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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.

OMB No 1545-0047 Open to Public Inspection

A F	or the	2009 cal	lendar year, or tax year beginning and ending		
Вс	heck if pplicabl	e Please use IRS	C Name of organization	D Employer identifi	cation number
	Addre	ss label or e print or	RENO AIR RACING ASSOCIATION, INC.		
<u>_</u>	Name chang	e type	Doing Business As		093380
	]Initial return ]Termir ated	See Specific Instruc-	Number and street (or P O box if mail is not delivered to street address) Room/st 14501 MT ANDERSON STREET		r 972-6663
	Amena return Applic		City or town, state or country, and ZIP + 4 RENO, NV 89506	G Gross receipts \$	5,120,329.
`	⊒tiòn pendii		ne and address of principal officer:MICHAEL HOUGHTON	H(a) Is this a group re for affiliates?	Yes X No
			E AS ABOVE	H(b) Are all affiliates inc	
I T	ax-exe		us: X 501(c) (4 ) ◀ (insert no )		list. (see instructions)
			RRACE.ORG	H(c) Group exemptio	
		organizatio			A State of legal domicile NV
Pa	rt I	Summ			
Activities & Governance	1	Briefly des	scribe the organization's mission or most significant activities: SPECIAL	EVENT AIR RAC	E AND SHOW
rna	2	Check this	s box   if the organization discontinued its operations or disposed of m	ore than 25% of its net as	ssets.
ove	3	Number o	f voting members of the governing body (Part VI, line 1a)	3	26
2	4	Number o	f independent voting members of the governing body (Part VI, line 1b)	4	26
es	5	Total num	ber of employees (Part V, line 2a)	5	0
viti	6	Total num	ber of volunteers (estimate if necessary)	6	0
Acti	7a	Total gros	s unrelated business revenue from Part VIII, column (C), line 12	7a	29,766.
	b	Net unrela	ated business taxable income from Form 990-T, line 34	7b	3,530.
	8	Contributi	ons and grants (Part VIII, line 1h)	Prior Year	Current Year
ž			service revenue (Part VIII, line 2g)	5,247,836.	4,964,217.
Revenue			nt income (Part VIII, column (A), lines 3, 4, and 7d)	69,400.	45,797.
œ			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<161,289.	
		_	nue - add lines & through 11 (must equal Part VIII, column (A), line 12)	5,155,947.	4,862,108.
	13	Grants an	d similar amounts paid (Part IX, dolumn (A), lines 1-3)		
			gald to or for members (Part IX Solumn (A), line 4)		
es	15	Salaries 🧗	ther compensation 2θηβloyed penefits (Part IX, column (A), lines 5-10)	712,141.	741,808.
Sus	16a	Profession	na fundraising fees (Part IX, cóp nn (A), line 11e)		
Expenses	b	Total fund	raising expenses (Part IX, column (D), line 25)		
۳	17	Other exte	enses (Part-IX, column (A), lines il 1a-11d, 11f-24f)	4,446,756.	
			enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,158,897.	4,744,368.
_ <u>v</u>	19	Revenue I	ess expenses Subtract line 18 from line 12	<2,950.	> 117,740.
Net Assets or Fund Balances				Beginning of Current Year	End of Year
Bagg			ets (Part X, line 16)	2,529,945.	2,643,158.
			ities (Part X, line 26)	158,748. 2,371,197.	154,221. 2,488,937.
	rt II		s or fund balances Subtract line 21 from line 20	2,3/1,19/.	2,400,937.
			titles of penury, I declare that I have examined this return, including accompanying schedules and statemer te Declaration of preparer (other their officer) is based on all information of which preparer its any knowled	its, and to the best of my knowledge	ge and belief, it is true, correct.
		and complet	te Declaration of preparer (other then officer) is based on all information of which preparer has any knowled	igė	
Sign	,		MI Story	ا کی ا	02/70/
Here		Sign	ature of officer U	Date	
		MI	CHAEL HOUGHTON, PRESIDENT/CEO		
		Туре	or print name and title		
Paid		Preparer's		colf. (see ins	er's identifying number
	arer's	signature	Value 04/23/10	self- employed   (see ins	
erep Use (	1	Firm s name yours if	KONN COLODNI ELF	EIN ►	
U36 (	J.1.17	self-employe	de la contraction de la contra		
		ZIP + 4	RENO, NEVADA 89511	Phone no ► 7	75-828-7300
May	the IF	RS discuss	s this return with the preparer shown above? (see instructions)		X Yes No

