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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	For the	e 2009 ca	lendar year, or tax year beginning and endi	ng						
В	Check if applicabl	e Please	C Name of organization		D Employer identific	cation number				
Г	Addre	ss label or print or	RENO-TAHOE OPEN FOUNDATION							
	Name chang Initial	type	Doing Business As		88-04	412314				
Ļ	!retum	See Specific		n/suite						
느	Termin	Instruc-	0100 PLUMAS ST. PUI	•	775-	322-3900				
Ļ	Amen- return Applic		City or town, state or country, and ZIP + 4		G Gross receipts \$	3,478,967.				
L	tion pendii		RENO, NV 89519		H(a) Is this a group re					
	,	* F Nar	ne and address of principal officer: JOHN P. SANDE III		for affiliates?	Yes X No				
_			E AS C ABOVE		H(b) Are all affiliates incl					
			us: X 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		•	list. (see instructions)				
			W. RENOTAHOEOPEN. COM		H(c) Group exemption					
	art I	Summ		L Year o	of formation 1990 M	State of legal domicile NV				
	T 4		scribe the organization's mission or most significant activities: TO ORGA	NTZ	F AN ANNIIAT.	DCD				
Activities & Governance	'		CIONED GOLF TOURNAMENT FOR THE ENJOYMEN							
ñar	2	Check thi								
Vel	3		of voting members of the governing body (Part VI, line 1a)	<i>,</i> 111016	3	24				
Ğ	4		of independent voting members of the governing body (Part VI, line 1b)		4	20				
% ଓ	5		aber of employees (Part V, line 2a)		5	8				
ìŧie	6		aber of volunteers (estimate if necessary)		6	625				
ફ	7a		s unrelated business revenue from Part VIII, column (C), line 12		7a	11,550.				
⋖		_	ated business taxable income from Form 990-T, line 34		7b	0.				
			DECEMEN		Prior Year	Current Year				
0	8	Contribut	ions and grants (Part VIII, line 1h)		241,898.	798,781.				
Revenue			service revenue (Part VIII, line 2g)		3,077,457.	2,593,438.				
ě	10	Investme	nt income (Part VIII, column (A), lines 3, Land 7410 V 1 7 2010							
ш			service revenue (Part VIII, line 2g) Int income (Part VIII, column (A), lines 3, 4, and 70 0 1 7 2010 enue (Part VIII, column (A), lines 5, 6d, 80 9c, 10c, and 11e)		69,764.	73,874.				
	12	Total reve	enue - add lines 8 through 11 (must equal Partevinicolumnica); line 129		3,389,119.	3,466,093.				
	13	Grants an	d similar amounts paid (Part IX, column (A), lines (3)	_		63,323.				
	14	Benefits p	oald to or for members (Part IX, column (A), line 4)	0.50 0.50						
es	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	263,072.	291,293.					
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)	ļ		······································				
X	b		draising expenses (Part IX, column (D), line 25) 700,595.	<u>.</u>		2 140 000				
_	17		penses (Part IX, column (A), lines 11a-11d, 11f-24f)		3,249,002.	3,148,822.				
			enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,512,074. <122,955.	3,503,438.				
<u></u>	19	Revenue	less expenses. Subtract line 18 from line 12	Do.						
ets c	20	Total again	oto (Bort V. line 16)	oei	ginning of Current Year 93,236.	End of Year 221,706.				
ASS	21		ets (Part X, line 16) lities (Part X, line 26)		324,284.	490,099.				
Net Assets or Eural Balances	22		s or fund balances. Subtract line 21 from line 20		<231,048.					
P	art II		ture Block							
	•••••	+1	ities of penury, I declare that I have examined this return, including accompanying schedules and state the Declaration of preparer (other than officer) in lossed in all information of which preparer has any kno	ements, a	ind to the best of my knowledg	ge and belief, it is true, correct,				
		and comple	the Declaration of preparer (other than officer) spoaseown all information of which preparer has any kno	wieage	. /					
Sig	ın		Asimos The Cropped		11/12/10					
He		▼ 5797	faxure of officer		Date '					
			MES CROFOOT, BOARD TREASURER							
		Typ	e or print name and title			·· _ ·····				
Pai	ď	Preparer's		l self	Prepare (see ins	r's identifying number tructions)				
_	o parer's	signature	11/11/1	O emp	ployed 🕨 🔲					
	Only	Firm's name yours if	KOMN COBODNI EDI		EIN ►					
	·	self-employ address, an				75 000 7000				
		ZIP + 4	RENO, NEVADA 89511		Phone no > /	75-828-7300				
Ма	y the II	RS discus	s this return with the preparer shown above? (see instructions)			X Yes No				

Form 990 (2009)

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION 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_	Х	
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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_		X
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 similar funds or 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	ļ	ŀ	٠,,
	Schedule D, Part III	8		X
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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			.,
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X	۱	x	
_	as applicable	11		<u></u>
•	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			
Ŭ	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.	Ì		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ŀ		
	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	X	}
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 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	ļ		
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		1	
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u>X</u>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 Form	gan	(2009)
		Othi	220 l	(2003)

Part IV Checklist of Required Schedules (continued)

			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	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
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 lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
	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	ļ		
	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		
25a	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		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	'		ı
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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		X
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		X
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?			
	Note. All Form 990 filers are required to complete Schedule O.	38	X	
			990 (2009)

