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SCANNED AUG 0 8 2013

Department of the Treasury Internal Revenue Service

EXTENDED TO AUGUST 15, 2013

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

Α	For the	2012 calendar year, or tax year beginning and ending	g						
В	Check if applicabl	C Name of organization		D Employer identification number					
Г	Addre	RENO AIR RACING ASSOCIATION, INC.							
F	Name	B B	88-0	093380					
Ē	initial	Number and street (or P.O. box if mail is not delivered to street address) Room/	'suite	E Telephone numbe					
F	Termin	, ,			972-6663				
	Ameno			G Gross receipts \$	5,904,157.				
È	Application	^a RENO, NV 89506		H(a) Is this a group r					
	pendir	F Name and address of principal officer MICHAEL HOUGHTON		for affiliates?	Yes X No				
		SAME AS ABOVE		H(b) Are all affiliates in	cluded? Yes No				
	Tax-ex	empt status 501(c)(3) 501(c)(4) ◀ (insert no) 4947(a)(1) or	527	If "No," attach a	list (see instructions)				
J	Websit	e: ► AIRRACE.ORG		H(c) Group exemption					
			Year o	of formation: 1964 i	M State of legal domicile: NV				
P	art I	Summary							
Activities & Governance	1	Briefly describe the organization's mission or most significant activities SPECIAL	EV	ENT AIR RAC	E AND SHOW				
ř	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	more	than 25% of its net a	1				
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	28				
∞ ∞	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	28				
ies	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	52				
Ξ	6	Total number of volunteers (estimate if necessary)		6	2200				
Ac	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	19,323.				
	<u> b</u>	Net unrelated business taxable income from Form 990-T, line 34	}	7b	6,256.				
Revenue		Contributions and small (Dark) (III lies 4b)	<u> </u>	Prior Year 0.	Current Year				
	1	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	<u> </u>	3,736,910.	<u>0.</u> 5,842,181.				
	1	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and구d)	1	22,223.	6,583.				
æ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	<137,883.					
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A)-line 12)		3,621,250.	5,725,882.				
		Grants and similar amounts paid (Part IX, column (A), lines 1:3)	<u> </u>	0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
Š		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		665,588.	674,279.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
×	b	Total fundraising expenses (Part IX, column (D), line 25)							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,653,725.	5,798,746.				
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	4,319,313.	6,473,025.				
	19	Revenue less expenses Subtract line 18 from line 12	ļ	<698,063.	<747,143.				
Net Assets or Fund Ralances			Beg	ginning of Current Year	End of Year				
SSE	20	Total assets (Part X, line 16)	-	2,687,911.	1,032,015.				
te le	21	Total liabilities (Part X, line 26)	-	984,055.	75,302.				
	<u>: 22</u> art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block	Т	1,703,856.	956,713.				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and si	tatama	ante and to the heet of m	v knowledge and helief it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pre			/ Kitowicage and belief, it is				
	, 00,100	t, and complete consequently of property (200) that the consequently of all minoritation of mi	paror	7/	16/2017				
Sig	ın	Signature of officer Control of C		Date					
He		MICHAEL HOUGHTON, PRESIDENT/CEO							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	D	ate Check [PTIN				
Pai	P00212562								
Pre	parer	BETH KOHN-COLE Firm's name KOHN COLODNY LLP		Firm's EIN ▶	86-0846032				
Use	Only	Firm's address 5310 KIETZKE LANE, SUITE 101							
		RENO, NV 89511		Phone no. 7	75-828-7300				
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No				
		1 UA For Denominary Poduction Act Notice see the senarate instructions			Form 990 (2012)				

Form	n 990 (2012) RENO AIR RACING ASSOCIATION, INC. 88-005	93380 Page 2
Pai	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	
	TO PERPETUATE THE MOST UNIQUE AIR RACING EVENT AND AVIATION EX	KPERIENCE
	IN THE WORLD BY COMBINING THE WORLDS FASTEST MOTOR SPORT WITH	
	SPECTACULAR MILITARY AND CIVILIAN AIR ENTERTAINMENT.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes 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?	Yes X No
3		L Tes LALINO
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b	•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, and
	revenue, if any, for each program service reported	
4a		5,822,858.)
	AIR RACE AND AIR SHOW	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	AIR MACE AND AIR BROW	
		· · · · · · · · · · · · · · · · · · ·
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$	
40	(Code) (Expenses \$) (Revenue \$	/
	and the second s	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		
		<u> </u>
		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses ► 5,752,724.	
		Form 990 (2012)

