.		28,833.	
20	Interest	261.		261.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	80,757.	80,757.		
23	Insurance	40,397.	16,191.	24,206.	
24	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	CALCUTTA	412,533.	412,533.		
b	SPONSORSHIPS	372,154.	372,154.		
c	SECURITY & CLEANUP	331,606.	331,006.	600.	
d	ADDED PURSE	326,250.	326,250.		
e	LIVESTOCK	281,387.	281,387.		
f	All other expenses	1,203,560.	1,140,508.	63,052.	
25	Total functional expenses. Add lines 1 through 24f	3,775,427.	3,389,075.	386,352.	0
26	Joint Costs. Check here				
-0	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	outoutonal campaign and fundraising solicitation				C 000 (0000

Par	TΧ	Balance Sneet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	118,160.	1	220,825.
	2	Savings and temporary cash investments	368,488.	2	747,575.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	91,742.	4	166,973.
	5	Receivables from current and former officers, directors, trustees, key			
- 1	_	employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
S.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	34,002.	8	57,916. 30,412.
¥	9	Prepaid expenses and deferred charges	39,474.	9	30,412.
	10a	11 1 027 6	34.		
	b	Less: accumulated depreciation. Complete			
		Part VI of Schedule D 10b 1,021,5	29. 956,508.	10c	906,105.
	11	Investments · publicly traded securities	1,306,342.	11	859,923. 22,259.
	12	Investments · other securities. See Part IV, line 11	21,611.	12	22,259.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,936,327.	16	3,011,988.
	17	Accounts payable and accrued expenses	576,311.	17	482,327.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
တ္က	21	Escrow account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees	,		
abi		highest compensated employees, and disqualified persons. Complete Part	:		
: :		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	263.	23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	576,574.	26	482,327.
		Organizations that follow SFAS 117, check here X and comple	te		
es		lines 27 through 29, and lines 33 and 34.			
uc	27	Unrestricted net assets	2,359,753.	27	2,529,66 <u>1</u> .
Sala	28	Temporanly restricted net assets		28	
Net Assets or Fund Balanc	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here and			
6		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	-	30	
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	2,359,753.	33	2,529,661.
	34	Total liabilities and net assets/fund balances	2,936,327.	34	3,011,988.
Pai	rt XI	Financial Statements and Reporting			
					Yes No
1		ounting method used to prepare the Form 990: Cash X Accrual	Other		
2a	Were	e the organization's financial statements compiled or reviewed by an indeper	dent accountant?		2a X
b	Were	the organization's financial statements audited by an independent account	ant?		2b X
C	If "Ye	es" to lines 2a or 2b, does the organization have a committee that assumes	esponsibility for oversight of the	e audit	1 1 1
		w, or compilation of its financial statements and selection of an independent			2c
3a	As a	result of a federal award, was the organization required to undergo an audit	or audits as set forth in the Sing	gle Au	thE
	Act a	and OMB Circular A-133?			3a X
Ь	If "Yo	es," did the organization undergo the required audit or audits?			3b

Schedule D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

PENO PODEO ACCOCTATION

Employer identification number

Schedule D (Form 990) 2008

Da	RENU RUDEU ASSUCIA		lo or Appellate Complete if the
Pa			is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	66. (a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised failes	(b) Fullds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		
	are the organization's property, subject to the organization's		L Yes
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Pa			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	· — · · · ·	
	Preservation of land for public use (e.g., recreation or p	· —	ustorically important land area
	Protection of natural habitat	Preservation of cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	ervation contribution in the form of a co	nservation easement on the last day
	of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by t	he organization during the taxable
	year ►	_	
4	Number of states where property subject to conservation eas		-
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, violations,	
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describe	s the organization's accounting for
	conservation easements.	Art Historical Transceres	Othor Similar Assats
Pa	organizations Maintaining Collections or		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
			Note that the second of the background
1a	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, ed		bublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these i		
ь	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, o	r research in furtherance of public servi	ce, provide the following amounts relating to
	these items:		. .
	(i) Revenues included in Form 990, Part VIII, line 1	•	. • \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		cial gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	. .
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		> \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

b Buildings 551,336. 1,374,928. 823,592. c Leasehold improvements 161,926. 137,557. 24,369. d Equipment 24,829. 101,658. 126,487. e Other 906,105. Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2008

Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008 Open To Public Inspection

Name of the organization							ntification number	
	DEO ASSOCIATION					88-0234	480	
Part I Fundraising Activities	Complete if the organization answer	ered "	es" to	Form 990, Part IV, I	ine 1	7		
 Indicate whether the organization raise a Mail solicitations b Email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p lividuals or entities (fundraisers) purs	tion of tion of fundra (inclu- profess uant to	non-g gover alsing ding o lonal f o agre	overnment grants nment grants events fficers, directors, true fundraising services? ements under which	stees	Yes		
(i) Name of Individual or entity (fundraiser)			(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)		(vi) Amount paid to (or retained by) organization		
		Yes	No					
		 	<u> </u>					
			-					
		-						
		 						
 		ļ					-	
 		-				······································		
		 	·					
Total	>		_					
3 List all states in which the organization	on is registered or licensed to solicit	funds	or has	been notified it is ex	(emp	t from registrati	on or licensing.	
						 		
								
								
				 				
								
								
								
			_					
LHA For Privacy Act and Paperwork Re	eduction Act Notice, see the Instru	ctions	for F	orm 990.	Sche	dule G (Form 9	90 or 990-EZ) 2008	

Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other Events (a) Event #1 (d) Total Events SPECIAL KIDS NONE (Add col. (a) through RODEO YOUTH col. (c)) (total number) (event type) (event type) Revenue 26,645. 26,645. Gross receipts 2 Less: Charitable contributions 26,645. 26,645. Gross revenue (line 1 minus line 2) Cash prizes 2,518. 2,518. Non-cash prizes Orrect Expenses Rent/facility costs 874. 874. 7 Other direct expenses 3,392.Direct expense summary. Add lines 4 through 7 in column (d) 23,253. 9 Net income summary. Combine lines 3 and 8 in column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (Add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 43,465. 43,465. Gross revenue 21,571. 21,571. 2 Cash prizes **Direct Expenses** 3 Non-cash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes X No No Volunteer labor 21,571. Direct expense summary. Add lines 2 through 5 in column (d) 21,894. Net gaming income summary. Combine lines 1 and 7 in column (d) Yes No 9 Enter the state(s) in which the organization operates gaming activities: X 9a a is the organization licensed to operate gaming activities in each of these states? b If "No," Explain: 10a Х 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: X 11 Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to X administer charitable gaming?

Sch	edule G (Form 990 or 990-EZ) 2008 RENO RODEO ASSOCIATION 88-023	448		age 3
		F	Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility . 13a %			
	An outside facility %			:
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		X
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$			i
C	If "Yes," enter name and address:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	s the organization required under state law to make charitable distributions from the gaming proceeds to			į
	retain the state gaming license?	17a	<u> </u>	X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

RENO RODEO ASSOCIATION

Employer identification number 88-0234480

RENO RODEO ASSOCIATION 00-0234400
FORM 990, PART VI, LINE 8
CONTEMPORANEOUSLY DOCUMENT MEETINGS AND ACTIONS
DETAILED MINUTES ARE TAKE AT EACH EXECUTIVE COMMITTEE MEETING, AND AT
EACH SUBCOMMITTEE MEETING WHERE ANY ACTION IS TAKEN WHEN THE COMMITTEE
HAS THE AUTHORITY TO ACT ON BEHALF OF THE ASSOCIATION (OR THE GOVERNING
BODY). THE MINUTES ARE REVIEWED AND APPROVED AT THE FOLLOWING
APPLICABLE COMMITTEE MEETING. MINUTES ARE AVAILABLE FOR INSPECTION IN
THE ASSOCIATION'S OFFICE.
FORM 990, PART VI, LINE 15A
DETERMINING COMPENSATON
EXECUTIVE DIRECTOR'S COMPENSATION DETERMINED BY THE ASSOCIATION'S
EXECUTIVE COMMITTEE AFTER DISCUSSIONS, DELIBERATIONS AND OTHER VARIOUS
PERTINENT INFORMATION IS OBTAINED.
FORM 990, PART VI, LINE 7A
ELECTING MEMBERS TO GOVERNING BODY
ANNUALLY, MEMBERS OF THE ORGANIZATION ELECT INDIVIDUALS TO THE BOARD.
FORM 990, PART VI, LINE 10
ASSOCIATION 990 REVIEW PROCESS
THE ASSOCIATIONS ADMINISTRATIVE PERSONNEL RECEIVES THE FORM 990 TAX
RETURN FROM PAID PREPARER AND IT IS INITIALLY REVIEWED BY THE
BOOKKEEPER AND/OR THE EXECUTIVE DIRECTOR. THE FORM 990 IS THEN
PRESENTED TO APPLICABLE ASSOCIATION OFFICER FOR FINAL REVIEW, SIGNATURE
AND FILING. THE EXECUTIVE COMMITTEE IS NOTIFIED THAT THE FORM 990 IS
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008 832211 12-18-08
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