	990 (2009) RENO-TAHOE OPEN FOUNDATION		88-0412	314	Р	age 5
Par	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	9			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable g	aming			
	(gambling) winnings to prize winners?	1 1		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		c			
	filed for the calendar year ending with or within the year covered by this return	2a	8	t	v	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	••••
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see				Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered to \$1,000 or m	ed by this re	turn?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	authamtu av		3b		
40	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	-	er, a	4a		Х
h	If "Yes," enter the name of the foreign country:	account) :		40		
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank and				
	Financial Accounts.	Dank and				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega		bited			
	Tax Shelter Transaction?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he organizat	tion solicit			
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or gifts	3			
	were not tax deductible?			6b		
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	goods and	services			٠,,
	provided to the payor?			7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required		.		x
	to file Form 8282?	7d		7c		
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a			1		
•	benefit contract?	Jersonai		7e	ĺ	х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			7g		Х
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-		d?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	ganizations	s. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess busines	s holdings			
	at any time during the year?			8		X
9	Sponsoring organizations maintaining donor advised funds.					_
а	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Section 501(c)(7) organizations. Enter:	1 - 1				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
	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:	اعما				
	Gross income from members or shareholders	11a		1		
D	Gross income from other sources (Do not net amounts due or paid to other sources against	116				
192	amounts due or received from them.) 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	126				
				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.

<u>Sec</u>	tion A. Governing Body and Management	-					
		١.	1	24		Yes	No
	Enter the number of voting members of the governing body	1a		20			
ь	Enter the number of voting members that are independent	_ <u>1b</u>		20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	any other			х	
_	officer, director, trustee, or key employee?				2		
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision		_		v
_	of officers, directors or trustees, or key employees to a management company or other person?			-	3	_	$\frac{x}{x}$
4	Did the organization make any significant changes to its organizational documents since the prior Fo		0 was filed?	-	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?		-	5	Х	
6	Does the organization have members or stockholders?			-	6	Λ_	
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	ember	s of the		_	v	
	governing body?		_		7a	<u>X</u>	X
	Are any decisions of the governing body subject to approval by members, stockholders, or other pe			-	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durin	g the year				İ
	by the following:					v	İ
_	The governing body?			-	Ba	Х	X
b	Each committee with authority to act on behalf of the governing body?			<u> </u>	ВЬ		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the		_		х
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		- O- d- \		9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	revenu	e Code)			Yes	No
10-	Dece the experience have lead abouton, branches, or offiliates?			Г	0a	163	X
	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such	chan	ere offiliates	-	Va		
O	and branches to ensure their operations are consistent with those of the organization?	Chap	lers, arrillates,		ОЬ		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	filina ti	ne form?		11	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	9	ic 101111.		•		· · · · · ·
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			1	2a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld av	e rise	<u> </u>			
-	to conflicts?	v.u g.	3 1.00		2b	Х	1
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes."	describe				
_	in Schedule O how this is done	,		1	2c	X	1
13	Does the organization have a written whistleblower policy?				13		X
14	Does the organization have a written document retention and destruction policy?				14		Х
15	Did the process for determining compensation of the following persons include a review and approv	al by I	ndependent	["			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						ĺ
а	The organization's CEO, Executive Director, or top management official			[1	15a	X	
ь	Other officers or key employees of the organization			1	5b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			ľ			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a				1
	taxable entity during the year?			1	6a		X
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 org	janizat	ion's				
	exempt status with respect to such arrangements?			1	6b_		
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 (501	(c)(3)s only) ava	ılable fo	r		
	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, or	conflic	t of interest pol	cy, and	fına	ncıal	
	statements available to the public.				_		
20	State the name, physical address, and telephone number of the person who possesses the books a	and re	cords of the org	anızatıc	n: 🕨	·	
	THE ORGANIZATION - 775-322-3900			-			
	6100 PLUMAS ST, NO. 201, RENO, NV 89519					000	(0000)
				ŀ	-orm	ひひし ((2009)

932006

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 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."
- 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)	(B)			(0				(D)	(E)	(F)	
Name and Title	Average	١,,	Position (check all that apply)					Reportable	Reportable	Estimated	
	hours per week	Individual trustee or director		aiii		Highest compensated demployee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization	
		Individual	institutional frustee	Officer	Key employee	Highest co employee	Former			and related organizations	
JOHN P. SANDE, III CHAIRMAN	1.00	х		Х				0.	0.	0.	
JAMES CROFOOT	1.00	<u> </u>		Λ				0.	0.	0.	
TREASURER	2.00	X	İ	х				0.	0.	0.	
JIM BAUSERMAN	2.00	1		21		<u> </u>			<u> </u>	0.	
TRUSTEE	1.00	X						0.	0.	0.	
BOB CASHELL		``							Ů.		
TRUSTEE	1.00	Х						0.	0.	0.	
JEFF CECCARELLI						 					
TRUSTEE	1.00	X	Ì					0.	0.	0.	
HARVEY FENNEL											
TRUSTEE	1.00	X						0.	0.	0.	
STAN JACKSICK											
TRUSTEE	1.00	X					<u> </u>	0.	0.	0	
ELLEN OPPENHEIM											
TRUSTEE	1.00	Х	L					0.	0.	0	
JIM BARNES	1.00										
TRUSTEE	1.00	Х						0.	0.	0 .	
BOB SADER	1 00	٠,							0		
TRUSTEE DOUG DIRKS	1.00	Х						0.	0.	0	
TRUSTEE	1.00	х						0.	0.	0	
CHASE STIGALL	1.00	^				-	_	0.	0.	0 .	
TRUSTEE	1.00	Х				1		0.	0.	0.	
DAVE FUNK	1.00	<u> </u>				-	_	0.	0.	0.	
TRUSTEE	1.00	х						0.	0.	0.	
STEVE GRAHAM											
TRUSTEE	1.00	X						0.	0.	0.	
DAVID CLAFLIN							-	· · · · · · · · · · · · · · · · · · ·	7.		
TRUSTEE	1.00	Х						0.	0.	0.	
RANDOLPH TOWNSEND											
TRUSTEE	1.00	X						0.	0.	0 .	
TAYLOR WONDRIES											
TRUSTEE	1.00	X						0.	0.	0.	
932007 02-04-10										Form 990 (2009	

