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### EXTENDED UNTIL NOVEMBER 15, 2012

# **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)

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

A	For the	e 2011 calendar year, or tax year beginning and	enaing		
В	Check if applicabl	C Name of organization		D Employer identific	ation number
	Addre chang	RENO AIR RACING ASSOCIATION, INC.		_	
	Name chang	Doing Business As		88-00	093380
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Termir	14501 MT ANDERSON STREET		775-9	972-6663 <u> </u>
	Amen			G Gross receipts \$	3,848,399.
$\overline{}$	Applic			H(a) Is this a group re	turn
	pendi	F Name and address of principal officer MICHAEL HOUGHTON		for affiliates?	Yes X No
		SAME AS ABOVE		H(b) Are all affiliates incl	luded? Yes No
<u> </u>	Tax-ex	empt status 501(c)(3) _X 501(c)( 4 ) ◀ (insert no.) 4947(a)(1)	or 52		list. (see instructions)
		te: NAIRRACE . ORG		H(c) Group exemption	
		organization: Corporation Trust X Association Other	L Year		State of legal domicile: NV
	art I	Summary			· · · · · · · · · · · · · · · · · · ·
_		Briefly describe the organization's mission or most significant activities SPEC	IAL E	VENT AIR RAC	E AND SHOW
Activities & Governance	'	bhony doosnoo the organization of medicine in the organization of the			
<u>ua</u>	2	Check this box   If the organization discontinued its operations or dispo	sed of mor	e than 25% of its net as	sets
Š	1	Number of voting members of the governing body (Part VI, line 1a)		3	28
ගු	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	28
•ජ ග		Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	49
īje		Total number of volunteers (estimate if necessary)		6	900
ξį		Total unrelated business revenue from Part VIII, column (C), line 12		7a	29,101.
Ą	1	Net unrelated business taxable income from Form 990-T, line 34		7b	5,612.
	В	Net unrelated business taxable income from Form 950-1, line 54		Prior Year	Current Year
		Contributions and grants (Part VIII line 1h)	<u> </u>	0.	0.
E	8	Contributions and grants (Part VIII, line 1h)		4,835,545.	3,736,910.
Revenue	9	Program service revenue (Part VIII, line 2g)	-	28,735.	22,223.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	<133,303.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,730,977.	3,621,250.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	0.	0.
	14	Benefits paid to or for members (Rart IX, column (A), line 4)	-	695,251.	665,588.
20EXpenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
ë.	16a	Professional fundraising fees (Part IX, Column (A), line 11e)	0.		
S	·  _b	Total fundraising expenses (Part) X, column (D), Inne 25)	<del>-                                    </del>	4,122,744.	3,653,725.
2	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,817,995.	4,319,313.
9004	ן וא	Total expenses Add lines/13-1/7 (must equal Part IX, column (A)/line 25)			
7 <del>_</del>	19			<87,018.	
escor Sold	3	Total assets (Part X line 16)	<u> </u>	eginning of Current Year 2, 455, 050.	End of Year 2,687,911.
-82	31		-	53,131.	984,055.
	21	Total liabilities (Part X, line 26)	-	2,401,919.	1,703,856.
in the	art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block	L.	2,401,313.	1,703,030.
			no and atata	ments, and to the best of m	v knowledge and helief it is
		alties of perjury, I declare that I have examined this return, including accompanying schedule ot, and complete Declarion of preparer (other than officer) is based on all information of w			y kilowieuge allo bellet, it is
$\odot$	e, corre	ot, and complete Declaration of preparer (other than officer) is based on all imorniation of w	ilicii prepari	er rias ariy knowledge.	111/12
(V)		Signature of difficer		Date	<del>19/15</del>
Sig					
He	re	MICHAEL HOUGHTON, PRESIDENT/CEO Type or print name and title			
				Date Check	PTIN
_		Print/Type preparer's name  Preparer's signature		it	<b>—</b>
Pai		BEIN ROIN-CODE		10/29/12 self-employ	
	parer	Firm's name KOHN COLODNY LLP		Firm's EIN	86-0846032
Use	Only	Firm's address 5310 KIETZKE LANE, SUITE 101			75 000 7200
_		RENO, NV 89511		Phone no 7	75-828-7300
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)		<del></del>	X Yes No
132	001 01-	23-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ions.		Form <b>990</b> (2011)