	• • • • • • • • • • • • • • • • • • •		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_	ļ	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	_		v
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	_		v
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
•	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	<b>-</b>		
•	Schedule D, Part III	8		х
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	<u> </u>		
	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 term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			
•	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			
•	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			
•	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			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
_	the organization's separate or consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	Is the organization a school 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 United States?	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 United States? 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 located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
19	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	40		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20		$\frac{\mathbf{x}}{\mathbf{x}}$
	210 the digenization operate one of more negotians: it is a complete schedule if		000 (	

### Part IV Checklist of Required Schedules (continued)

		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States 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 of grants and other assistance to individuals in the United States on Part IX,			
00	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	ŀ		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		x	
242	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
240	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 25	24a		Х
h	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	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) 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
b	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	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, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? 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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
24	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
32	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	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?	-33		
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		x	

Form	990 (2009) RENO AIR RACING ASSOCIATION, INC.		88-0093	380	Р	age 5
Pa	t 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		_			
	U.S. Information Returns. Enter -0- if not applicable	1a	C	<del>-1</del>		
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gamıng			
	(gambling) winnings to prize winners?	1 1		1c	ļ	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		_			
	filed for the calendar year ending with or within the year covered by this return	2a	С	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2ь		ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		•			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	his return?	3a	X	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			Зь	X	
4a	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 financial	accou	nt)?	4a	ļ	X
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 a	und			
_	Financial Accounts					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	ļ	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b	ļ	Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarders and the control of the control o	arding I	Prohibited	_		
_	Tax Shelter Transaction?			<u>5c</u>	<u> </u>	
ва	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anization solicit			U
	any contributions that were not tax deductible?		<i>c.</i>	6a	<del> </del>	X
D	If "Yes," did the organization include with every solicitation an express statement that such contribut	lions o	r gifts			l
-	were not tax deductible?			6b	ļ	<del> </del>
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	gooas	and services			Х
_	provided to the payor?			7a		<del>  ^</del>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<del>                                     </del>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?	as req	uirea	7.		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7a		7 <b>c</b>	· · · · ·	1
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p			1		
·	benefit contract?	2613011	aı	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?		71		<del> </del>
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			79	_	<del> </del>
-	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		oured?	7h		<del>                                     </del>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or		•			
_	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	_				
	at any time during the year?	000 00	onrode melanige	8		1
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		Ì
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			<del></del>	<b></b>	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Section 501(c)(12) organizations. Enter			1		
а	Gross income from members or shareholders	11a				
-	Gross income from other sources (Do not net amounts due or paid to other sources against			1		
-	amounts due or received from them )	11ь				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		)	12a	[	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Form 990 (2009)

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 in Schedule O See instructions

Sec	tion A. Governing Body and Management						
			1			Yes	No
1a	Enter the number of voting members of the governing body	16	<u> </u>	26			
b	Enter the number of voting members that are independent	11	<del></del>	26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ıp wr	h 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	he dii	ect supervision	1	_		.,
	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 Fo		90 was filed?		4		X
5 6	Did the organization become aware during the year of a material diversion of the organization's asse Does the organization have members or stockholders?	ets?			5		X
7a		omb	um of the		6		
, 0	governing body?	embe	as of the		7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	reon	.?	ŀ	7b	_	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken			ŀ	70		
_	by the following:		ig the your				
а	The governing body?				8a	Х	
	Each committee with authority to act on behalf of the governing body?			İ	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ache	d at the	Ì			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	Rever	ue Code.)				
						Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			[	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	cha	oters, affiliates,				
	and branches to ensure their operations are consistent with those of the organization?			ļ	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	iling	the form?	[	11	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	uld g	ve rise				
	to conflicts?			}	12b	_X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes	" describe			.,	
40	in Schedule O how this is done			ŀ	12c	X	
13 14	Does the organization have a written whistleblower policy?			-	13	X	<del></del>
15	Does the organization have a written document retention and destruction policy?	_1		Ļ	14	X	<del></del>
13	Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		independent				
а	The organization's CEO, Executive Director, or top management official					х	
	Other officers or key employees of the organization				15a 15b	X	<del></del>
-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			f	130	-	
16a		ment	with a				
	taxable entity during the year?		=		16a	ĺ	Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	aluate	its participation	, [			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization						
	exempt status with respect to such arrangements?				16b	]	
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	T (50	l(c)(3)s only) ava	ulable f	or		
	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, c	confli	ct of interest pol	icy, an	d finai	ncial	
	statements available to the public.				_		
20	State the name, physical address, and telephone number of the person who possesses the books at	nd re	cords of the org	anızatı	on 🕨		
	RENO AIR RACING ASSOCIATION, INC 775-972-6663			·			
	14501 MT. ANDERSON, RENO, NV 89506					200	
					Form !	9 <b>90</b> (:	2009)