· (A)	(B) (C)							(D)	(E)	* *		
Name and title	Average	Position (check all that apply)						Reportable	Reportable	E	stimated	
	hours	(C	heck	(all	that	app	yly)	compensation	compensation from related	a	mount of	
	per week	ector				ĺ		from the	organizations	COL	other mpensation	,
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o d	8	Ì		ated		organization	(W-2/1099-MISC)		from the	•
		SEE	Tage 1	l	8	pens		(W-2/1099-MISC)	,	or	ganization	
		ndividual frustae or director	institutional trustae	_	Кеу етріоуве	25 ST CO	<u>,</u>				nd related	
		the A	Insti	Officer	ķ	Highest compensated employee	F			org	ganizations	
ANTHONY JOSEPH					\vdash					-		_
TRUSTEE	1.00	Х						0.	0		0	
STEVE FRANK											_	
TRUSTEE	1.00	Х	┞	ļ	<u> </u>	1	ļ	0.	0	•	0	•
SCOTT MCCARRON TRUSTEE	1.00	х		İ				0.	0		0	
PHIL SALERNO	1.00	^	-	-	-		┢╌	0.	<u> </u>	-		•
TRUSTEE	1.00	Х						0.	o		0	
RICK MURDOCK				İ			┢			1-		
TRUSTEE	1.00	X						0.	0		0	•
GREGG CARANO								_	_		_	
TRUSTEE	1.00	X	ļ	ļ	<u> </u>	<u> </u>	<u> </u>	0.	0	•	0	•
HAL LENOX TRUSTEE	1.00	X						0.	0		0	١.
LENARD ORMSBY	1.00	^				+	\vdash	0.		-		•
TRUSTEE	1.00	x						0.	0		0	١.
TED POWER									, ,			_
TRUSTEE	1.00	X	<u> </u>					0.	0		0	٠.
BILL RAGGIO											_	
TRUSTEE	1.00	X	<u>L.</u> .			Ļ		0.	0			<u>.</u>
1b Total	-4 /		link		h	<u> </u>		105,000.		•]	5,000	-
 Total number of individuals (including but n compensation from the organization 	ot ilmited to tr	iose	IISte	eo a	DOV	e) W	no r	received more than \$100	,000 in reportable			1
Componential the organization											Yes No	
3 Did the organization list any former officer,	director or tru	stee	, ke	y en	olqn	yee,	or	highest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for s										3	X	
4 For any individual listed on line 1a, is the su									the organization			,
and related organizations greater than \$150Did any person listed on line 1a receive or a									loop rondored to	4	X	<u></u>
the organization? If "Yes," complete Sched				Irom	any	/ uni	ela	ted organization for serv	ices rendered to	5	x	
Section B. Independent Contractors	<u> </u>	porc	,0,,						· · · · · · · · · · · · · · · · · · ·			_
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors	that received more than	\$100,000 of compe	nsation	from	
the organization. NONE								 				
(A) Name and business	address							(B) Description of s	envices		(C) ensation	
Trains and Secures	400,000							Description of a				_
											· · · · · · · · · · · · · · · · · · ·	
					-							_
												_
2 Total number of independent contractors (i		ot li	mıte	d to	tho	se li	ste	d above) who received n	nore than			
\$100,000 in compensation from the organia		ΤŢ		20/	<u> </u>	<u>ט</u> דרי	\T	A COMMINITARITAMI	ON		000 (000	
SEE SCREDULE U-Z TUK	EWLT A	LL,	, :) Li	υĽ.	\mathbf{T}	.٧	Y CONTINONII	ON	Forn	n 990 (200	9)

932008 02-04-10

Part IX Statement of Functional Expenses

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

	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	63,323.	63,323.		
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	116,160.	87,120.	5,808.	23,232
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	135,326.	101,495.	6,766.	27,065
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	12,974.	9,730.	649.	2,595 5,366
10	Payroll taxes	26,833.	20,125.	1,342.	5,366
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	35,149.		35,149.	
	Lobbying			THE PERMIT THE IN	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	41 507	12 675	07 000	
-	Other	41,597.	13,675.	27,922.	21 554
12	Advertising and promotion	459,258.	427,704.	22 701	31,554
13	Office expenses	28,265.	4,474.	23,791.	
14	Information technology	46,146.	35,555.	10,391.	
15	Royalties	14,528.	2,528.	12,000.	
16	Occupancy	8,628.	2,320.	8,628.	
17 18	Travel	0,020.		0,0201	
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	- · · · · - · · - · · · · · · · · · · ·			
21	Payments to affiliates		Ţ <mark>-</mark>		
22	Depreciation, depletion, and amortization	342.		342.	
23	Insurance	47,387.	47,387.		
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	SETUP/EQUIPMENT/HOSPITA	1,065,161.	518,939.	5,622.	540,600.
b	TELEVISION PRODUCTION	536,036.	536,036.		
c	TOURNAMENT PURSE AND TR	454,549.	454,549.		
d	PRO-AM TOURNAMENTS	223,826.	173,826.		50,000
е	TOURNAMENT ANCILLARY EX	80,643.	80,643.		
f	All other expenses	107,307.	87,124.		20,183
25	Total functional expenses. Add lines 1 through 24f	3,503,438.	2,664,233.	138,610.	700,595
26	Jaint 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				Form 990 (2009)