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19

20a

20b

Х

X

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2012) 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		X
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		<u> X</u>
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		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			7,
	Schedule K. If "No", go to line 25	24a		<u> </u>
	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	04-		
	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		
2 5a	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	250		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	LUD		
	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 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		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		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		İ	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
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		<u> </u>
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			.,
00	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		v
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<u> </u>
34	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-23	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (2012)

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14b

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or charges in ocheque of see instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 28			
	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	Enter the number of voting members included in line 1a, above, who are independent 28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		<u> X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	_7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	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 reached at the			
	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 Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	,	ĺ	
	taxable entity during the year?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	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 (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	l finan	ciat	
	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 and records of the organization	ion 🕨	·	
	RENO AIR RACING ASSOCIATION, INC 775-972-6663			
3200	14501 MT. ANDERSON, RENO, NV 89506		• • •	
2-10-		Form	990	(2012)

Form 990 (2012) RENO AIR RACING ASSOCIATION, INC. 88-09 [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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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

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

- 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)	Į.				,50		(D)	(E)	(F)
Name and Title	Average	(C) Position						Reportable	Reportable	Estimated
Hamo and Thio	hours per				k more than one person is both an			compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	喜					ľ	the	organizations	compensation
	hours for	#				夏		organization	(W-2/1099-MISC)	from the
	related	Ste	ruste			SE SE		(W·2/1099-MISC)		organization
	organizations	ם	onalt		ploye	E 8				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TOM GRIBBIN	5.00	트	르	ь	2	= 5	1			
DIRECTOR	3.00	x						o.	0.	0.
(2) BOB BONHAM	5.00				 			0.	0.	
DIRECTOR	3.00	x						0.	0.	0.
(3) TJ DAY	5.00					\vdash				
DIRECTOR	-	x						0.	0.	0.
(4) BILL ECK	5.00				 	\vdash			•	
DIRECTOR		X						0.	0.	0.
(5) MARK BAILEY	5.00									
DIRECTOR		X				Ì		0.	0.	0.
(6) FRANK KINNELL	5.00									
DIRECTOR		x						0.	0.	0.
(7) GENO MENCHETTI	5.00									
DIRECTOR		X						0.	0.	0.
(8) JENNIFER CROWE	5.00									
DIRECTOR		X			<u> </u>	<u> </u>		0.	0.	0.
(9) FRANK MONROE	5.00									
DIRECTOR	ļ	X			L	L		0.	0.	0.
(10) TERRY MATTER	5.00									
VICE CHAIR	_	X				<u>. </u>	_	0.	0.	O.
(11) TOM ROBINSON IV	5.00									
DIRECTOR		X						0.	0.	0.
(12) STEVE SILVA	5.00									
DIRECTOR		X						0.	0.	0.
(13) JOEY SCOLARI	5.00									
TREASURER	<u> </u>	X				<u> </u>		0.	0.	0.
(14) MICHAEL STOLLINGS	5.00							_		
DIRECTOR		X						0.	0.	0.
(15) TOM GADD	5.00									_
DIRECTOR	F 00	X		\dashv		<u> </u>		0.	0.	0.
(16) CHUC LOWDEN	5.00							_	_	_
DIRECTOR	F 00	Х				<u> </u>	\square	0.	0.	0.
(17) BRUCE DEWING	5.00	_						_		_
DIRECTOR	<u> </u>	X						0.	0.	0.
232007 12-10-12										Form 990 (2012)

