DLN: 93493035014310 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 08-01-2018 , and ending 07-31-2019 D Employer identification number B Check if applicable RENO RODEO ASSOCIATION □ Address change ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (775) 329-3877 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 8,486,064 Name and address of principal officer H(a) Is this a group return for JAMES NEIL ☐Yes **☑**No subordinates? PO BOX 12335 H(b) Are all subordinates RENO, NV 89510 ☐ Yes ☐No ıncluded? 501(c)(3) **✓** 4947(a)(1) or 501(c) (4) ◀ (insert no) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW RENORODEO COM L Year of formation 1987 M State of legal domicile NV **K** Form of organization \square Corporation \square Trust ewline <math>
ewline
olimits Association ewline
olimits Other Summary 1 Briefly describe the organization's mission or most significant activities PRODUCTION OF ANNUAL RENO RODEO Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 47 47 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 959 Total number of volunteers (estimate if necessary) . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 186,490 **b** Net unrelated business taxable income from Form 990-T, line 34 45,647 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 99,822 1,188,470 Ravenua 4,504,582 4,652,739 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 16,615 37,855 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,294,352 1,921,171 5,915,371 7,800,235 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 190,957 405,829 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 440,600 451,265 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 5,119,407 5,331,828 5,750,964 6,188,922 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 164,407 1,611,313 Net Assets or Fund Balances Beginning of Current Year **End of Year** 5,418,773 7,505,625 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 754,238 1,218,384 22 Net assets or fund balances Subtract line 21 from line 20 4,664,535 6,287,241 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-01-30 Signature of officer Sign Here IM NEIL TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-01-28 P00212562 Paid self-employed Firm's name ► EIDE BAILLY LLP Firm's EIN ► 45-0250958 Preparer Use Only Firm's address ► 5441 KIETZKE LN STE 150 Phone no (775) 689-9100 RENO, NV 895112094 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2	018)					Page 2
Pa	rt III	Statement of	Program Service	e Accomplis	hments		
		Check if Schedul	le O contains a respo	nse or note to a	any line in this Part III .		🗆
1	Briefly	describe the orga	anızatıon's mıssıon				
			N IS TO PRODUCE TH ORT OF RODEO, AND			ND THROUGH DOING THAT HON	OR OUR STATE'S WESTERN
2	Did th	e organization line	dertake any significa	nt program serv	vices during the year wi	puch were not listed on	
-		_			· · · · · ·		☐ Yes ☑ No
	If "Yes	s," describe these	new services on Sch	edule O			
3	Did th	e organization cea	ase conducting, or m	ake significant i	changes in how it condu	ıcts, any program	
							🗌 Yes 🗹 No
			changes on Schedule				
4	Sectio	n 501(c)(3) and 5	on's program service 501(c)(4) organizatio , if any, for each prog	ns are required	to report the amount of	largest program services, as mea f grants and allocations to others	sured by expenses , the total
4a	(Code) (Expenses \$	4,466,270	including grants of \$) (Revenue \$	6,193,964)
	See Ad	ldıtıonal Data					, , ,
4b	(Code) (Expenses \$	405,829	including grants of \$	405,829) (Revenue \$)
70	(ldıtıonal Data	/ (Expenses ¢	403,023	metading grants or \$	403,023 / (Nevende \$,
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other	program services	(Describe in Schedu	le O)			
	(Expe	nses \$	ınclı	uding grants of	\$) (Revenue \$)

Par	Checklist of Required Schedules	-		
	Table 2000 100 100 100 100 100 100 100 100 10		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕲	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
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	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	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 2	11c		No
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 Part X, line 16? If "Yes," complete Schedule D, Part IX 😼	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		No
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(see instructions)	17		No
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	Yes	
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	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
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? <i>If "Yes," complete Schedule J</i>	23		No
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 25a	24a		No
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
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		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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		No
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	Yes	

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1b

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Yes

10

Page 4

12b

13b

13c

13a

14a

14b

15

No

No

Form **990** (2018)