932010 02-04-10

Form **990** (2009)

Pa	rt X	Balance Sheet					
`					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			87,259.	1	69,217.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			3,847.	4	150,964.
	5	Receivables from current and former officers, d	rector	s, trustees, key			
		employees, and highest compensated employe	es. Co	mplete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	define	ed under section			
		4958(f)(1)) and persons described in section 49					
		Part II of Schedule L				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			9		
	10a		1		The control of the co		
		basis. Complete Part VI of Schedule D	10a	21,551.			
	Ь	Less: accumulated depreciation	10b	21,551. 20,026.	0.	10c	1,525.
	11	Investments · publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	2,130.	15	0.		
	16	Total assets. Add lines 1 through 15 (must equ	93,236.	16	221,706.		
	17	Accounts payable and accrued expenses	idi iiiio	04/	59,250.	17	205,099.
	18	Grants payable		18			
	19	Deferred revenue		6,784.	19	60,000.	
	20	Tax-exempt bond liabilities			.,	20	
s s	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, directo			1 11 111111		
Ē		highest compensated employees, and disqualif		· · · · · · · · · · · · · · · · · · ·			
<u>:</u>		of Schedule L	ica pci	30113. Complete Fait II		22	
	23	Secured mortgages and notes payable to unrel	ated th	aird parties		23	-
	24	Unsecured notes and loans payable to unrelate		-		24	
	25	Other liabilities. Complete Part X of Schedule D	o timo	parties	258,250.	25	225,000.
	26	Total liabilities. Add lines 17 through 25			324,284.	26	490,099.
		Organizations that follow SFAS 117, check h	ere D	X and complete	/		
s		lines 27 through 29, and lines 33 and 34.		and complete			
Ç	27	Unrestricted net assets			<231,048.	27	<268,393.
<u>alar</u>	28	Temporarily restricted net assets			201/0100	28	1200,000
ě	29	Permanently restricted net assets				29	
Š		Organizations that do not follow SFAS 117, o	hack l	nere 🕨 🔲 and	· · · · · · · · · · · · · · · · · · ·		
ř		complete lines 30 through 34.	iicok i				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30		
SSe	31	Paid-in or capital surplus, or land, building, or ea		ent fund		31	
ţ	32	Retained earnings, endowment, accumulated in				32	
Se	33	Total net assets or fund balances	iconie,	or other funds	<231,048.		<268,393.
	i				93,236.	34	221,706.
	34	Total liabilities and net assets/fund balances			33,230.	34	221,100.

Form **990** (2009)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a

review, or compilation of its financial statements and selection of an independent accountant?

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

consolidated basis, separate basis, or both:

X Separate basis Consolidated basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Act and OMB Circular A-133?

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

Both consolidated and separate basis

245254 1

Form 990 (2009)

Х

2c

3b

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Department of the Treasury

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Name of the organization

RENO-TAHOE OPEN FOUNDATION

Employer identification number 88-0412314

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d ___ Type III · Other b Type II c Type III - Functionally integrated a Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, 11g(i) the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of (vi) is the (iv) is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (II) EIN organization in col organization in col (i) listed in your organization in col organization (i) organized in the support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Part II Support Schedule for C (Complete only if you checked	-		Sections 170	(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(v	Page 2
Section A. Public Support			-			
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	_					
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						
Section B. Total Support					· · · · · · · · · · · · · · · · · · ·	
Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on]		
securities loans, rents, royalties		}				
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on 10 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities,	etc. (see instructi	ions)	F	1	12	
13 First five years. If the Form 990 is for	•	-	d. fourth, or fifth ta	ax vear as a secti		
organization, check this box and stop	•	,,				▶□
Section C. Computation of Publi		rcentage				
14 Public support percentage for 2009 (III	ne 6, column (f) c	livided by line 11, o	column (f))		14	%
15 Public support percentage from 2008	Schedule A, Part	II, line 14			15	. %
16a 33 1/3% support test - 2009. If the on	ganization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or i	more, check this box	x and
stop here. The organization qualifies a	is a publicly supp	oorted organization	1			▶ □
b 33 1/3% support test - 2008. If the or				line 15 is 33 1/39	6 or more, check th	s box
and stop here. The organization qualif	ies as a publicly	supported organiz	ation			▶∟
17a 10% -facts-and-circumstances test	- 2009. If the org	anization did not c	heck a box on line	13, 16a, or 16b,	and line 14 is 10% o	or more,
and if the organization meets the "fact	s-and-circumstar	ices" test, check t	his box and stop h	ere. Explain in P	art IV how the organ	ization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