232007 12-10-12

Par	t VII Section A. Officers, Directors, Trus	tees Key Em								es (continued)			
	(A)	(B)	رماط	-ces		<u>u ni</u> C)	Aile	<u> </u>	(D)	(E)	T	(F)	
	Name and title	Average hours per week	box	Position (do not check more the box, unless person is officer and a director/				h an	Reportable compensation from	Reportable compensation from related		stimate mount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org ar	npensa from th ganizat nd relat janizati	ie tion ted
(18)	BILL LEONESIO	5.00											
DIRE	CTOR		X	<u> </u>					0.	0.			0.
(19)	MICHAEL MAJOR	5.00							_	_			
DIRE	CTOR		X	<u> </u>		_	ļ		0.	0.	<u> </u>		_0.
(20)	RONALD R FOGLEMAN	5.00	{										•
	CTOR		X	├—		_		_	0.	0.	-		0.
	RICK LA MAY	5.00	٠,							•			^
DIRECTOR		F 00	X	<u> </u>			-		0.	0.			0.
(22) MICHAEL MCCABE		5.00	x						0.	0.			0
	CTOR	5.00	^	┢			-		<u> </u>		-		0.
	DAVE PURSELL	3.00	X		х				0.	0.			0.
	CTOR MARY BETH SEWALD	5.00	Α	\vdash	Λ	-	\vdash			0.			<u> </u>
	CTOR	3,00	\mathbf{x}						0.	0.			0.
1b	Sub-total	1	.L	3			┢	I	0.	0.			0.
	Total from continuation sheets to Part VI	II. Section A							0.	0.			0.
	Total (add lines 1b and 1c)	,					•		0.	0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d al	bove	e) wh	no re	eceived more than \$100	,000 of reportable			1
	compensation from the organization											Yes	No
3	Did the organization list any former officer,			e, ke	y er	nplo	yee	, or h	nighest compensated ei	mployee on		162	
	line 1a? If "Yes," complete Schedule J for s										3	 	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	•							·	the organization	4		х
5										_		v	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
THE GLENN GROUP		
PO BOX 20158, RENO, NV 89515	ADVERTISING	246,482.
GES EXPOSITION SERVICES		
7050 LINDELL AVE, LAS VEGAS, NV 89118	SITE PREPARATION	230,689.
DOMBROFF GILMORE JAQUES & FRENCH		
1676 INTERNATIONAL DRIVE, MCLEAN, VA 22102	LEGAL	163,786.
LIONEL SAWYER & COLLINS		
PO BOX 7455, RENO, NV 89510	LEGAL	152,212.
STREGA AIR RACING ENT		
2300 POMONA BLVD, POMONA, CA 91768	PRIZE MONEY	145,153.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization > 5		

Form **990** (2012)

Form 990 (2012) RENO AI
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	to any question in	this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
s, G	С	Fundraising events	1c					
# is	d	Related organizations	1d					
S,E	е	Government grants (contribut	ions) 1e					
r Si	f	All other contributions, gifts, gran	ts, and					
the bet		similar amounts not included abo	ve 1f					
	g	Noncash contributions included in lines	1a-1f \$					
၁ ရ	<u>h</u>	Total. Add lines 1a-1f		>				
				Business Code				
e	2 a	TICKET SALES		541800	3,602,993,	3,602,993,		
e vi	b	CONTRIBUTIONS		541800	2,219,865.	2,219,865.		
n Si	С	ADVERTISING INCOME		541800	19,323,		19,323.	
ran ev	d							
Program Service Revenue	е							
۵	f	All other program service reve	enue					
	g		· · · · ·		5,842,181.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		<u> </u>	6,583,			6,583,
	4	Income from investment of ta	x-exempt bond	proceeds 🕨				
	5	Royalties		P				
	_	_	(i) Real	(II) Personal				
	6 a			55,393.				
		Less rental expenses	ļ	178,275.				
		Rental income or (loss)		<122,882.		į		
		Net rental income or (loss)		1) 00	<122,882,	>		<122,882 <u>.</u> >
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
	_	assets other than inventory		+				
	b	Less cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
ıne	Ва	Gross income from fundraisin including \$	-					
Ver		contributions reported on line						
æ		Part IV, line 18	•					
Other Reve	h	Less direct expenses	a b					
ō		Net income or (loss) from fund						
,		Gross income from gaming ac	_					
		Part IV, line 19	a a	,				
	h	Less: direct expenses	b					
		Net income or (loss) from gam						
		Gross sales of inventory, less	=		_			
		and allowances	а					
	h	Less cost of goods sold	b					
		Net income or (loss) from sale		—				
		Miscellaneous Revenu		Business Code				
	11 a							
	b				-			
	c						·	
	d	*** **						
	e	Total. Add lines 11a-11d		•				
	12_	Total revenue. See instructions.			5,725,882.	5,822,858,	19,323.	<116,299,>
23200 12-10	9 - 12							Form 990 (2012)