	1990 (2011) RENO AIR RACING ASSOCI	ATION, INC.	88-0093380	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response to any question in this	Part III		
1	Briefly describe the organization's mission	ACTAIC EIJEAIM AAID	AUTAMION EVDEDI	· DMOD
	TO PERPETUATE THE MOST UNIQUE AIR R IN THE WORLD BY COMBINING THE WORLD			ENCE
	SPECTACULAR MILITARY AND CIVILIAN A			
	DI GOTTOOMAN TAMALIANIA TAMA			
2	Did the organization undertake any significant program services during	the year which were not listed	i on	
	the prior Form 990 or 990-EZ?	·		es X No
	If "Yes," describe these new services on Schedule O			
3	Did the organization cease conducting, or make significant changes in	how it conducts, any program	services?	es X No
	If "Yes," describe these changes on Schedule O			
4	Describe the organization's program service accomplishments for each			
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) true		amount of grants and allocation	s to
	others, the total expenses, and revenue, if any, for each program service (Code) (Expenses \$3,539,314. Including grants		\/n 3 707	800
4a	AIR RACE AND AIR SHOW	of \$	) (Revenue \$	<u>,003.</u> )
	AIR RACE AND AIR SHOW			
			•	
			<del></del>	
4b	(Code ) (Expenses \$ including grants	of \$	) (Revenue \$	)
		<del></del>	<del></del>	
		<del> </del>	<u></u>	
4c	(Code ) (Expenses \$ including grants	of \$	) (Revenue \$	)
			<del></del>	
				<del></del>
		<u> </u>		
4d	Other program services (Describe in Schedule O )			
	(Expenses \$ including grants of \$	) (Revenue \$		
4e	Total program service expenses ► 3,539,314.		<u> </u>	
13200 02-09-			Form	990 (2011)

га	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)?			ļ
	If "Yes," complete Schedule A	1_	<u> </u>	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	<u> </u>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			Х
_	public office? If "Yes," complete Schedule C, Part I	3	├─-	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		1	1
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<u> </u>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	İ		
	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,		]	Ì
	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			
	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		1	1
	as applicable	1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		İ	ľ
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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	11c	ļ	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		ļ	ļ
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	Ì		
	Schedule D, Parts XI, XII, and XIII	12a	<b>↓</b>	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		ľ	1
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ــــــ	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	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, Parts II and IV	15	<u> </u>	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, Parts III and IV	16	<b>↓</b>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		{	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<del>                                     </del>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	—	X
19	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	19	<del> </del>	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<del> </del>	X
L	If "Van" to line 200, did the expension attach a convint to audited financial attachments to this return?	1 001-	1	

Form 990 (2011) RENO AIR RACING ASSOCIATION, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
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		37	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer 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			
	any tax-exempt bonds?	24c	-	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		x
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	230		
20	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		ĺ	
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	<u></u>		
	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
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	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	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	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			_
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	
		Form	99U (	2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Ye<u>s</u> No 45 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable O Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 49 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X За X b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4а **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7c d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7<u>g</u> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a 9b Did the organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter 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 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year?