932006

### Form 990 (2009) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

- 1a 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 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee

- 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.

(A) Name and Title	(B) Average		(C) Position		(D) Reportable	<b>(E)</b> Reportable	(F) Estimated			
Name and The	hours	(cl	(check all that apply)		compensation	compensation	amount of			
	per	È	P		from	from related	other			
	week	Individual trustee or director				Di Sign		the organization	organizations (W-2/1099-MISC)	compensation from the
		negra	truste		88	Deus		(W-2/1099-MISC)	(11 12 1000 111100)	organization
		dual t	Institutional trustee	_	кеу етріоуве	Highest compensated employee				and related
		P P	Instit	Officer	Keye	Figh Page Page Page Page Page Page Page Page	Former			organizations
TOM GRIBBIN		$\vdash$					-			
DIRECTOR	5.00	X						0.	0.	0.
BOB BONHAM										
DIRECTOR	5.00	X						0.	0.	0.
TJ DAY										
DIRECTOR	5.00	X			<u> </u>	<u> </u>		0.	0.	0.
BILL ECK										
DIRECTOR	5.00	X					L	0.	0.	0.
CHARLIE FILIPPINI, M.D.									_	_
DIRECTOR	5.00	Х			<u> </u>			0.	0.	0.
FRANK KINNELL							}		_	_
DIRECTOR	5.00	X						0.	0.	0.
GENO MENCHETTI DIRECTOR	F 00								•	
JENNIFER CROWE	5.00	X			<u> </u>	_		0.	0.	0.
DIRECTOR	5.00	Х						0.	0.	0
FRANK MONROE	3.00	^					-	0.	0.	0.
DIRECTOR	5.00	х						0.	0.	0.
TERRY MATTER	3.00								- •	
DIRECTOR	5.00	X					ļ	0.	0.	0.
TOM ROBINSON										
DIRECTOR	5.00	X						0.	0.	0.
JOHN SANDE III										
DIRECTOR	5.00	Х						0.	0.	0.
JOEY SCOLARI										
DIRECTOR	5.00	X						0.	0.	0.
DAVID PURSELL										
DIRECTOR	5.00	X						0.	0.	0.
TOM GADD										
DIRECTOR	5.00	X						0.	0.	0.
CHUC LOWDEN						ĺ		_ i	_	_
DIRECTOR	5.00	Х						0.	0.	0.
SUSAN FISHER	F 22	_							_	_
DIRECTOR	5.00	X						0.	0.	0.

932007 02-04-10

Part VII Section A. Officers, Directors, Tru	stees, Key E	mplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
` (A)	(B) (C)							(D)	(E)	(F)
Name and title	Average hours	(cl		Pos all t	-	app	ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
BRUCE DEWING										
DIRECTOR	5.00	Х						0.	0.	0.
GARY MACDONALD										
DIRECTOR	5.00	X						0.	0.	0.
BILL LEONESIO										** · · · · · · · · · · · · · · · · · ·
DIRECTOR	5.00	X						0.	0.	0.
MICHAEL MAJOR										
DIRECTOR	5.00	X						0.	0.	0.
GENERAL RONALD R FOGLEMA DIRECTOR	5.00	х						0.	0.	0.
MARK BAILEY	F 00	,,								
DIRECTOR STEVE SILVA	5.00	X	Ш					0.	0.	0.
DIRECTOR	5.00	x						0.	0.	0.
MICHAEL MCCABE		-			-					
DIRECTOR	5.00	х						o.	0.	0.
RON BATH		-				_				
DIRECTOR	5.00	Х						o.	0.	0.
MICHAEL HOUGHTON					_					
PRESIDENT/CEO	5.00				X			166,544.	0.	34,190.
1b Total						<b></b>		166,544.	0.	34,190.