	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth		mplete column (A).	
	Check if Schedule O contains a respon	ise to any question in thi	s Part IX	(0)	<u> </u>
Do 1 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	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 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,				
	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,	150 400		150 400	
•	trustees, and key employees	158,400.		158,400.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	400,418.	275,005.	125,413.	
7 8	Other salaries and wages Pension plan accruals and contributions (include	400,410.	213,003.	+43,413.	
0	section 401(k) and 403(b) employer contributions)	13,160.	4,824.	8,336.	
9	Other employee benefits	59,342.	27,227.	32,115.	
10	Payroll taxes	42,959.	14,021.	28,938.	
11	Fees for services (non-employees)	12/3331			
	Management				
	Legal				
	Accounting	46,300.	24,400.	21,900.	
d	Lobbying	•			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				·
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	702,229.	653,071.	49,158.	
12	Advertising and promotion	200,552.	200,282.	270.	
13	Office expenses	330,611.	243,847.	86,764.	
14	Information technology				
15	Royalties				
16	Occupancy	179,179.	121,702.	57,477.	
17	Travel	223,445.	203,455.	19,990.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	01 012	17 220	4 675	
19	Conferences, conventions, and meetings	21,913.	17,238.	4,675.	
20	Interest Payments to offiliates				
21 22	Payments to affiliates Depreciation, depletion, and amortization	48,776.		48,776.	
23	Insurance	2,103,415.	2,040,779.	62,636.	
23 24	Other expenses. Itemize expenses not covered	2,100,4100	2,040,7736	02,030.	
-7	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 0.)				
а	PRIZE MONEY	867,661.	867,661.		
b	PROGRAM AND VENDOR CONC	430,432.	430,149.	283.	····
c	SEATING	343,243.	343,243.		
	CHALETS, BOOTHS, TENTS	155,445.	155,420.	25.	
	All other expenses	145,545.	130,400.	15,145.	
25	Total functional expenses. Add lines 1 through 24e	6,473,025.	5,752,724.	720,301.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	İ			
	Check here If following SOP 98-2 (ASC 958-720)				
					Earm 990 (2012)

RENO AIR RACING ASSOCIATION, INC. 88-0093380 Page 11 Form 990 (2012) Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (B) (A) Beginning of year End of year 246,095. 477,662. Cash - non-interest-bearing 1 1,717,536. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 234,424. 143,817. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other 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 employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 **Assets** 7 Notes and loans receivable, net 7 30,000. 70,000. Inventories for sale or use 8 560. 560. Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 1,903,887. basis. Complete Part VI of Schedule D 10a 1,542,010. 410,653. 361,877. 10c b Less accumulated depreciation 10b 11 Investments · publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 Intangible assets 14 14 8,643. 13,980. 15 Other assets See Part IV, line 11 15 2.687,911. 032,015. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 984,055. 75,302. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25

> 032,015. Form **990** (2012)

<u>956,713.</u>

956,713.

0.

75,302.

Net Assets or Fund Balances

26

27

28

30

31

32

33

Total liabilities. Add lines 17 through 25

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Organizations that follow SFAS 117 (ASC 958), check here

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow SFAS 117 (ASC 958), check here

complete lines 27 through 29, and lines 33 and 34.

984,055.

1,703,856.

1,703,856.

2,687,911.

26

27

28

29

31

0.

	990 (2012) RENO AIR RACING ASSOCIATION, INC.	88-00	93380	Pag	_{1e} 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	5,725	, 8	<u>82.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,473	0,	<u> 25.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	<747	',1	<u>43.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>1,703</u>	, 8	<u>56.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	956	, 7	13.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		i	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		_2b		<u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,		l	
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		}	
	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			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S				
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36		

Form **990** (2012)

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.