88-0412314 Page 3 Schedule A (Form 990 or 990-EZ) 2009 RENO-TAHOE OPEN FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (a) 2005 (c) 2007 (d) 2008 (e) 2009 Calendar year (or fiscal year beginning in) (b) 2006 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 175,000. 175,000. 237,500. 740,000 175,000. include any "unusual grants.") 1,502,500. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 2,608,783. 2,735,589. 2,271,231 2,847,534. 3,150,614. 13,613,751. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 2,446,231 2,783,783. 3,388,114. 3,475,589 15,116,251. 6 Total. Add lines 1 through 5 3,022,534. 7a Amounts included on lines 1, 2, and 970,525. 1,199,039 2,220,000 2,160,000 3 received from disqualified persons 1,213,317 7,762,881. **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 597,605. 526,289 344,373. 95,886 31,319 amount on line 13 for the year 1,595,472. c Add lines 7a and 7b 1,557,690 1,796,644 1,496,814 2,315,886 2,191,319 9,358,353. 8 Public support (Subtract line 7c from line 6) 5,757,898. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 3,475,589 15,116,251. 3,022,534 2,783,783 3,388,114 9 Amounts from line 6 2,446,231 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 842 842. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 842. 842. c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 6,734. 1,005. 3,378 17,821. 28,938. assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12) 2,447,073. 3 040 355. 2,790,517. 3,389,119, 3,478,967 15,146,031. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 38.02 15 % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) 39.86 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .01 17 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f) % .02 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not $\triangleright \overline{X}$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

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.

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

	RENO-TAHOE OPEN FO	UNDATION	88-0412314						
Pa	t Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	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 adv	sed funds						
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No						
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used only						
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose							
	impermissible private benefit?		Yes No						
Pa	rt II Conservation Easements. Complete if the organization	ganization answered "Yes" to Form 990,	Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).							
	Preservation of land for public use (e.g., recreation or p		istorically important land area						
	Protection of natural habitat	Preservation of a ce	rtified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the forn	n of a conservation easement on the last						
	day of the tax year		Hald as the Fed as the Tan Ware						
	-		Held at the End of the Tax Year						
a	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements	musture in altituded in (a)	2b						
C	Number of conservation easements on a certified historic str	• •	2d						
d 3	Number of conservation easements included in (c) acquired Number of conservation easements modified, transferred, re		<u> </u>						
3	year	neased, extinguished, or terminated by the	le organization during the tax						
4	Number of states where property subject to conservation ea	sement is located							
5	Does the organization have a written policy regarding the pe								
	violations, and enforcement of the conservation easements i		Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting,		during the year						
7	Amount of expenses incurred in monitoring, inspecting, and								
8	Does each conservation easement reported on line 2(d) above								
	and section 170(h)(4)(B)(ii)?	, ,	Yes No						
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	se statement, and balance sheet, and						
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the organization's accounting for						
,	conservation easements.								
Pai	rt III Organizations Maintaining Collections o		Other Similar Assets.						
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.							
1a	If the organization elected, as permitted under SFAS 116, no	•							
	treasures, or other similar assets held for public exhibition, e		ublic service, provide, in Part XIV, the text of						
	the footnote to its financial statements that describes these								
b	If the organization elected, as permitted under SFAS 116, to								
	or other similar assets held for public exhibition, education, c	or research in furtherance of public service	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	and the second sector for finance							
2	If the organization received or held works of art, historical tre		iai gaiii, provid e						
_	the following amounts required to be reported under SFAS 1 Revenues included in Form 990, Part VIII, line 1	To relating to these items.	▶ \$						
a	Assets included in Form 990, Part X		▶ \$ ▶ \$						
U	Assets monace in Louin 330, Falt A		- *						

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-TA	HOE OPEN F	OUND	NOTTA				88-04	12314	Page 2
	THE Organizations Maintaining C				easures. c	or Othe	er Simi			
3.	Using the organization's acquisition, accessi									
	(check all that apply):	,	,	,						NOTTIO
а	Public exhibition	c	, — ,	oan or exc	hange progra	me				
b	Scholarly research	6		Other	nange progra	4113				
c	Preservation for future generations	•	,	Juliei						
4	Provide a description of the organization's co	ollections and evolu-	in how the	ov furthor t	ha araaaizati	on's ava	mot ouro	oco in Pai	4 YIV	
5	During the year, did the organization solicit of							ose III Fai	IL VIA.	
3	to be sold to raise funds rather than to be m					er Simila	assets	F	Yes	☐ No
Pai	* IV Escrow and Custodial Arran					to For	m 990. P	art IV. line		
4	reported an amount on Form 990, Pa						, .		-,	
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for c	contribution	s or other as:	sets not	ıncluded			
	on Form 990, Part X?		•						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing ta	able:						
	•	•	J						Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990. Part X. line	21?						Yes	☐ No
	If "Yes," explain the arrangement in Part XIV	•								
Pa			nswered "	Yes" to Fo	rm 990. Part	IV. line 1	0.			
		(a) Current year	1	for year	(c) Two year	- 1		years back	(e) Four y	ears back
1a	Beginning of year balance	1-1-1-1-1	<u> </u>		1-1-1-1-1		1-7		1 107 1001	
b	Contributions					*******	**********		 	
c	Net investment earnings, gains, and losses				<u> </u>		*****	***************************************	†	
ď	Grants or scholarships		1		 		***************************************		 	
-	Other expenditures for facilities		 					***************************************	 	
•	and programs					l				
f	Administrative expenses								 	
g	End of year balance	-	 				- 		.[
2	Provide the estimated percentage of the year	r end balance held s	ac.		t	£		***************************************	<u> </u>	
- a	Board designated or quasi-endowment	a cho balance nelo e								
b	Permanent endowment		^							
•		<u></u> 70								
3a	Are there endowment funds not in the posse		ation that	t are held a	nd administa	rad for t	ho oroso	zation		
-	by:	ssion of the organiz	anon ma	t are rield a	na administe	ied ioi t	ne organi	Zalion	「▼	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schad	ule B2					3b	+
4	Describe in Part XIV the intended uses of the	•							<u> </u>	
	t VI Investments - Land, Building				Part X, line 1	10				· · · · · · · · · · · · · · · · · · ·
<u> </u>	Description of investment	(a) Cost or o			or other		ccumulat	ed	(d) Book	value
	e a a a a a a a a a a a a a a a a a a a	basis (investr		• •	(other)		preciation	- 1	(C) DOOK	. 4.00
	Land				· · · · ·			*****		
b	Buildings			<u> </u>		••••••	•••••••			0.
~	Leasehold improvements							-		0.
4	Equipment				1,551.		20,0	26-	1	,525.
	Other	-			_,		,			0.
	. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X colum	n (B) line 1	O(c))				1	,525.