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

OHH	330 (2010)			Page (
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	lınes 🗹
Se	ction 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 47			
	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 1b 47			
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	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue		<u> </u>	
	ction bill offices (This Section & requests finormation about policies flot required by the Internal Nevental		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	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	Yes	
		12a		NI-
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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		No
b	Other officers or key employees of the organization	15b		No
	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 taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website \square Another's website $ ewline olimits$ Upon request \square 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 financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►RENO RODEO ASSOCIATION WASHOE COUNTY FAIRGROUNDS RENO, NV 89512 (775) 329-3877			

(A)

Part VII

year

(F)

(E)

Page 7

Compensation of Officers, Di and Independent Contractors	y Employees, High	nest Compensated Employe

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

- 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, or 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

(C)

(D)

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

(B)

Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation organization (Wanv hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Individual trustee or director Highest compensated employee Former organizations <u>.6</u> related MISC) Institutional Trustee below dotted employee organizations line) See Additional Data Table

1b S	b Sub-Total					
сΤ	c Total from continuation sheets to Part VII, Section A					
d T	d Total (add lines 1b and 1c)	96,517	()		11,510
2	Total number of individuals (including but not limited to those listed above) who f reportable compensation from the organization $ ightharpoonup 0$	ho received more than	\$100,000			
					Yes	No
3	Did the organization list any former officer, director or trustee, key employee line 1a? <i>If "Yes," complete Schedule J for such individual</i>			3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and organization and related organizations greater than \$150,000? If "Yes," complete in the compensation and related organizations greater than \$150,000?	lete Schedule J for suci				
	ındıvıdual			4		No
5	Did any person listed on line 1a receive or accrue compensation from any unre	elated organization or i	ndıvıdual for			

	organization and related organizations greater than \$150,000? If Yes, complete Schedule 3 for such			1
	ındıvıdual	4		No
5	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	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confrom the organization. Report compensation for the calendar year ending with or within the organization's tax year.	npensa	ation	

_		IJacion	
	from the organization Report compensation for the calendar year ending with or within the	organization's tax year	
	(A)	(B)	(C)
	Name and business address	Description of services	Compensation
FLYII	NG U RODEO	LIVESTOCK RENTAL	344,777
	the organization Report compensation for the calendar year ending with or within th (A) Name and business address		

	,	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
FLYING U RODEO	LIVESTOCK RENTAL	344,77
320 FIFTH STREET		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

MARKETING AND ADVERTISING

151,770

Form 990 (2018)