Name of the organization

Employer identification number

	RENO AIR RACING ASSOCIATION,	INC.	88-0093380
Par	t I Organizations Maintaining Donor Advised Funds or Oth	er Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		
	(a) Donor ad	dvised 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 asse	ets held in donor advised fun	ds
5	are the organization's property, subject to the organization's exclusive legal confi		Yes No
_			
6	Did the organization inform all grantees, donors, and donor advisors in writing the for charitable purposes and not for the benefit of the donor or donor advisor, or		
		or any other purpose comer	Yes No
Par	impermissible private benefit? rt II Conservation Easements. Complete if the organization answered	"Vas" to Form 990, Part IV	
			III 6 7 .
1	Purpose(s) of conservation easements held by the organization (check all that a		
		Preservation of an historical	
		Preservation of a certified his	Storic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation co	ntribution in the form of a co	onservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure included in (2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and n	ot on a historic structure	
	listed in the National Register		
3	Number of conservation easements modified, transferred, released, extinguished	ל, or terminated by the organ	nization during the tax
	year ▶		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, in	spection, handling of	
	violations, and enforcement of the conservation easements it holds?		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing cons		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation		
8	Does each conservation easement reported on line 2(d) above satisfy the require	ments of section 170(h)(4)(E	
	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIII, describe how the organization reports conservation easements in its		
	include, if applicable, the text of the footnote to the organization's financial state	ments that describes the org	ganization's accounting for
Da	conservation easements	Tracquires or Other	Similar Assats
Pa	rt III Organizations Maintaining Collections of Art, Historica	rreasures, or Other	Sillillar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to repo		
	historical treasures, or other similar assets held for public exhibition, education,	or research in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items	4	
b	• • • • • • • • • • • • • • • • • • • •		
	treasures, or other similar assets held for public exhibition, education, or research	n in furtherance of public set	rvice, provide the following amounts
	relating to these items		. .
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other sim		provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating	ig to these items.	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

		R RACING A								Page 2
Par										
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the	following th	at are a sigi	nificant u	ISO OT ITS (collection	items
	(check all that apply)				.					
а	Public exhibition	C			hange progr					
b	Scholarly research	•	• 🗀 (Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							se in Part	XIII.	
5	During the year, did the organization solicit or	r receive donations	of art, his	storical trea	sures, or oth	ner sımılar a	ssets	_	,	
	to be sold to raise funds rather than to be ma								Yes	No_
Par			ete if the	organizatio	n answered	"Yes" to Fo	orm 990,	Part IV, I	ne 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for d	contribution	ns or other a	ssets not in	cluded		_	
	on Form 990, Part X?								Yes	L No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing to	able [.]						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fo	orm 990. Part X. line	21?						Yes	□ No
	If "Yes," explain the arrangement in Part XIII			n has been	provided in	Part XIII				
Par										
		(a) Current year		rior year	(c) Two year) Three v	ears back	(e) Four y	ears back
1a	Beginning of year balance	(-/	(3)	7						
h	Contributions	···········				İ	-			
•	Net investment earnings, gains, and losses	-	 							
	Grants or scholarships				<u> </u>			_	· · · · · ·	
									•	
е	Other expenditures for facilities									
	and programs		 							
T	Administrative expenses		-							
g	End of year balance									
2	Provide the estimated percentage of the curr		ce (line 10	g, column (a	a)) neid as:					
а	Board designated or quasi-endowment		%							
	Permanent endowment >	%								
C	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should									
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	it are held a	ınd admınıst	ered for the	organiz	ation	_	
	by									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required	on Sched	lule R?					3b	
4	Describe in Part XIII the intended uses of the							 		
Pai	t VI Land, Buildings, and Equipm	ent. See Form 99	0, Part X,	line 10						
	Description of property	(a) Cost or o			t or other (other)	1	umulate	d	(d) Book	value
	Land				` 					
	Buildings	-				1				
	Leasehold improvements	1,494,	827			1.1	50,18	33.	344	,644.
	Equipment		060.				91,82			,233.
	Other	=07,				 			<u> </u>	,
	. Add lines 1a through 1e (Column (d) must e	gual Form 990 Pan	t X colum	nn (R) line	10(c))	1			361	,877.
1010	, ridd iniod Ta unough To Jouluinin Juj Must o	quai i oiiii 330, raii	. A, COIGH	(2), ""16	, 5,5/./					, , , , , , , , , , , , , , , , , , ,

Schedule D (Form 990) 2012 RENO AIR RA Part VII Investments - Other Securities. Set	CING ASSOCIA	ATION, INC.	88	-0093380 Page 3
(a) Description of security or category (including name of security)	(b) Book value		aluation. Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other			•	
(A)				
(B)	_			
(C)				
(D)				
(E)				
(F)				·
(G)				
(H)				
(I)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	L			
Part VIII Investments - Program Related. Se				
(a) Description of investment type	(b) Book value	(c) Method of v	aluation Cost or end	d-of-year market value
(1)				· · · · · · · · · · · · · · · · · · ·
(2)				
(4)			· · · · · · · · · · · · · · · · · · ·	
(5)				
(6)	<u> </u>			
(7)				· · · · · · · · · · · · · · · · · · ·
(8)				. <u> </u>
(9)		 		
(10)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line	15			·
	Description		-	(b) Book value
				(B) BOOK VAIGO
				