Schedule D (Form 990) 2009

932053 02-01-10

	dule D (Form 990) 2009 RENO-TAHOE OPEN FOUNDATIO						0412314	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990	to Au	udite	ed Financ	cial Stat	emen	ts	
1.	Total revenue (Form 990, Part VIII, column (A), line 12)		•		1		3,466	,093.
2	Total expenses (Form 990, Part IX, column (A), line 25)			[2		3,503	,438.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			ſ	3		<37	,345.
4	Net unrealized gains (losses) on investments			Ţ	4			
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	-		0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9			10		<37	,345.
Par	t XII Reconciliation of Revenue per Audited Financial Staten		s Wi	ith Reven	ue per	Returi		
1	Total revenue, gains, and other support per audited financial statements					1	3,678	,967.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains on investments	1 :	2a					
b	Donated services and use of facilities		2b	20	0,000			
c	Recoveries of prior year grants		2c			7		
ď	Other (Describe in Part XIV.)		2d	12	2,874	.1		
	Add lines 2a through 2d		,		,*		212	874.
3	Subtract line 2e from line 1					3	212 3,466	.093.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						,	
a	Investment expenses not included on Form 990, Part VIII, line 7b	١.	4a					
ь	Other (Describe in Part XIV)		4b			7		
	Add lines 4a and 4b	_	10			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)					5	3,466	.093.
-	T XIII Reconciliation of Expenses per Audited Financial State	ment	ts W	/ith Expe	nses pe		ırn	
1	Total expenses and losses per audited financial statements					1	3,716	,312.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					<u> </u>		
-	Donated services and use of facilities	1	2a	20	0,000	_		
ь	Prior year adjustments		2b			Ħ		
c	Other losses	_	2c			1		
d	Other (Describe in Part XIV.)		2d	1:	2,874	_		
	Add lines 2a through 2d	<u> </u>			_, -, -	2e	212	.874.
3	Subtract line 2e from line 1					3	3,503	438.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					,	0,000	,
_	Investment expenses not included on Form 990, Part VIII, line 7b	1.	4a					
, h	Other (Describe in Part XIV.)	_	4h			7		
	Add lines 4a and 4b	<u> </u>				4c	İ	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)					5	3,503	
	* XIV Supplemental Information				··	, 3	3/303	<u>, 130 </u>
		سرا اللياس	1	4. Day	+ 1\/ lunna	4 12 2 2 2	Oh. Dark V. Juna	4. Dord
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par							4; Part
X, lın	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co	omplete	this	part to prov	/ide any a	dditiona	il information.	
	····							
ו א כו	om vit i ing 25 omget at ingmenme.							
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:							
CDI	ACTAL DUDUM DVDENGDG NOMBO NIMU DDUDNUD.	10	07	4				
SPI	CIAL EVENT EXPENSES NETTED WITH REVENUE:	12	8/4	4.				
	OM WITT TIME OR COURT ARTHUMENIMA.							
PAI	RT XIII, LINE 2D - OTHER ADJUSTMENTS:							
an:	ACTAL DUDING DUDDINGDA NORMED HITMU DOHONIO	10	07.	4				
SPI	ECIAL EVENT EXPENSES NETTED WITH REVENUE:	12	o / 4	4.				
							-	

932054 02-01-10

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open To Public Inspection

name of the organization RENO-TA	HOE OPEN FOUNDATIO	N				88-0412	314
Part I Fundraising Activities required to complete this part	. Complete if the organization answe	ered "Y	'es" to	Form 990, Part IV, II	ne 17	'. Form 990-EZ	filers are not
1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P. b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	sed funds through any of the following Solicitates of Solicitates or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursuits	tion of tion of fundra (includerofess	non-g gover using o ding of lonal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
(i) Name of Individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	trol of	(iv) Gross receipts from activity	to (o	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
							-
		ļ					
						•	
							
Total 3 List all states in which the organization	no is registered or licensed to solicit	funde (or bac	been notified it is ev	emnt	from registrati	on or licensing
List all states in which the organization	This registered of licensed to solicit i) IIas	been notined it is ex-			
						-	
						· <u> </u>	

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

Schedule G (Form 990 or 990-EZ) 2009

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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through NOODLE THIS! col. (c)) (event type) (event type) (total number) Revenue 37,514. 37,514. 1 Gross receipts 2 Less: Charitable contributions 37,514. 37,514. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs 6 11,013. 11,013. Food and beverages Entertainment 1,861 1,861. Other direct expenses 12,874) 10 Direct expense summary. Add lines 4 through 9 in column (d) 24,640. Net income summary. Combine line 3, column (d), and line 10 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 Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct Rent/facility costs 5 Other direct expenses Yes Yes % Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b if "Yes," explain: 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 administer charitable gaming?