MIGSVILLE, CA 95901

RENO, NV 89519

MINOR O'HARRA ADVERTISING 6170 RIDGEVIEW COURT SUITE A

compensation from the organization ▶ 2

	50 (2010)										rage
Part						L D 11/11/					
	Check if Scheau	ie O contains a r	espoi	nse or note to any	((A) revenue	Rela ex fu	(B) ated or cempt nction	Unre busi	C) elated iness enue	(D) Revenue excluded from tax under sections 512 - 514
	1a Federated campaig	ns 1	La				re	venue			512 - 514
nts Ints	b Membership dues	<u> </u>	lь	48,890							
ירפו סנ	c Fundraising events		Lc	28,000							
S, c	d Related organizatio		ld								
olli Iar	e Government grants (co			1,000,000							
E. S.	£ All other centributions	´ <u>L</u>	Le	1,000,000							
5 S	f All other contributions and similar amounts in above	ot included	1f	111,580							
the state	g Noncash contribution	one included									
Continutions, Girs, Grants and Other Similar Amounts	in lines 1a - 1f \$	ons included	_								
cont and	h Total. Add lines 1a	-1f		▶		1,188,470					
				Business	Code	2,200, 0	T				
Program Service Revenue	2a ANNUAL RENO RODEO				711210	4,6	52,739	4,466	,249	186,4	190
<u>خ</u> بخ					711210						
- J	b —										
erv	d —										
S	e ———										
gra	f All other program se	ervice revenue									
Æ	gTotal. Add lines 2a-2	2f		▶ 4,6	52,739						
	3 Investment income (i		ds. ır	nterest, and other	1						
	sımılar amounts) .		•	>	<u> </u>	37,855	5				37,85
	4 Income from investme										
	5 Royalties		• •		1						
	6a Gross rents	(ı) Real	-	(II) Personal	1						
		510,	445								
	b Less rental expenses		0								
	c Rental income or	510,	445		1						
	(loss)				Ţ						
	d Net rental income o				ļ	510,445	5	510,445			
	7a Gross amount	(ı) Securities	•	(II) Other	-						
	from sales of assets other										
	than inventory										
	b Less cost or		1		1						
	other basis and sales expenses										
	C Gain or (loss)										
	d Net gain or (loss)		-	•							
a	8a Gross income from f (not including \$	undraising event 28,000 of	s								
IJ.	contributions reporte See Part IV, line 18			120 245							
ě	b Less direct expense		a b	120,245 28,344	-						
Other Revenue	c Net income or (loss)		L	<u> </u>	_	91,901	L				91,90
the	9a Gross income from g	^	_ [
0	See Part IV, line 19		_	100 501							
	h laga direct evnense	-	a b	188,591 87,036	4						
	b Less direct expense c Net income or (loss)		L	<u> </u>	_	101,555	5				101,55
	10aGross sales of invent		Γ	es >	1						<u>'</u>
	returns and allowand		ļ								
			a	1,609,218	4						
	b Less cost of goods s		ь	· · · · · · · · · · · · · · · · · · ·	J	1,038,769	a	1,038,769			
	c Net income or (loss) Miscellaneous		vento	Business Code		1,030,703					
	11a _{OTHER} INCOME	revenue	_	711210	5	178,501	L	178,501			
	ь		\dashv		+		+				
			\dashv		1		+				
	_										
	d All other revenue .		_		1		1				
	e Total. Add lines 11a		L	, . >			+				
			•			178,501	L				
	12 Total revenue. See	: INSTRUCTIONS .	•	• • • •		7,800,235	5	6,193,964		186,490	
											Form 990 (2018

Forn	990 (2018)				Page 10
	art IX Statement of Functional Expenses Ion 501(c)(3) and 501(c)(4) organizations must complete all co	slumps. All other orga	enizatione must comp	lote column (A)	
Secu	Check if Schedule O contains a response or note to any	-			🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	405,829	405,829		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
	Benefits paid to or for members	100.027		100 027	
	Compensation of current officers, directors, trustees, and key employees	108,027		108,027	
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	285,308	133,734	151,574	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	8,283	2,816	5,467	
9	Other employee benefits	27,482	9,344	18,138	
10	Payroll taxes	22,165	7,536	14,629	
11	Fees for services (non-employees)				
a	Management				
Ь	Legal				
С	Accounting				
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	462,902	189,174	273,728	
12	Advertising and promotion	695,567	645,826	49,741	
	Office expenses	191,699	167,867	23,832	
14	Information technology				
	Royalties				
16	Occupancy	432,989	359,983	73,006	
17	Travel	157,293	43,406	113,887	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	119,730	11,645	108,085	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	97,373		97,373	
23	Insurance	53,665	65	53,600	
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)				
,	a UNRELATED BUSINESS INCO	9,969		9,969	
i	b CALCUTTA	609,553	609,553		
•	c SPONSORSHIP	542,409	449,124	93,285	
•	d LIVESTOCK	406,955	403,705	3,250	
	e All other expenses	1,551,724	1,432,492	119,232	
	Total functional expenses. Add lines 1 through 24e	6,188,922	4,872,099	1,316,823	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				
	Check here ► ☐ If following SOP 98-2 (ASC 958-720)				
	·	·			Form 990 (2018)

Form **990** (2018)

Page **11**

56.720

1.218.384

5.287.241

1,000,000

6,287,241

7,505,625

Form **990** (2018)

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22 23

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754.238

4.664.535

4,664,535

5,418,773

Form 990 (2018)

Deferred revenue .