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 

Yes

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

3		X
4	X	
		,,,,,,,
5		Х

No

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
THE GLEN GROUP		
PO BOX 20158, RENO, NV 89515	ADVERTISING	269,189.
GES EXPOSITION SERVICES		
7050 LINDELL AVE, LAS VEGAS, NV 89118	SITE PREPARATION	261,921.
MIKE BROWN GRANDSTANDS		
2300 POMONA BLVD, POMONA, CA 91768	SITE PREPARATION	125,700.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 3

4862108.

12

e Total. Add lines 11a-11d

Total revenue. See instructions

4934451.

29,766. <102109.>

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 3b, 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		•		T
	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,	000 704			
	trustees, and key employees	200,734.		200,734.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	426 404	050 014	105 600	
	Other salaries and wages	436,494.	250,814.	185,680.	<del></del>
8	Pension plan contributions (include section 401(k)	440	222		
_	and section 403(b) employer contributions)	440.	373. 23,693.	67.	
	Other employee benefits	49,545.	23,693.	25,852.	
0	Payroll taxes	54,595.	16,784.	37,811.	
1	Fees for services (non-employees):	E 0 000	50 000		
	Management	50,000.	50,000.	5 000	<del></del>
b	Legal	5,380.	20.010	5,380.	<del></del>
	Accounting	60,569.	38,210.	22,359.	
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees	250 500	220 700	10.000	
_	Other	350,590.	330,782.	19,808.	***
	Advertising and promotion	238,312.	238,312.	00 220	
	Office expenses	234,636.	136,297.	98,339.	
	Information technology	15,457.	15,457.		
	Royalties	220 210	120 240	01 061	
	Occupancy	220,210. 187,914.	128,249.	91,961.	
	Travel	107,914.	166,234.	21,680.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	15 762	0 260	7 405	
	Conferences, conventions, and meetings	15,763.	8,268.	7,495.	
	Interest				
	Payments to affiliates	53,629.		F2 620	
	Depreciation, depletion, and amortization	370,263.	370,263.	53,629.	
	Insurance	3/0,203.	3/0,203.		
	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 )				
	PRIZE MONEY	1,089,898.	1,089,810.	88.	
	PROGRAM AND VENDOR CONC	467,005.	465,102.	1,903.	
c	SEATING	329,162.	329,162.	0.	
_	OTHER	159,437.	148,691.	10,746.	704 <u>-</u>
е	CHALETS, BOOTHS, TENTS	154,335.	154,245.	90.	
f	All other expenses				·····
5	Total functional expenses Add lines 1 through 24f	4,744,368.	3,960,746.	783,622.	0
	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

	•		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing		78,955.	1	107,669.
2	Savings and temporary cash investments		1,715,792.	2	1,911,587
3	Pledges and grants receivable, net		27.107.320	3	1/311/30/
4	Accounts receivable, net		88,295.	4	54,412
5	Receivables from current and former officers, directo	rs trustees kev	00/2300	7	<u> </u>
•	employees, and highest compensated employees. Co				
	of Schedule L	on proto y dit ii		5	
6	Receivables from other disqualified persons (as defin	ed under section		-	
	4958(f)(1)) and persons described in section 4958(c)(	t .			
	Part II of Schedule L	5/(2)· 56p.isis		6	
2 7	Notes and loans receivable, net			7	
8	Inventories for sale or use	<u></u>	93,484.	8	82,984
9	Prepaid expenses and deferred charges		29,559.	9	82,984 34,621
	Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D 10a	1,832,026.			
lь	Less accumulated depreciation 10b		471,738.	10c	438,915
11	Investments · publicly traded securities			11	100/110
12	Investments - other securities See Part IV, line 11			12	
13	Investments - program-related. See Part IV, line 11		13		
14	Intangible assets	-, -, -, -,	14	·	
15	Other assets. See Part IV, line 11	52,122.	15	12,971	
16	Total assets. Add lines 1 through 15 (must equal line	: 34)	2,529,945.	16	2,643,158
17	Accounts payable and accrued expenses		158,748.	17	154,221
18	Grants payable		18	· · · · · ·	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part I	V of Schedule D		21	
21 22	Payables to current and former officers, directors, tru	stees, key employees,			71° 3 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 1
	highest compensated employees, and disqualified pe	rsons. Complete Part II			
i	of Schedule L	·		22	
23	Secured mortgages and notes payable to unrelated ti	hird parties		23	
24	Unsecured notes and loans payable to unrelated third	parties		24	
25	Other liabilities. Complete Part X of Schedule D	Γ	~	25	
26	Total liabilities. Add lines 17 through 25		158,748.	26	154,221.
	Organizations that follow SFAS 117, check here	and complete			
:	lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets			27	
28	Temporarily restricted net assets			28	
29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check				
	complete lines 30 through 34.				
30	Capital stock or trust principal, or current funds		0.	30	0.
31	Paid-in or capital surplus, or land, building, or equipment	ent fund	0.	31	0.
27 28 29 30 31 32	Retained earnings, endowment, accumulated income	, or other funds	2,371,197.	32	2,488,937.
33	Total net assets or fund balances		2,371,197.	33	2,488,937.
34	Total liabilities and net assets/fund balances		2,529,945.	34	2,643,158.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2009)