Schedule-G (Form 990 or 990-EZ) 2009 RENO-TAHOE OPEN FOUNDATION	88-0412	2314	Page 3
		Y	es No
13 Indicate the percentage of gaming activity operated in:	Γ		
a The organization's facility	%		
b An outside facility	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ords:		
Name			
Address ▶			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the am	ount		
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
Name			
Address ►			
16 Gaming manager information:			
Name			
Gaming manager compensation ▶ \$			
Description of services provided	1		
Director/officer Employee Independent contractor			
17 Mandatory distributions	ļ		
a is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	- t-	17a	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	t in the		
organization's own exempt activities during the tax year 🕨 \$. [
Schedule	e G (Form 990	or 990-	EZ) 2009

932083 02-03-10

| Employer identification number Open to Public Inspection OMB No 1545-0047 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990)

ù

RENO-TAHOE OPEN FOUNDATION	E OPEN FO	UNDATION					88-0412314
Part i General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	o substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	sistance, and the select	
criteria used to award the grants or assistance?	tance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use	cedures for monif	toring the use of grant	of grant funds in the United States	d States			
Part file Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	sovernments and	d Organizations in the	e United States. C	omplete if the orga	anization answered "\	fes to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	5,000. Check this	box if no one recipier	t received more th	an \$5,000. Use Pa	art IV and Schedule I-	1 (Form 990) if addition	al space is needed
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD BANK OF NORTHERN NEVADA							
550 ITALY DR.							
SPARKS, NV 89434	94-2924979	501(C)(3)	13,609.	0.		•	GENERAL SUPPORT
RENO POLICE EXPLORER POST 2104							
455 E 2ND ST. RENO. NV 89502		GOVERNMENT	7,500	0			GENERAL SUPPORT
NEVADA NATIONAL GUARD						USED GOLF CLUBS	
2460 FAIRVIEW DR						STATIONED	
CARSON CITY, NV 89701		GOVERNMENT	0.	39,000.	PMV	MILITARY	
2 Enter total number of section 501(c)(3) and government organizations	nd government or	ganizations) (3) (4)
S Enter total number of other organizations							

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

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

Schedule I (Form 990) 2009

Page 2

88-0412314

RENO-TAHOE OPEN FOUNDATION

Schedule I (Form 990) 2009

Part III

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ► See the Instructions for Form 990.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the Organization

Employer Identification number

RENO-TAHO									88-0412314			
Part I Continuation of Officers, Di	rectors, Tr (B)	ust	ees			Em	plq					
(A)				C)			(D)	(E)	(F)			
Name and title	Average	/01			ition		.b.A	Reportable	Reportable	Estimated amount of		
	hours per	(C)	necr	all	that	app	iy)	compensation from	compensation from related	other		
	week					8		the	organizations	compensation		
		acto		İ		E S		organization	(W-2/1099-MISC)	from the		
		8	88			ğ		(W-2/1099-MISC)		organization		
		Individual trustee or director	Institutional trustee		B	Highest compensated employee				and related organizations		
		lgrad	rago.	k	Кеу етріоуее	2 k	25			Organizations		
		횰	Instit	Officer Face	Key	흏	Former					
JOHN P. SANDE, IV												
TRUSTEE	1.00	X						0.	0.	0.		
SCOTT SHANKS												
TRUSTEE	1.00	X						0.	0.	0.		
MICHAEL STEARNS					}							
TOURNAMENT DIRECTOR	40.00	_		X	Х			105,000.	0.	5,000.		
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open To Public Inspection

Name of the organization					·				E	mployer	identifi	cation n	umber
	O-TAHC									<u>88-04</u>	1231	4	
Part I Excess Benefit	Transacti	ons (se	ction 501	(c)(3) and	d section	n 501(c)(4)) organizatio	ns only)					
Complete if the orga	nization ans	vered "Y	es" on Fo	rm 990,	Part IV,	line 25a o	r 25b, or For	m 990-E	Z, Part	V, line 40)b		
(a) Name of dis	gualified per	son				(b) I	Description (of transa	ction				rected?
	4			-								Yes	_ No
				-									
											-		
													
							·········			_			
	·-··												
2 Enter the amount of tax imp	osed on the	organizat	ion manag	gers or c	disqualifi	ed person	s during the	year un	der				
section 4958										▶ \$			
3 Enter the amount of tax, if a	ny, on line 2,	above, re	eimbursec	by the	organiza	ation				▶ \$			
Part II Loans to and/o													
Complete if the orga						l '					proved	(-)) (4	
(a) Name of interested person and purpose	(b) Loan the orga	io or iron nization?		rıgınal pı amoun		(d) Bal	ance due) In ault?	by board or committee?		agree	ritten ment?
			om					Yes No		Committee		Yes	No
		110111						103	1.10	1.00	110	1.03	110
	İ				-							L	
		ļ						<u> </u>				ļ	
	<u> </u>	_								ļ	<u> </u>		
Total	tonos Do			-4-4 D	▶ \$			<u> </u>		<u>.l</u>		<u> </u>	
Part III Grants or Assis		_											
Complete if the orga		wered "Y					-Ad			(=) A ==			
(a) Name of interested	person		(b) He	elationsn		een interes ganization	sted person	ano			assistar	d type o	Ī
													· · · -
												_	
Part IV Business Trans													
Complete if the orga												(e) Sha	aring of
(a) Name of Interested	person	('	Relation (c person	nsnip be and the			(c) Amo		(a)	Descript transact		organiz	ation's
		İ			- · · G - · · · ·							Yes	No
THE BAUSERMAN GRO	UP AND	BAB	OARD	TRUS	TEE	IS A	54	,254	.THI	E FOU	NDAT		X
ELDORADO HOTEL AN			ENDOR					,265			NDAT	_	X
MONTREUX GOLF CLU	JB AND					MBER		,196			NDAT		X
												<u> </u>	
LHA For Privacy Act and Paper	work Reduc	tion Act	Notice. s	ee the					Schedu	le L (For	m 990 d	r 990-E	Z) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