RENO RODEO ASSOCIATION

Employer identification number 88-0234480

EITHER READY TO BE FILED, OR HAS ALREADY BEEN FILED, AND THAT A COPY IS
AVAILABLE FOR INSPECTION IF DESIRED.
FORM 990, PART VI, LINE 19
INFORMATION AVAILABLE TO PUBLIC
GOVERNING DOCUMENTS, ASSOCIATION POLICY, AND FINANCIAL STATEMENTS ARE
NOT GENERALLY AVAILABLE TO THE PUBLIC.

Open to Public Inspection Employer identification number 88-0234480 OMB No 1545-0047 Direct controlling Direct controlling 2008 entity entity Œ ٨ الا End-of-year assets status (if section 501(c)(3)) Public charity ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Total income Exempt Code section 501(C)(3) 0 <u>e</u> Related Organizations and Unrelated Partnerships Legal domicile (state or Legal domicile (state or foreign country) foreign country) <u>©</u> ▶ See separate instructions. NEVADA CHARITABLE SCHOLARSHIPS, Primary activity Primary activity <u>@</u> <u>@</u> RENO RODEO ASSOCIATION Identification of Related Tax-Exempt Organizations ETC. Identification of Disregarded Entities RENO RODEO FOUNDATION - 88-0230538 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity 500 RYLAND STREET, STE 200 Name of the organization Department of the Treasury Internal Revenue Service RENO, NV 89502 SCHEDULE R (Form 990) Part II Part

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Schedule R (Form 990) 2008

Page 2

Part Hi Identification of Related Organizations Taxable as a Partnership

				į	_	ĺ	(
(A) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(U) Direct controlling entity	(E) Predominant income (related, investment, unrelated)		Share of total encome e	(u) Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule	General or managing partner?
Part IV Identification of Related Org	Identification of Related Organizations Taxable as a Corporation or Trust	poration or	Trust							
(A) Name, address, and EIN of related organization	N. c	<u></u> &	(B) Prmary activity	(C) Legal domicite (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp., S corp. or trust)	(F) Share of total Income		(G) Share of Per end-of-year ow assets	(H) Percentage ownership
			ļ							
832162 12-23-08			22					Sch	Schedule R (Form 990) 2008	0) 2008

Schedule R (Form 990) 2008 RENO RODEO ASSOCIATION

Transactions With Related Organizations Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.			Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			<u>-</u>	
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		×
b Gift, grant, or capital contribution to other organization(s)		1 b		×
c Gift, grant, or capital contribution from other organization(s)		10	×	
		14		×
		1e		×
f Sale of assets to other organization(s)		+		×
g Purchase of assets from other organization(s)		19		×
h Exchange of assets		=		×
i Lease of facilities, equipment, or other assets to other organization(s)		=	Ť	×
				,
j Lease of facilities, equipment, or other assets from other organization(s)		-	+	< >
		¥	\dagger	د >
I Performance of services or membership or fundraising solicitations by other organization(s)		=		× :
m Sharing of facilities, equipment, mailing lists, or other assets		E		< :
n Sharing of paid employees		Ę		×
 Reimbursement paid to other organization for expenses 		9		×
p Reimbursement paid by other organization for expenses		10		×
 Q) Other transfer of cash or property to other organization(s) r) Other transfer of cash or property from other organization(s) 	•	14		××
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ansaction thresholds.			
€	(9)	9		
Name of other organization(s)	Transaction type (a-r)	Amount involved	volved	_
(1) RENO RODEO ASSOCIATION	U	176	176,342	12.
(2)				
ල ව				
(4)				
(5)				
(9)				
832163 12-23-08	Sche	Schedule R (Form 990) 2008	(066	2008