(3)				
(4)				
(5)				
(6)			-	
				
(8)				
(9)	······································			
(10)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15)		•	
Part X Other Liabilities. See Form 990, Part X, I	ine 25	<u> </u>		
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)]	
(6)				
(7)				
(8)				
(9)	_]	
(10)]	
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) line				
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the tex		-	•	
liability for uncertain tax positions under FIN 48 (ASC 7	40) Check here if the	text of the footnote has	been provided in Pa	nrt XIII

232053

	dule D (Form 990) 2012 RENO AIR RACING ASSOCIATION XI Reconciliation of Revenue per Audited Financial Stateme		NC . ith Revenue per B		0093380 Pag	<u>e 4</u>
	Total revenue, gains, and other support per audited financial statements	CITED VI	itii i io io ido poi i i	1	<u> </u>	
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12					—
2	Net unrealized gains on investments	2a				
a	Donated services and use of facilities	2b		1		
b	Recoveries of prior year grants	2c		1		
C	Oil (D. saids in Dord VIII.)	2d				
d	Add lines 2a through 2d	<u> zu</u>		2e		
_	Subtract line 2e from line 1			3	-	—
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1				-	_
4_	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
a	Other (Describe in Part XIII.)	4a 4b		1		
b	Add lines 4a and 4b	40		1 40		
-	•			4c 5		
5 Pa	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XII Reconciliation of Expenses per Audited Financial Statem	gents V	Vith Expenses per		ırn	
	Total expenses and losses per audited financial statements		THE EXPONENT POR	1		
1	Amounts included on line 1 but not on Form 990, Part IX, line 25					—
2		2a				
a		2b		1		
	Prior year adjustments	2c		†		
C		2d		1		
d	,	<u> </u>		20		
_	Add lines 2a through 2d			2e 3		—
3	Subtract line 2e from line 1			3		—
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 4-1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1		
b	,	4b		_		
_	Add lines 4a and 4b			4c		—
<u>5</u>	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information	•		5		
K, lin	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part ie 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to NTAL INCOME NETTED WITH EXPENSES				2b; Part V, line 4, Pa	t
				Sched	dule D (Form 990) 2	012

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.

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

RENO AIR RACING ASSOCIATION, INC.

Employer identification number

88-0093380

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			ļ
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	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, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	· (-)	4a		Х
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	_	X
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	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	_	1	3.7
	The organization?	6a		<u>X</u>
D	Any related organization?	6b		X
-	If "Yes" to line 6a or 6b, describe in Part III			
7	,	_	.,	
c	not described in lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		ı	٦,
•	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			

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

Schedule J (Form 990) 2012

INC.

88-0093380

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RENO AIR RACING ASSOCIATION,

Schedule J (Form 990) 2012

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. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

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 o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
				other deferred	henefits	(E)(I)(D)	renorted as deferred
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	compensation			in prior Form 990
		Compensation	Compensation				
1)	0						
<u>[6</u>	(ii)						
9	i)						
	(ii)						
3	(1						
(6	(ii)						
	(i						
<u>(i</u>	(ii)						
)	(i						
(i)	(ii)						
	(i						
j)	(ii)						
(i)	(ii)						
)	í.						
j)	(ii)						
	(1)						
j) (i	(ii)						
0)	(6)						
Ü	(ii)						
<u> </u>	(1)						
j)	(i)				:		
<u> </u>	(3)						
ij	(i)						
	(1)						
Ü	(ii)						
0	(5)						
(i)	(i)						
<u>"</u>	(3)						
9	ij		-				
\mathbf{s}							
<u>[i</u>	ii) [ii						

Schedule J (Form 990) 2012

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Schedule J (Form 990) 2012

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any addıt

											:
additional information.	PART I, LINE 7: BONUSES ARE PAID ANNUALLY BASED UPON PERFORMANCE AND	AVAILABILITY OF FUNDS.									

Schedule J (Form 990) 2012

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

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. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Inspection

Internal Revenue Service

Employer identification number

Name of the organization RENO AIR RACING ASSOCIATION, INC. 88-0093380 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. FORM 990, PART IX, LINE 11G, OTHER FEES: PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 653,071. MANAGEMENT AND GENERAL EXPENSES 49,158. 0. FUNDRAISING EXPENSES TOTAL EXPENSES 702,229. 702,229. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A

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

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990.