132005 01-23-12

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

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

	Check if Schedule O contains a response to any question in this Part VI					X				
<u>Sec</u>	tion A. Governing Body and Management		<u></u>							
			ì		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	3						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O									
b	b Enter the number of voting members included in line 1a, above, who are independent 1b 28									
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?			2		<u>X</u>				
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X				
6	Did the organization have members or stockholders?			6		<u>X</u>				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or							
	more members of the governing body?			7 <u>a</u>		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or							
	persons other than the governing body?			7b		<u>X</u>				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by ti	ne following:							
а	The governing body?			<u>8</u> a	X					
b	Each committee with authority to act on behalf of the governing body?			8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the	1						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code )			<del></del>				
					Yes	No				
	Did the organization have local chapters, branches, or affiliates?			10a		X				
þ	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapte	rs, affiliates,	4.5.						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	al L e.		10b 11a	Х	——				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	a ta aa	afliata?	12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b		<del></del>				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " in Schedule O how this was done	res, c	lescribe	12c	Х					
12				13	X					
13	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?			14	X					
14 15	Did the process for determining compensation of the following persons include a review and approx	al by i	ndenendent	1-4	<u> </u>					
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		ndependent	1	,					
,	The organization's CEO, Executive Director, or top management official			15a	Х					
	Other officers or key employees of the organization			15b	X					
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)									
162	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?			16a		x				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of	ate its	participation							
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization									
	exempt status with respect to such arrangements?			16b	!	İ				
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 (Sec	tion 501(c)(3)s only)	availat	le					
	for public inspection. Indicate how you made 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 made its governing documents, c	onflict	of interest policy, a	nd finar	icial					
-	statements available to the public during the tax year				-					
20	State the name, physical address, and telephone number of the person who possesses the books a	and red	ords of the organiz	ation 🕨	•					
	RENO AIR RACING ASSOCIATION, INC 775-972-6663									
	14501 MT. ANDERSON, RENO, NV 89506									
13200 01-23-				Form	990	(2011)				

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### RENO AIR RACING ASSOCIATION, INC.

88-0093380

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

Check if Schedule O contains a response to any question in this Part VII

### 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.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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 hours per	box,	(C) Position to not check more than one ox, unless person is both an afficer and a director/trustee)				h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) TOM GRIBBIN										
DIRECTOR	5.00	X						0.	0.	0.
(2) BOB BONHAM								•	•	
DIRECTOR	5.00	X				-		0.	0.	0.
(3) TJ DAY	5 00							_	•	
DIRECTOR	5.00	X				<u> </u>	ļ.—	0.	0.	0.
(4) BILL ECK	F 00	,,						_	0	_
DIRECTOR	5.00	X						0.	0.	0.
(5) CHARLIE FILIPPINI, M.D.	F 00	<b>.</b> ,						0.	0.	_
DIRECTOR	5.00	^								0.
(6) FRANK KINNELL	5.00	<b>.</b>				Ì		0.	0.	0.
DIRECTOR	3.00	Λ				<del> </del>		<u> </u>		<u></u>
(7) GENO MENCHETTI	5.00	, l						0.	0.	0.
DIRECTOR CROWN	3.00	Λ		-				<u>.</u>		•
(8) JENNIFER CROWE DIRECTOR	5.00	х						0.	0.	0.
(9) FRANK MONROE	3.00	-					-	<b>0.</b>		
DIRECTOR	5.00	x						0.	0.	0.
(10) TERRY MATTER	3.00					<u> </u>				
DIRECTOR	5.00	x						0.	0.	0.
(11) TOM ROBINSON IV		-					_			
DIRECTOR	5.00	х						0.	0.	0.
(12) JOHN SANDE III		_								
DIRECTOR	5.00	X						0.	0.	0.
(13) JOEY SCOLARI										
DIRECTOR	5.00	X						0.	0.	0.
(14) DAVID PURSELL										
DIRECTOR	5.00	X						0.	0.	0.
(15) TOM GADD										
DIRECTOR	5.00	X						0.	0.	0.
(16) CHUC LOWDEN						1			_	_
DIRECTOR	5.00	X						0.	0.	0.
(17) BRUCE DEWING		_						_	_	
DIRECTOR	5.00	X			L	<u> </u>	L_	0.	0.	0.
132007 01-23-12										Form 990 (2011)

Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B) (C)						(D)	(E)	(F)	
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				box, unless person is both		Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) GARY MACDONALD		1					i		_	
DIRECTOR	5.00	X						0,	0.	0.
(19) BILL LEONESIO DIRECTOR	5.00	x						0.	0.	0.
(20) MICHAEL MAJOR DIRECTOR	5.00							0.	0.	0.
(21) RONALD R FOGLEMAN DIRECTOR	5.00	х					<u> </u>	0.	0.	0.
(22) MARK BAILEY DIRECTOR	5.00	x						0.	0.	0.
(23) STEVE SILVA DIRECTOR	5.00	x	_					0.	0.	0.
(24) MICHAEL MCCABE DIRECTOR	5.00	x						0.	0.	0.
(25) TERRENCE FORNOFF DIRECTOR	5.00	х						0.	0.	0.
(26) MARY BETH FARRELL DIRECTOR	5.00	x						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part V	II, Section A							153,000.		8,400.
d Total (add lines 1b and 1c)						<u> </u>		153,000.	0.	8,400.
2 Total number of individuals (including but r compensation from the organization	not limited to th	ose	liste	ed al	bove	e) wh	no re	eceived more than \$100	0,000 of reportable	1
										Yes No

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 4 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 or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

### Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
GES EXPOSITION SERVICES 7050 LINDELL AVE, LAS VEGAS, NV 89118	SITE PREPARATION	249,088.
THE GLENN GROUP PO BOX 20158, RENO, NV 89515	ADVERTISING	240,393.
SANI-HUT COMPANY, INC. PO BOX 7455, RENO, NV 89510	SITE PREPARATION	181,320.
MIKE BROWN GRANDSTANDS 2300 POMONA BLVD, POMONA, CA 91768	SITE PREPARATION	138,000.
DOMBROFF GILMORE JAQUES & FRENCH 1676 INTERNATIONAL DRIVE, MCLEAN, VA 22102	LEGAL	122,033.
2 Total number of independent contractors (including but not limited to those list \$100,000 of compensation from the organization ▶ 5	ed above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

3621250.

132009 01-23-12 Total. Add lines 11a-11d

Total revenue See instructions.

3707809.

.101

<115660.>

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do .	Check if Schedule O contains a responsion include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	<del></del>		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
Ū	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	161,400.	_	161,400.	
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	381,417.	225,436.	155,981.	
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	14,208.	4,715.	9,493.	
9	Other employee benefits	63,400.	27,220.	36,180.	
10	Payroll taxes	45,163.	15,548.	29,615.	
11	Fees for services (non-employees)				
	Management			<del></del>	<del></del>
	Legal	46 200	24 400	21 000	<u> </u>
	Accounting	46,300.	24,400.	21,900.	
d	- 1				
e	Professional fundraising services See Part IV, line 17			·	<del></del>
f	Investment management fees Other	662,692.	661,088.	1,604.	
12	Advertising and promotion	191,105.	189,888.	1,217.	
13	Office expenses	339,555.	208,137.	131,418.	
14	Information technology	333,333.			
15	Royalties				
16	Occupancy	193,596.	120,414.	73,182.	
17	Travel	319,470.	282,428.	37,042.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	77,005.	70,925.	6,080.	<u> </u>
20	Interest				
21	Payments to affiliates		<del>-</del>		<del></del>
22	Depreciation, depletion, and amortization	48,561.		48,561.	
23	Insurance	339,718.	295,752.	43,966.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	PRIZE MONEY	500,943.	500,943.		
b		352,421.	352,421.	0.	
c	PROGRAM AND VENDOR CONC	271,847.	268,563.	3,284.	
d	OTHER	157,251.	138,270.	18,981.	
	All other expenses	153,261.	153,166.	95.	
25	Total functional expenses Add lines 1 through 24e	4,319,313.	3,539,314.	779,999.	0
26	Joint costs Complete this line only if the organization		ļ		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2011