3ь

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

RENO AIR RACING ASSOCIATION, INC.

Employer identification number

	RENO AIR RACING AS		88-0093380
Pa	TI Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds 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	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	<u> </u>	
•	for charitable purposes and not for the benefit of the donor of	<u> </u>	•
	Impermissible private benefit?	or deriver advices, or for any enter purpose	Yes No
Pa		nanization answered "Yes" to Form 990 F	
1	Purpose(s) of conservation easements held by the organizati		art IV, mie 7.
•	Preservation of land for public use (e.g., recreation or p	——————————————————————————————————————	stariaally samantant land area
	Protection of natural habitat	· —	storically important land area
		Preservation of a cert	ified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied 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
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
¢	Number of conservation easements on a certified historic str	• •	_2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year ▶	_	
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements if		Yes         No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	_	<del></del>
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	
_	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	tion's financial statements that describes	the organization's accounting for
D-	conservation easements.	6 A A 111-A- 11 T	
Pal	TIII Organizations Maintaining Collections or		tner Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
_	#		
та	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, ed	•	blic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these i		
b	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 service	e, 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		<b>▶</b> \$
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financia	
	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>&gt;</b> \$
b	Assets included in Form 990, Part X		► \$ ► \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009 RENO AI	R RACING A	ssoc	IATION	, INC.			88-00	9338	) Page	e <b>2</b>
Pai	t III Organizations Maintaining C										_
3	Using the organization's acquisition, access										
	(check all that apply):		·	•	•		•				
а	Public exhibition		<b>.</b> []	Loan or exc	hange progr	ams					
Ь	Scholarly research										
c	Preservation for future generations	·								<u> </u>	
4	Provide a description of the organization's c	ollections and expla	in how th	nev further t	he organizat	ion's ave	mot ouro	oca in Dar	+ YIV		
5	During the year, did the organization solicit of							036 1111 41			
•	to be sold to raise funds rather than to be m					ici Siriila	11 033613	F	Yes		No
Par	t IV Escrow and Custodial Arran					e" to For	m 000 P	art IV line			10
	reported an amount on Form 990, Pa		iete ii Oit	janization a	IISWEIEG TE	s to roi	III 330, F	ait iv, iiile	9, 01		
12	Is the organization an agent, trustee, custod		dian, for	contribution	a or other o		t in ali inlant				—
10	on Form 990, Part X?	ian or other intermed	ulary lor	Contribution	is or other a	ssets no	included	_	٦.,		
_	·		. 0	A - I - I				<u> </u>	<b>⊻</b> Yes	r	No
D	If "Yes," explain the arrangement in Part XIV	and complete the to	ollowing	table:							—
							-		Amount		—
	Beginning balance						1c				
	Additions during the year						1d				
_	Distributions during the year			_			1e				
f	Ending balance						1f	L	_		
	Did the organization include an amount on F		21?					<u> </u>	Yes	L 1	No
	If "Yes," explain the arrangement in Part XIV	<del></del>	-								_
Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to Fo	rm 990, Part	IV, line	10.				
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years bad	<u>ck</u>
1a	Beginning of year balance								-1		
b	Contributions			444							
C	Net investment earnings, gains, and losses						.1				
d	Grants or scholarships										,,,,,,,
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses						······································	······································			
g	End of year balance						· · · · · · · · · · · · · · · · · · ·	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	:+		*****
2	Provide the estimated percentage of the year	r end balance held a	as:	****	<b></b>	·····					
а	Board designated or quasi-endowment		%								
	Permanent endowment ▶	%									
		<del></del> .~									
	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administa	ered for t	he organi	zation			
	by:	oo.or or the organiz			40	2100 101 1	no organi	Lation	Г	Yes N	lo
	(i) unrelated organizations									162 14	<u> </u>
	(ii) related organizations								3a(i)		—
<b>h</b>	If "Yes" to 3a(ii), are the related organizations	. listed so resumed a	Cabaa	tula Do					3a(ii)		—
4	Describe in Part XIV the intended uses of the								3b		—
Par					Dort V. line	10	·-· · · · · ·				—
, 41	Description of investment	·			•				465		—
	Description of investment	(a) Cost or o basis (investr			or other (other)		ccumulate preciation		(d) Book	value	
1a	Land										_
b	Buildings						***********				_
С	Leasehold improvements	1,431,	566.			1,0	030,9	66.	400	,600	<u> </u>
d	Equipment	400,			-		362,1			, 315	
е	Other		_				· -				_
	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	O(c) )			<b>•</b>	438	,915	