Page 4

Part Vf Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(A) Name. address. and EIN	(B) Primary activity	(C)	(D) Are all partners	(E) Share of end-of-	(F) Dispropor-	(G) Code V-UBI	(H) General or
of entity	יוויומו) מכוויוני		section 501(c)(3) organizations?	year assets	tionate allocations?	amount in box 20 of Schedule K-1	managing partner?
		country)	Yes		Yes	(Form 1065)	Yes No
					_		
			-				
			-				
		:					
						-	
							_
							_

832164 12-23-08

Schedule R (Form 990) 2008

Form **8868**

(Rev. April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal Reven	ue Service		File a se	parate application	for each return.			
If you ar	e filing for an Addi		c) 3-Month Ex	tension, complete	neck this box only Part II (on page 2 h extension on a previo		m 8868.	▶ [X]
Part I	Automatic	3-Month Extens	sion of Time	Only submit origin	nal (no copies needed).			
A corporat Part I only	•	Form 990-T and requ	esting an auto	matic 6-month exten	sion - check this box ar	nd complete		>
	orporations (includi me tax returns	ing 1120-C filers), par	tnerships, REM	IICs, and trusts mus	t use Form 7004 to requ	uest an exten	sion of time	
noted belo (not autom you must s	ow (6 months for a natic) 3-month exte submit the fully cor	corporation required to nsion or (2) you file Fo	to file Form 990 orms 990-BL, 6 age 2 (Part II) o)-T). However, you c 069, or 8870, group	a 3-month automatic e. annot file Form 8868 el returns, or a composite ore details on the electr	ectronically if e or consolida	(1) you want t ated Form 990	he additional ·T. Instead,
Type or print	Name of Exempt	Organization		. <u> </u>		Empl	oyer identific	ation number
	RENO RODI	EO ASSOCIAT	ION			8	8-02344	80
File by the due date for filing your	Number, street, a	and room or suite no.	If a P.O. box, s	ee instructions.				
return See Instructions	City, town or pos RENO, NV	st office, state, and ZI	P code. For a f	oreign address, see	instructions.			
Check typ	e of return to be	filed (file a separate ap	oplication for e	ach return):				
Form	n 990 n 990-BL n 990-EZ n 990-PF	Form 99	0.T (trust othe	a) or 408(a) trust)	F F	Form 4720 Form 5227 Form 6069 Form 8870		
Telepho If the or If this is	one No. > 775. rganization does not for a Group Return.	of ► WASHOE -329-3877 ot have an office or plant, enter the organization.	ace of busines	FAX No s in the United State Group Exemption N		If this is fo		
		, 2010 , to			m 990-T) extension of ti n for the organization na		The extension	
▶[calendar year		2008	, and ending	JUL 31, 200	09		
2 If the	ıs tax year ıs for les	ss than 12 months, ch	eck reason:	Initial return	Final return		Change in acc	counting period
		Form 990-BL, 990-PF	, 990-T, 4720,	or 6069, enter the to	entative tax, less any	3a	\$	
	refundable credits.	Form 990-PF or 990-	T. enter any re	undable credits and	estimated		Ψ	
	• •	clude any prior year o				3ь	\$	
c Bala	nce Due. Subtrac	t line 3b from line 3a.	Include your p	ayment with this for				
•	osit with FTD coup	on or, if required, by t	using EFTPS (E	lectronic Federal Ta	x Payment System).	3c	\$	N/A
		make an electronic fu	nd withdrawal	with this Form 8868	, see Form 8453-EO and		EO for paymer	nt instructions.
		Paperwork Reducti						B68 (Rev 4-2009