Part X	Balance Sheet	INC.		0093360 Page 11
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	111,981.		246,095.
2	Savings and temporary cash investments	1,770,314.	2	1,717,536.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	43,532.	4_	234,424.
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II	]		
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ł	employees' beneficiary organizations (see instructions)		6	
7 8	Notes and loans receivable, net		7	
8	Inventories for sale or use	35,400.	8	70,000.
9	Prepaid expenses and deferred charges	28,909.		560.
	Land, buildings, and equipment cost or other			
.02	basis Complete Part VI of Schedule D 10a 1,903,887			
h	Less accumulated depreciation 10b 1,493,234		10c	410,653.
11	Investments - publicly traded securities	130,0200	11	
12	Investments - other securities See Part IV, line 11	<del></del>	12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets	<del></del>	14	
15	Other assets See Part IV, line 11	14,298.		8,643.
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,455,050		2,687,911.
17	Accounts payable and accrued expenses	53,131.		984,055.
18	Grants payable	33/131	18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability Complete Part IV of Schedule D	<del></del>	21	
22	Payables to current and former officers, directors, trustees, key employees,		-	
21 22	highest compensated employees, and disqualified persons. Complete Part II			
ן ב	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
20	parties, and other liabilities not included on lines 17-24) Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	53,131.		984,055.
20	Organizations that follow SFAS 117, check here and complete	33/131	20	<u> </u>
, l	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
20	Permanently restricted net assets		29	
27 28 29	Organizations that do not follow SFAS 117, check here			
L	complete lines 30 through 34.			
2 20	Capital stock or trust principal, or current funds	0.	30	0.
30	Paid-in or capital surplus, or land, building, or equipment fund	0.		0.
31	Retained earnings, endowment, accumulated income, or other funds	2,401,919		1,703,856.
30 31 32 32	Total net assets or fund balances	2,401,919		1,703,856.
33		2,455,050		2,687,911.
34	Total liabilities and net assets/fund balances	<u> </u>	<u> </u>	Form 990 (2011)

Form	990 (2011) RENO AIR RACING ASSOCIATION, INC.	88-00	93380	Pad	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
_				-	
1	Total revenue (must equal Part VIII, column (A), line 12)	1_	3,62	1,2	<u>50.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,31	9,3	13.
3	Revenue less expenses Subtract line 2 from line 1	3	<69	8,0	<u>63.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,40	1,9	<u> 19.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6_	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,70	3,8	<u>56.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
þ	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	1 1		
q	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both		[ ]		
	Separate basis Consolidated basis Both consolidated and separate basis		] ]		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	9 <b>90</b> (	2011)

