



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Short Form

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)

- Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements.

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 10-01-2008

, and ending 09-30-2009

B Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type.
See Specific Instructions.

C Name of organization RETAIL ASSOCIATION OF NEVADA	D Employer identification number 88-6022329
Number and street (or P O box, if mail is not delivered to street address) 410 S MINNESOTA	E Telephone number (775) 882-1700
City or town, state or country, and ZIP + 4 CARSON CITY, NV 89703	F Group Exemption Number ►

* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ►

I Website: ► www.rannv.org

J Organization type (check only one) 501(c) (6) (insert no) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 650,724

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2 3,325
3 Membership dues and assessments	3 358,861
4 Investment income	4 1,519
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►	
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
b Less direct expenses other than fundraising expenses	6b
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
7a Gross sales of inventory, less returns and allowances	7a
b Less cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe ►)	8 287,019
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9 650,724
10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 271,160
13 Professional fees and other payments to independent contractors	13 91,844
14 Occupancy, rent, utilities, and maintenance	14 39,061
15 Printing, publications, postage, and shipping	15 45,745
16 Other expenses (describe ►)	16 122,958
17 Total expenses (add lines 10 through 16)	17 570,768
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 79,956
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 466,731
20 Other changes in net assets or fund balances (attach explanation)	20
21 Net assets or fund balances at end of year (combine lines 18 through 20)	21 546,687

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	202,543	22 250,323
23 Land and buildings	312,510	23 307,092
24 Other assets (describe ►)	210,072	24 248,437
25 Total assets	725,125	25 805,852
26 Total liabilities (describe ►)	258,394	26 259,165
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	466,731	27 546,687

Part III Statement of Program Service Accomplishments (See the instructions for Part III)				Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? PROMOTING AND PROTECTING THE INTERESTS OF RETAILERS WITHIN THE STATE				
Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title				
28 PROVIDED TESTIMONY AND PERSONAL COMMUNICATION WITH VARIOUS GROUPS AND GOVERNMENTAL AGENCIES TO RESOLVE ISSUES (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>				28a 0
29 REPRESENTED RETAILERS IN REGULATION ADOPTION PROCESS (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>				29a 0
30 PUBLISHED AND DISTRIBUTED A NEWSLETTER TO ALL MEMBERS (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>				30a 0
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>				31a
32 Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>				32
Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)			Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No	
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		No	
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T				
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? <input checked="" type="checkbox"/>	35a		No	
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b			
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		No	
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37a	0		
b Did the organization file Form 1120-POL for this year?	37b			
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		No	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b			
39 <i>501(c)(7) organizations.</i> Enter	39a			
a Initiation fees and capital contributions included on line 9	39b			
b Gross receipts, included on line 9, for public use of club facilities				
40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____				
b <i>Section 501(c)(3) and (4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.	40b			
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0		0		
d Enter amount of tax on line 40c reimbursed by the organization ► 0		0		
e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		No	
41 List the states with which a copy of this return is filed ► _____				
42a The books are in care of ► <u>The Organization</u> Telephone no ► (775) 882-1700				
410 S MINNESOTA Located at ► <u>CARSON CITY, NV</u>		ZIP + 4 ► <u>89703</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No	
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.				
c At any time during the calendar year, did the organization maintain an office outside of the U S?	42c		No	
If "Yes," enter the name of the foreign country ► _____				
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 _____	43	_____		
44 Did the organization maintain any donor advised funds? If "Yes", <i>Form 990 must be completed instead of Form 990-EZ.</i>	44		No	
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", <i>Form 990 must be completed instead of Form 990-EZ.</i>	45		No	

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46 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	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	Yes
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization(s) a section 527 organization?	49b	

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000		

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	***** Signature of officer Mary Lau President/CEO Type or print name and title	2010-08-12 Date	

Paid Preparer's Use Only	Preparer's signature Mary C Sanada CPA	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's PTIN (See Gen Inst X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 MARY C SANADA CPA 2832 TABLE ROCK DR CARSON CITY, NV 89706		EIN	Phone no (775) 885-7962

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

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

A Check if the filing organization belongs to an affiliated group
B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount Enter the amount from the following table in both columns—			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a Enter -0- if line g is more than line a			
i Subtract line 1f from line 1c Enter -0- if line f is more than line c			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

	(a)		(b)	
	Yes	No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines c through i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?				
i Other activities If "Yes," describe in Part IV				
j Total lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes" enter the amount of any tax incurred under section 4912				
c If "Yes" enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	Yes
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	No