Instructions for Form 990 or 990-EZ.

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

T

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

RENO-TAHOE OPEN FOUNDATION

Employer identification number

88-0412314

Pa	rt I Types of Property						
		(a) Check if	(b) Number of	(c) Revenues reported on	(d) Method of de	termining	
		applicable	contributions	Form 990, Part VIII, line 1g	revenu	ies	
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						·
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities · Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities · Miscellaneous				·		
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential				_		
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► (GOLF CLUBS)	X	1,000	39,200.	THRIFT STOR	E VAL	UE
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organi	zation during	g the tax year for o	contributions			
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gment 29			
						Ye	s No
30a	During the year, did the organization receive b	y contributio	on any property re	ported in Part I, lines 1-28 th	at it must hold for		
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exer	npt purposes for		
	the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contrib	utions?	31	X
32a	Does the organization hire or use third parties	or related or	ganizations to sol	icit, process, or sell noncash			
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization did not report revenues in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,		
	describe in Part II						
LHA	For Privacy Act and Paperwork Reduction	Act Notice	, see the Instruct	ions for Form 990.	Schedule N	/I (Form 99	3 0) 200 9

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization

RENO-TAHOE OPEN FOUNDATION

Employer identification number 88-0412314

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOCUS ATTENTION ON AND SUPPORT OTHER LOCAL 501(C)(3) CHARITIES.

FORM 990, PART VI, SECTION A, LINE 2: THE FOUNDATION MEMBERS MAY APPOINT

TRUSTEES BASED UPON THERE TENURE AS MEMBERS. ACCORDINGLY, SOME OF THE
TRUSTEES ARE EMPLOYED BY THE SAME COMPANIES OR HAVE OTHER BUSINESS
AFFILIATIONS.

FORM 990, PART VI, SECTION A, LINE 6: PERSONS OR ENTITIES ARE ELIGIBLE

FOR ADMISSION AS MEMBERS THROUGH AN ANNUAL DONATION/SPONSORSHIP TO THE

FOUNDATION OF A SPECIFIED AMOUNT.

FORM 990, PART VI, SECTION A, LINE 7A: EACH MEMBER IS ENTITLED TO ELECT ONE TO THREE TRUSTEES BASED UPON THE NUMBER OF YEARS OF SERVICE.

FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO FORMAL COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS MADE AVAILABLE TO MANAGEMENT AND THE BOARD OF DIRECTORS EACH YEAR.

FORM 990, PART VI, SECTION B, LINE 12C: MANAGEMENT AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST AND ABSTAIN FROM VOTING ON ANY ISSUES IN WHICH THEY MAY HAVE AN INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD, WHICH IS COMPRISED OF A

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

Schedule O (Form 990) 2009

932211

02-03-10

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047 Open to Public Inspection

► Attach to Form 990. **Employer identification number** Name of the organization RENO-TAHOE OPEN FOUNDATION 88-0412314 VARIETY OF BUSINESS PEOPLE, APPROVES THE SALARY OF THE EXECUTIVE DIRECTOR. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THERE HAS BEEN NO CHANGE IN THE PROCESS FOR OVERSEEING THE AUDIT AND SELECTION OF THE AUDITORS. SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF INTERESTED PERSON: THE BAUSERMAN GROUP AND BAYER BAUSERMAN & CO. RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD TRUSTEE IS A PRINCIPLE OF THE VENDOR (D) DESCRIPTION OF TRANSACTION: THE FOUNDATION PURCHASED MARKETING AND ADVERTISING SEVICES FROM VENDOR. (A) NAME OF PERSON: ELDORADO HOTEL AND CASINO (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: VENDOR IS A MEMBER OF THE FOUNDATION AND IS REPRESENTED ON THE BOARD (D) DESCRIPTION OF TRANSACTION: THE FOUNDATION PURCHASED STAFF/VOLUNTEER UNIFORMS AND ALSO INCLUDES CHARGES FOR HOSTING "NOODLE THIS!" EVENT. (A) NAME OF INTERESTED PERSON:

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

MONTREUX GOLF CLUB AND HOMEOWNERS ASSOCIATION

Schedule O (Form 990) 2009

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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Attach to Form 990.

2009
Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization RENO-TAHOE OPEN FOUNDATION 88-0412314 (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: VENDOR IS A MEMBER OF THE FOUNDATION AND IS REPRESENTED ON THE BOARD (D) DESCRIPTION OF TRANSACTION: THE FOUNDATION PURCHASED CATERING AND SECURITY SERVICES AND INCURRED COURSE REPARATIONS AND OTHER TOURNAMENT COSTS.