### **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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

Employer identification number

	RENO AIR RACING AS			88-0093380
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Acc	counts. Complete if the
-	organization answered "Yes" to Form 990, Part IV, lin	e 6		
		(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 advise	ed 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 be i	used only	y
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	conferrin	g
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the organization	ganization answered "Yes" to Form 990, Pa	art IV, lin	e 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an hist	torically i	mportant land area
	Protection of natural habitat	Preservation of a certif	fied histo	oric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a cons	ervation easement on the last
	day of the tax year		_	
			_	Held at the End of the Tax Year
а	Total number of conservation easements		2	2a
b	Total acreage restricted by conservation easements		1	2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	_2	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ıre	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organiza	ition during the tax
	year ►			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe	• • • • • • •		
	violations, and enforcement of the conservation easements			└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,			
7	Amount of expenses incurred in monitoring, inspecting, and			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(	h)(4)(B)(i)	
_	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conservat	·		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	ine organ	lization's accounting for
Dai	conservation easements  † III   Organizations Maintaining Collections o	Art Historical Treasures or Of	ther Si	milar Assets
- 41	Complete if the organization answered "Yes" to Form	•	uici Oii	illiai Assets.
	If the organization elected, as permitted under SFAS 116 (AS	<del></del>	ont and	halance sheet works of art
ıa	historical treasures, or other similar assets held for public ext	·		
	the text of the footnote to its financial statements that descri		ice oi pu	blic service, provide, in Fart XIV,
<b>.</b>			and hala	unco sheet works of art, historical
U	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, elected).	• •		
		ducation, or research in furtherance of pub	JIIC SEI VIC	e, provide the following amounts
	relating to these items  (i) Revenues included in Form 990, Part VIII, line 1		1	<b>•</b> •
	(ii) Assets included in Form 990, Part X		,	> \$ > \$
2		pacurae, or other similar assets for financial	ו מים חופס ו	
2	If the organization received or held works of art, historical tre the following amounts required to be reported under SFAS 1		gani, più	54190
а	Revenues included in Form 990, Part VIII, line 1	TO MOO SOOJ TEIRLING TO THESE ITEMS	1	<b>\$</b>
	Assets included in Form 990, Part X			> \$ > \$
U	Augusta maiagea iir i oitii aaa, Fart A		,	* <del></del>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 RENO AIR									Page 2
Pai	t III   Organizations Maintaining Col	lections of A	rt, His	torical Tr	easures,	or Other	Simila	r Asset	S (contin	ued)
3	Using the organization's acquisition, accession,	and other record	is, chec	k any of the	following the	at are a sign	ificant u	se of its c	ollection	items
	(check all that apply)									
а	Public exhibition	d	ı 🗀	Loan or exc	hange progr	ams				
b	Scholarly research	е		Other						
C	Preservation for future generations									
4	Provide a description of the organization's collection	ctions and explai	n how t	hey further t	he organizat	ion's exemp	t purpos	e in Part	XIV	
5	During the year, did the organization solicit or re	eceive donations	of art, h	istorical trea	sures, or oth	ner sımılar as	sets			
	to be sold to raise funds rather than to be maint	tained as part of t	the orga	nization's co	ollection?				Yes	No_No
Pai	t IV Escrow and Custodial Arrange	ments. Comple	ete if the	e organizatio	n answered	"Yes" to Fo	rm 990,	Part IV, li	ne 9, or	
	reported an amount on Form 990, Part X								_	
1a	Is the organization an agent, trustee, custodian	or other intermed	diary for	contribution	s or other a	ssets not inc	cluded		-	
	on Form 990, Part X?		-						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV and	d complete the fo	llowing	table						
		•	Ū						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Form	n 990. Part X. line	212						Yes	No
	If "Yes," explain the arrangement in Part XIV									
Par		e organization an	swered	"Yes" to Fo	rm 990. Parl	IV. line 10	-			
L		a) Current year		Prior year		rs back (d)	Three ve	ars hack	(e) Four v	ears hack
1a	Beginning of year balance	ay canoni you	<u> </u>	110. 100.	(6) 1.10 ) 00	, o suon (e)	111100 70	are buen	(0) 1 00.	our o buon
b	Contributions		_					-		<del></del>
	Net investment earnings, gains, and losses				<del></del> -		· · · · · ·			
4	Grants or scholarships						<del></del>			
	Other expenditures for facilities				<del> </del>		_			
c	and programs							1		
	Administrative expenses						_			
	End of year balance				<del></del>					
9 2	Provide the estimated percentage of the current	t vear and halanc	L	La column (s	all hold ac					
_	Board designated or quasi-endowment	•	%	rg, column (c	<i>1))</i> 11010 03					
	Permanent endowment	%								
	Temporarily restricted endowment	^ %								
C	The percentages in lines 2a, 2b, and 2c should									
32	Are there endowment funds not in the possessi	•	ation th	at are held a	nd administr	ared for the	organiza	tion		
Ja	by	on or the organiza	ation th	at are ricio a	ina aanminat	0.00 10. 11.0	Organiza		5	es No
	(i) unrelated organizations								3a(i)	140
	(ii) related organizations								3a(ii)	<del></del>
h	If "Yes" to 3a(ii), are the related organizations lis	eted as required o	n Sche	dula R2					3b	
4	Describe in Part XIV the intended uses of the or	*							00 1	
	t VI Land, Buildings, and Equipmer									
	Description of property	(a) Cost or o		T	or other	(c) Acci	ımulated		(d) Book	value
	accompliant of property	basis (investr		1 ' '	(other)	, , ,	ciation		( <del>-</del> )	
12	Land			<del>                                     </del>	·					
	Buildings									
	Leasehold improvements	1,494,	827	<del>                                     </del>		1 11	3,03	1.	3,9,1	,796.
	Equipment	409,		<del> </del>			0,20			,857.
	Other		<u> </u>	<del>                                     </del>		30	<u> </u>	<del>-   -</del>		, , , , ,
	. Add lines 1a through 1e (Column (d) must equa	al Form 990. Part	X. colui	mn (B), line 1	(O(c))	·			410	,653.