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

1 Dues, assessments and similar amounts from members	1 \$
2 Section 162(e) non-deductible lobbying and political expenditures (<i>do not include amounts of political expenses for which the section 527(f) tax was paid</i>).	
a Current Year	2a \$
b Carryover from last year	2b \$
c Total	2c \$
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 \$
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information

Identifier	Return Reference	Explanation

Part IV Supplemental Information

TY 2008 Other Assets Schedule

Name: RETAIL ASSOCIATION OF NEVADA**EIN:** 88-6022329

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS RECEIVABLE	191,358	226,807
PREPAID EXPENSES	4,555	5,584
Other Depreciable Assets	14,159	16,046

TY 2008 Other Expenses Schedule

Name: RETAIL ASSOCIATION OF NEVADA**EIN:** 88-6022329

Description	Amount
GOVERNMENT AFFAIRS	33,709
MARKETING	3,659
AUTO EXPENSE	5,534
OFFICE EXPENSE	12,277
TELEPHONE	8,487
TRAVEL	19,966
DUES & PUBLICATIONS	3,108
INSURANCE	5,124
EQUIPMENT LEASING	3,238
PAYROLL PROCESSING FEES	2,091
MEALS & ENTERTAINMENT	19,057
MISCELLANEOUS	2,643
Depreciation	4,065

TY 2008 Other Liabilities Schedule

Name: RETAIL ASSOCIATION OF NEVADA**EIN:** 88-6022329

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUALS	17,833	24,739
CHAMBER REBATE	600	950
MORTGAGE PAYABLE	239,961	233,476

TY 2008 Other Revenues Schedule

Name: RETAIL ASSOCIATION OF NEVADA**EIN:** 88-6022329

Description	Amount
ROYALTY	270,285
COMMISSIONS	16,673
MISCELLANEOUS	61

TY 2008 Transfers Personal Benefits Contracts Declaration

Name: RETAIL ASSOCIATION OF NEVADA

EIN: 88-6022329

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

Additional Data

Software ID:
Software Version:
EIN: 88-6022329
Name: RETAIL ASSOCIATION OF NEVADA

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MARY LAU 410 S MINNESOTA CARSON CITY, NV 89706	PRESIDENT/CEO 40 00	71,575	11,706	0
RON MESTRE 410 S MINNESOTA CARSON CITY, NV 89706	CHAIRMAN 0 00	0	0	0
STEVE MORAN 410 S MINNESOTA CARSON CITY, NV 89706	SECRETARY/TREASURER 0 00	0	0	0
STEVE LOYE 410 S MINNESOTA CARSON CITY, NV 89706	DIRECTOR 0 00	0	0	0
MARY STAPLES 410 S MINNESOTA CARSON CITY, NV 89706	DIRECTOR 0 00	0	0	0
KENT STAVE 410 S MINNESOTA CARSON CITY, NV 89706	DIRECTOR 0 00	0	0	0
KARIANNE FALLOW 410 S MINNESOTA CARSON CITY, NV 89706	DIRECTOR 0 00	0	0	0
DAYMOND RICE 410 S MINNESOTA CARSON CITY, NV 89706	DIRECTOR 0 00	0	0	0
MARLENE WHEELER 410 S MINNESOTA CARSON CITY, NV 89706	DIRECTOR 0 00	0	0	0
LARRY HUTSON 410 S MINNESOTA CARSON CITY, NV 89706	DIRECTOR 0 00	0	0	0
AMY HILL 410 S MINNESOTA CARSON CITY, NV 89706	DIRECTOR 0 00	0	0	0
MATT FORSTER 410 S MINNESOTA CARSON CITY, NV 89706	DIRECTOR 0 00	0	0	0
MARSHA GILFORD 410 S MINNESOTA CARSON CITY, NV 89706	DIRECTOR 0 00	0	0	0
RICHARD PESCHKE 410 S MINNESOTA CARSON CITY, NV 89706	DIRECTOR 0 00	0	0	0
GEORGE HARRIS 410 S MINNESOTA CARSON CITY, NV 89706	DIRECTOR 0 00	0	0	0
RICHARD MAZZONI 410 S MINNESOTA CARSON CITY, NV 89706	DIRECTOR 0 00	0	0	0
VIC VERCAMMEN 410 S MINNESOTA CARSON CITY, NV 89706	DIRECTOR 0 00	0	0	0
STEVE ROSE 410 S MINNESOTA CARSON CITY, NV 89706	DIRECTOR 0 00	0	0	0