Tax-exempt bond liabilities . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

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

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

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

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

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

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34

Liabilities 22

Assets or Fund Balances

Net

	Beginning of year		End of year
1 Cash-non-interest-bearing	825,162	1	259,035
2 Savings and temporary cash investments	2,348,742	2	3,715,756
3 Pledges and grants receivable, net		3	
4 Accounts receivable, net	183,894	4	1,745,899
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete			

		,				I	
	4	Accounts receivable, net			183,894	4	1,74
	5	Loans and other receivables from current and for trustees, key employees, and highest compensar Part II of Schedule L	ated en	nployees Complete		5	
ts	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	n 4958 ations c (see in	(c)(3)(B), and of section 501(c)(9) structions) Complete		6	
e	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			32,503	8	3
٨	9	Prepaid expenses and deferred charges			55,478	9	5
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,711,468			
	b	Less accumulated depreciation	10 b	1,945,183	747,228	10c	76
	11	Investments—publicly traded securities .			1,129,838	11	83
					70.055		

ets	7	voluntary employees' beneficiary organizations Part II of Schedule L Notes and loans receivable, net		7			
SS 6	8	Inventories for sale or use	32,503	8	34,617		
A	9	Prepaid expenses and deferred charges	55,478	9	53,015		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,711,468			
	ь	Less accumulated depreciation	10b	1,945,183	747,228	10c	766,285
	11	Investments—publicly traded securities .			1,129,838	11	830,575
	12	Investments—other securities See Part IV, line		72,655	12		
	13	Investments—program-related See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			23,273	15	100,443

ਰਹ 7	Notes and loans receivable, net				7	
SS SS	Inventories for sale or use			32,503	8	34,617
و 🏲	Prepaid expenses and deferred charges			55,478	9	53,015
10	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,711,468			
	b Less accumulated depreciation	10b	1,945,183	747,228	10c	766,285
11	Investments—publicly traded securities .			1,129,838	11	830,575
12	Investments—other securities See Part IV, line	11 .		72,655	12	
13	Investments—program-related See Part IV, line	11 .	•		13	
14	Intangible assets				14	
15	Other assets See Part IV, line 11			23,273	15	100,443
16	Total assets.Add lines 1 through 15 (must equ	al line	34)	5,418,773	16	7,505,625
17	Accounts payable and accrued expenses		754,238	17	815,164	
18	Grants payable				18	346,500

•					1				
Ass	8	Inventories for sale or use	32,503	8	34,617				
A	9	Prepaid expenses and deferred charges	Prepaid expenses and deferred charges						
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,711,468					
	ь	Less accumulated depreciation	10 b	1,945,183	747,228	10 c	766,285		
	11	Investments—publicly traded securities .	1,129,838	11	830,575				
	12	Investments—other securities See Part IV, line	72,655	12					
	13	Investments—program-related See Part IV, line	e 11 .			13			
	14	Intangible assets				14			
	15	Other assets See Part IV, line 11	23,273	15	100,443				
	16	Total assets.Add lines 1 through 15 (must equ	5,418,773	16	7,505,625				
	17	Accounts payable and accrued expenses	754,238	17	815,164				
	18	Grants payable		18	346,500				

Form	990 (2018)				Page 12
Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7	,800,235
2	Total expenses (must equal Part IX, column (A), line 25)	2			,188,922
3	Revenue less expenses Subtract line 2 from line 1	3			,611,313
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,664,535
5	Net unrealized gains (losses) on investments	5			11,393
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			
_	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		6	,287,241
	tXII Financial Statements and Reporting			-	,207,211
ı a	Check if Schedule O contains a response or note to any line in this Part XII				П
	Check if Schedule O contains a response of note to any line in this Part All	•		Yes	No
	Accounting method used to prepare the Form 990			103	-110
1	Accounting method used to prepare the Form 990				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ 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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle	3a		No

3b

Form **990** (2018)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID:

Software Version:

EIN: 88-0234480

Name: RENO RODEO ASSOCIATION

Form 990 (2018)

990 (2018)

Form 990, Part III, Line 4a:

THE "WILDEST, RICHEST RODEO IN THE WEST", ENCOMPASES 10 DAYS OF WILD WEST FAMILY FUN OVER 140,000 FANS ATTEND EACH YEAR AND THE EVENT IMPACTS THE RENO/SPARKS AREA ECONOMY WITH \$42 MILLION GOING TO HOTELS, CASINOS, RESTAURANTS, AND RETAIL OUTLETS