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for

932053 02-01-10

uncertain tax positions under FIN 48.

Sche	dule D (Form 990) 2009 RENO AIR RACING ASSOCIATION, INC.		88	0093380	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Final	ncial S	Statement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1			
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		•	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3			
4	Net unrealized gains (losses) on investments	4		<del></del>	
5	Donated services and use of facilities	5			
6	Investment expenses	6			
7	Prior period adjustments	7			
8	Other (Describe in Part XIV.)	8			
9	Total adjustments (net). Add lines 4 through 8	9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10			
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Reve	nue p	er Return	)	
1	Total revenue, gains, and other support per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				_
а	Net unrealized gains on investments 2a				
b	Donated services and use of facilities 2b				
C	Recoveries of prior year grants 2c				
d	Other (Describe in Part XIV.)				
e	Add lines 2a through 2d	-	2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV.)				
	Add lines 4a and 4b		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5		
	t XIII Reconciliation of Expenses per Audited Financial Statements With Exp	enses		rn	
1	Total expenses and losses per audited financial statements		1 1		-
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities 2a				
b	Prior year adjustments 2b	<del></del>			
С	Other losses 2c				
d	Other (Describe in Part XIV.)				
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV.)				
С	Add lines 4a and 4b		4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5		
Pai	t XIV Supplemental Information		<del></del>		
X, line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pe 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to pr				4; Part
			7		
		_			
		<del>.</del>	<del></del> -	.=	
				<u>.</u>	
				_	

### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

 Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions

2009

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

RENO AIR RACING ASSOCIATION, INC.

Employer identification number 88-0093380

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1ь		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply	1		
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization.			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			İ
	contingent on the revenues of:	ŀ		
а	The organization?	5a		X
þ	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7	X	<u> </u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		<u>'</u>	
	initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2009

88-0093380

Schedule J (Form 990) 2009 RENO AIR RACING ASSOCIATION, INC. 88-0093380

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of W-2	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(0)	(O)	(E)	(
				-	Retirement and	Nontaxable	Total of columns	Compensation
<b>(A)</b> Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)-(J)(B)	reported in prior Form 990 or Form 990-EZ
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Schedule J (Form 990) 2009

#### SCHEDULE O (Form 990)

### Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

**Employer identification number** Name of the organization 88-0093380 RENO AIR RACING ASSOCIATION, INC. SECTION B, LINE 11: A COPY OF THE 990 IS PROVIDED TO FORM 990, PART VI, MANAGEMENT PRIOR TO SUBMISSSION TO THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: ALL POLICIES ARE REVIEWED BY THE BOARD MEMBERS AND DIRECTORS ARE KNOWLEDGEABLE OF OTHER MEMBERS BUSINESS RELATIONSHIPS. FORM 990, PART VI, SECTION B, LINE 15: THERE IS A COMPENSATION COMMITTEE THAT REVIEWS COMPENSATION FOR KEY MANAGEMENT AND STAFF ANNUALLY. THE COMMITTEE UTILIZES COMPARATIVE MARKET INFORMATION TO ENSURE REASONABLENESS. THE COMMITTEE'S RECOMMENDATIONS ARE PRESENTED TO THE BOARD FOR DISCUSSION AND APPROVAL. MINUTES ARE MAINTAINED FOR MEETINGS. FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS AND FINANACIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