2012 Open to Public Inspection

OMB No 1545-0347

Employer identification number 88-0093380 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) RENO AIR RACING ASSOCIATION, INC. Name of the organization Part

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations (Complete organizations during the tax year)	ations (Complete if the organization	if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 bec	ause it had one or	more related tax-exem	ıpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?	12(b)(13)
RENO AIR RACING FOUNDATION - 81-0578379 14501 MOUNT ANDERSON RENO NV 89506	TO EDUCATE YOUNG PEOPLE AND THE PUBLIC ABOUT THE WORLD OF AVIATION.	NEVADA	, s	501(C)(3)			×

Schedule R (Form 990) 2012

88-0093380

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Schedule R (Form 990) 2012 RENO AIR RACING ASSOCIATION, INC.

Part III 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.)

B	General or Percentage managing ownership				_				_			1 -4-1
9	anaging artner?	Yes No	 	 -				 		 		
3	Code V-UBI Gamount in box managed Schedille	K-1 (Form 1065) Y			•							
£	Disproportion- ate allocations?	Yes No	 									
(6)	Share of Dend-of-year at		-	 _		_				 		1 0000 0 0000
(t)	Share of total income							_				-
(e)	Predominant income (related, unrelated,	sections 512-514)										
(b)	Direct controlling entity											
(2)	Legał domicile (state or	foreign country)]
(Q)	Primary activity				1							
(a)	Name, address, and EIN of related organization											

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

				ı		ı		ı		ı		
	tion b(13) rolled	٥			 							
<u>`</u> (S12(Sont	Yes										
ε	Percentage 512(b)(13) ownership controlled entity?											
(6)	Share of end-of-year	dssels										
6	Share of total income											
(e)	Type of entity (C corp, S corp,	Or trust)							·			
(p)	Legal domicile Direct controlling Tyl (C c foreign											
©	Legal domicile (state or	country)									·	
(a)	ctivity											
(a)	Name, address, and EIN of related organization											

Schedule R (Form 990) 2012

232162 12-10-12

Schedule R (Form 990) 2012

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

<u>۳</u>	+	ы ;	2	10	5	-1e	 =	- 6	ء	;=	=		 -	E		10	_	1	5	-	15		g							
				<u> </u>	*				- 			_	=	£	tt.	<u> </u>		•	**		-	lationships and transaction thresholds.	(d) Method of determining amount involved							
	elated organizations listed in														•							his line, including covered re	(c) Amount involved							
	is with one or more r												anization(s)	anization(s)	non(s)							who must complete t	(b) Transaction type (a-s)							
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			b Gill, grant, or capital contribution to related organization(s)	 Gift, grant, or capital contribution from related organization(s) 	d Loans or loan guarantees to or for related organization(s)	e Loans or loan guarantees by related organization(s)	Dividends from related organization(s)	g Sale of assets to related organization(s)	h Purchase of assets from related organization(s)	i Exchange of assets with related organization(s)	j Lease of facilities, equipment, or other assets to related organization(s)	k Lease of facilities, equipment, or other assets from related organization(s)	Performance of services or membership or fundraising solicitations for related organization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	 Sharing of paid employees with related organization(s) 			 Heimbursement paid by related organization(s) for expenses 	r Other transfer of cash or property to related organization(s)	s Other transfer of cash or property from related organization(s)	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.	(a) Name of other organization	(1)	(2)	(3)	(4)	(5)	(e)	

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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

(a) (b) (c) (d)	(q)	(0)		(e)	9	(b)	3	8	8	8
Name, address, and EIN of entity	Primary activity	ncile	t income related,	Are all partners sec 501(c)(3) or or or or or or or or or or or or or	Share of total	Share of end-of-year	Dispropor- tonate allocations?	Dispropor- Code V-UBI General or Percentage upnate amount in box 20 managing ownership	General of managin	Percentage ownership
•		country)	under section 512-514)	No No	Income	assets	Yes No	(Form 1065)	Yes No	
					-					
							-	,		
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								Schedule	R (For	Schedule R (Form 990) 2012

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Schedule R	R (Form 990) 2012	RENO ALI	R RACING	ASSOCIATION,	INC.	<u>88-0093380 Pag</u>
Part VII	R (Form 990) 2012 Supplemental Inf	formation				
	Complete this part to r	orovide additional in	formation for re	esponses to questions on	Schedule R (see ins	structions)
	Complete this part to	brovide additional in	ioimation ioi re	esponses to questions out	0011000110 11 (000 1110	structions)
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