Schedule D (Form 990) 2011

	e) Method of valuation or end-of-year market value
(6	
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(b) Book value	
	tion's liability for uncertain tax positions under
	(b) Book value

	dule D (Form 990) 2011 RENO AIR RACING ASSOCIATION TXI Reconciliation of Change in Net Assets from Form 990 to	N, I	NC. ted Fin	ancial (	State	88- ment	0093380 ts	Page 4
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				
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 Pai	Excess or (deficit) for the year per audited financial statements. Combine lines 3 art XII   Reconciliation of Revenue per Audited Financial Statements.		Vith Rev	10 venue p	er R	eturn	1	
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						
С	Recoveries of prior year grants	2c	<u> </u>					
d	Other (Describe in Part XIV)	2d						
е	Add lines 2a through 2d				ļ	2e		
3	Subtract line 2e from line 1				į	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	4a						
b	Other (Describe in Part XIV)	4b						
С	Add lines 4a and 4b				ļ	4c		
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				i	5		
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	<u>nents \</u>	With Ex	penses	per	Retu	rn	
1	Total expenses and losses per audited financial statements				ļ	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1					
а	Donated services and use of facilities	2a	ļ					
b	Prior year adjustments	2b						
С	Other losses	2c						
d	Other (Describe in Part XIV)	2d						
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	1						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	ļ					
b	Other (Describe in Part XIV)	_4b	1			. }		
С	Add lines 4a and 4b					4c		
Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  † XIV Supplemental Information					5		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part							9 4, Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also com VTAL INCOME NETTED WITH EXPENSES	ibiete tri	is pari to	provide a	ny auc	illonai	morniadon	
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# SCHEDULE J (Form 990)

# **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.

2011

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

RENO AIR RACING ASSOCIATION, INC

88-0093380

Employer identification number

Pa	art I Questions Regarding Compensation			
			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		ļ	
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	İ		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	ļ	}	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
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	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to	}		
	establish compensation of the CEO/Executive Director, Explain in Part III	}		
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study	ł	1	
	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	ĺ		
	organization or a related organization	ŀ		
а	Receive a severance payment or change-of-control payment?	<u>4a</u>	ļ	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		<u> X</u>
С	Participate in, or receive payment from, an equity-based compensation arrangement?	_4c	<u> </u>	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	]	ļ	
			ļ	
	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			
	contingent on the revenues of			
	The organization?	5a		X
b	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?	<u>6a</u>		<u>X</u>
b	Any related organization?	6b_		_X_
	If "Yes" to line 6a or 6b, describe in Part III		1	
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	<u> </u>	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1		
	initial contract exception described in Regulations 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	ľ	

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

Schedule J (Form 990) 2011

88-0093380

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W.2 and/or 1099-MISC compensation	3C compensation	(C)	(Q)	(E)	(£)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(I)-(D)	Compensation reported as deferred in prior Form 990
		, L		C	C		7 7 000	C
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Schedule J (Form 990) 2011

### SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public

Department of the Treasury ▶ Attach to Form 990 or 990-EZ. Inspection Name of the organization Employer identification number 88-0093380 RENO AIR RACING ASSOCIATION, INC. FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 IS PROVIDED TO MANAGEMENT PRIOR TO SUBMISSION 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. 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 FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Part

# Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▼ See separate instructions.