Schedule R (Form 990) 2009 2009 Open to Public Inspection **Employer identification number** Direct controlling Direct controlling 88-0093380 entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets status (if section Public charity 501(c)(3)) <u>e</u> 501(C)(3) ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total Income **Exempt Code** section Ī ▶ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) NEVADA LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. RENO AIR RACING ASSOCIATION, INC. TO EDUCATE YOUNG PEOPLE AND ▶ Attach to Form 990. THE GENERAL PUBLIC ABOUT THE WORK OF AVIATION Primary activity Primary activity 9 - 81-0578379 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity RENO AIR RACING FOUNDATION Name of the organization 14501 MOUNT ANDERSON Department of the Treasury Internal Revenue Service RENO, NV 89506 Part t Part #

932161 02-04-10

INC. RENO AIR RACING ASSOCIATION, Schedule R (Form 990) 2009

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

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9	ieneral or nanaging partner?	es No	•		-		_	 		_			1
(0)	Code V-UBI General or amount in box managing	K-1 (Form 1065)								-		_	
(h)	Disproportion- ate allocations?	Yes No						 			_		
(6)	Share of end-of-year					_							1
ω	Share of total income												1
(e)	Predominant income (related, unrelated, exclinded from tax under	sections 512-514)											
( <del>Q</del> )	Direct controlling entity												
<u> </u>	Legal domicile (state or foreign	country)											
(Q)	Primary activity												
(a)	Name, address, and EIN of related organization												

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Part IV

(a)	(q)	(2)	(d)	(Q)		(6)	ε
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Legal domicile Direct controlling Type of entity (C corp., S corp, country)	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
	<del></del>						
						-	

Schedule R (Form 990) 2009

932162 02-04-10

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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

The state of the s	•			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		<u>&gt;</u>	Yes No	
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?				ŀ
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a	×	1
<b>b</b> Gift, grant, or capital contribution to other organization(s)		<b>1</b>	×	ı
c Gift. orant. or capital contribution from other organization(s)		1 2	×	1
		2 ;	>	1
d Loans or loan guarantees to or for other organization(s)		P	< :	- 1
e Loans or loan guarantees by other organization(s)		<b>1e</b>	×	- 1
		:		L
f Sale of assets to other organization(s)		+	×	1
g Purchase of assets from other organization(s)		-	×	ı
		-	×	1
		Ţ	×	1
		=	+	1
j Lease of facilities, equipment, or other assets from other organization(s)		÷	×	1
Ir Darformance of consistence or membership or fundamental consistence for other personal advanced.		- 2	<b>×</b>	1
Deformation of seasons or memorality or fundamental solicitations of		= =	<b>:</b> >	1
Televiniance of services of membership of formations of services of services of services of services of the services of the services of se		= .	<b>*</b> >	1
in originals, equipment, mailing lists, or other assets		E	<b>د</b> ا	1
n Sharing of paid employees		<b>-</b>	×	t
				4
o Reimbursement paid to other organization for expenses		10	×	1
p Reimbursement paid by other organization for expenses		10	×	ı
			_	t
<b>a</b> Other transfer of cash or property to other prognization(s)		-	×	1
		-	×	1
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	saction thresholds.			1
!	3	3		1
Name of other organization(s)	Transaction	Amount involved	Ne.	
	type (a-r)		<u> </u>	
				1
				1
(a)				1
				1
(4)				
				1
(5)				1
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Schedule R (Form 990) 2009 RENO AIR RACING ASSOCIATION, INC.

Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes' to Form 990, Part IV, line 37.)

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.

Name address and EIN	Trimary activity  Legal Commille  (state or foreign organizations?)  Country)  Yes No  No  No  No  No  No  No  No  No  No	Vess No		Managing partner?  Yes No
		_		
			-	
			-	