Open to Public Inspection 2011

OMB No 1545-0047

▶ Attach to Form 990.

Employer identification number 88-0093380

> Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) INC. RENO AIR RACING ASSOCIATION,

Direct controlling 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 **e** Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part II

	3	(3)	(5)	(e)	9	(b)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling entity	Section 512(b)(13) controlled entity?	2(b)(13) !led v?
Of related Organization		loreign country)		501(c)(3))		Yes	8
RENO AIR RACING FOUNDATION - 81-0578379	TO EDUCATE YOUNG PEOPLE						
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RENO NV 89506	WORLD OF AVIATION.	NEVADA		501(C)(3)			×
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Schedule R (Form 990) 2011

88-0093380 Page 2

Schedule R (Form 990) 2011 RENO AIR RACING ASSOCIATION, INC.

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

General or Percentage managing ownership 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.) 3 Yes No Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) ate allocations? å Dispropartion-Ξ Yes Share of end-of-year assets **6** Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Direct controlling entity ਉ (c)
Legal
domicile
(state or
foreign
country) Primary activity € Name, address, and EIN of related organization <u>a</u> Part IV

Percentage ownership Ξ Share of end-of-year assets 6 Share of total income Type of entity (C corp, S corp, or trust) **(e)** Direct controlling entity ₤ Legal domicile (state or foreign country) <u>ပ</u> Primary activity Name, address, and EIN of related organization ā

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Schedule R (Form 990) 2011

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				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?	ns with one or more re	elated organizations listed	ın Parts II IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				Ta X
b Gift, grant, or capital contribution to related organization(s)				db X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				te X
6 Cala of accets to related organization(s)				*
מיני כו מיניני וכו נימונים כו מינינים וליי				+
g Purchase of assets from related organization(s)				+
h Exchange of assets with related organization(s)				# X
i Lease of facilities, equipment, or other assets to related organization(s)				it X
j Lease of facilities, equipment, or other assets from related organization(s)				L X
	anization(s)			* X
Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			T X
$oldsymbol{\mathfrak{m}}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1m X
n Sharing of paid employees with related organization(s)				n X
o Reimbursement paid to related organization(s) for expenses				-0 
<ul> <li>q Other transfer of cash or property to related organization(s)</li> <li>r Other transfer of cash or property from related organization(s)</li> </ul>				1 X
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	who must complete the	is line, including covered	relationships and transaction thresholds	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	
(1)				
(3)				
(3)				
(4)				
(5)				\$
(9)				
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Page 4

Schedule R (Form 990) 2011 RENO AIR RACING ASSOCIATION, IN

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 | Code V-UBI | General or Percentage boste amount in box 20 managing ownership of Schedule K-1 parner of Schedule end-of-year Share of assets <u>6</u> (f) Share of income total Predominant income parties (related, unrelated, orgs?) excluded from tax under section 512-514) Yes No Are all partners sec 501(c)(3) orgs? ਉ Legal domicile (state or foreign country) છ Primary activity 9 Name, address, and EIN of entity

Schedule R (Form 990) 2011

Schedule R	(Form 990) 2011 Supplemental In	RENO A	IR RACING	ASSOCIATION,	INC.	88-0093380 Page 5
Part VII	Supplemental In	formation				
	Complete this part to	nrouido additional	Linformation for r	concrete to allections on	Schodula D (see insti	ructions)
	Complete this part to	provide additional	i information for f	esponses to questions on	ochedule in (see insti	detions)
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Name and title	Average hours	(c		Pos k all		app	ıly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual Dustee 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
(27) RICK LA MAY	F 00	7,						0.	0.	
DIRECTOR (28) MICHAEL HOUGHTON	5.00	^	$\vdash$			H		0.	0.	0.
PRESIDENT/CEO	5.00				х			153,000.	0.	8,400.
				-						
	-	-								
					-		_			
							_			
Total to Part VII, Section A, line 1c		_						153,000.		8,400.