Form 990, Part III, Line 4b: CONTRIBUTIONS MADE TO COMMUNITY ORGANIZATIONS FROM THE INCOME GENERATED DURING THE ANNUAL RENO RODEO

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the compensation from related any hours and a director/trustee) organization organizations from the

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	MISC)	MISC)	related organizations
CRAIG DOWNIE PRESIDENT	10 00	х		x				0	0	0
JOSHUA IVESON 1ST VICE PRESIDENT	10 00	х		х				0	0	0
GREG WILLIAMS 2ND VICE PRESIDENT	10 00	x		х				0	0	0
DEBBIE SPRAGUE SECRETARY	10 00	X		×				0	0	0

GREG WILLIAMS
2ND VICE PRESIDENT
DEBBIE SPRAGUE
SECRETARY

JIM NEIL

TREASURER

DIRECTOR

DIRECTOR

RANDY BELL

DIRECTOR

DIRECTOR

ALEX BYBEE

DIRECTOR

MICHAEL BUIS

MELISSA ROSENTHAL

SHANE ACKERSON

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	ally flours	anu	a uii	ecti) /L	ustee	'	Organization	Organizations	l lioni tile .
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
BOB COSE DIRECTOR	2 00	×						0	0	0
SHARON DISIMONI DIRECTOR	2 00	×						0	0	0
FRANCINE DONSHICK DIRECTOR	2 00	×						0	0	0
TERRY DONSHICK	2 00	×						0	0	0

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DIRECTOR
FRANCINE DONSHICK
DIRECTOR
TERRY DONSHICK
DIRECTOR

SPENCER DOWNIE

DIRECTOR

DIRECTOR

DIRECTOR

DAN EHORN

DIRECTOR

JIM ELSTON

DIRECTOR

DIRECTOR

LARRY FRUGOLI

ZACH DOWNIE

MICHAEL EFSTRATIS

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	ally flours	1	a un	ecto	317 (1	usice	, ,	(NA 2 /4 200	(IV 2/4 200	I moniture .
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
TROY GARDNER DIRECTOR	2 00	X						0	0	0
PAUL GORDON DIRECTOR	2 00	X						0	0	0
GREG GOSS DIRECTOR	2 00	X						0	0	0
JIM HAY DIRECTOR	2 00	X						0	0	0
BILL JOHNSON	2 00									

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DIRECTOR

DIRECTOR

DIRECTOR

KEN MINER

DIRECTOR

DIRECTOR

DIRECTOR

BRENT MUHLENBERG

DOUG NICHOLSON

JIM LINDSEY

JENNY LESIEUTRE

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	and	a dır	recto	or/tr	ustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
RICH PETTINARI DIRECTOR	2 00	×						0	0	0	
CARRIE ANN SATTLER DIRECTOR	2 00	×						0	0	0	
CHELSE SIDENER-MITCHELL DIRECTOR	2 00	х						0	0	0	
DELLICE STEADMAN DIRECTOR	2 00	х						0	0	0	
MARK SUTTON	2 00										

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DIRECTOR
DELLICE STEADMAN
DIRECTOR
MARK SUTTON
DIRECTOR

MARJORIE SWIATEK

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

KAREN RILEY

STEVE TESERIO

GREG TORVINEN

JUSTIN THOMSEN

and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation

week (list

any hours

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DIRECTOR

DIRECTOR

GEORGE COMBS

GENERAL MANAGER

NICHOLAS HEATHMAN

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

person is both an officer

and a director/trustee)

from the

organization

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96,517

from related

organizations

compensation

from the

11,510

	ally flours	l	a uii	ecto	// CI	usice	, I	Organization	organizations	l lioni the .
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
SUE WARD DIRECTOR	2 00	×						0	0	0
JASON WARREN DIRECTOR	2 00	×						0	0	0
NICK WEBER DIRECTOR	2 00	×						0	0	0
MIKE TORVINEN DIRECTOR	2 00	×						0	0	0
MARK SCOTT DIRECTOR	2 00	×						0	0	0
DAVE DEPOALI	2 00									

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SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public

OMB No 1545-0047

DLN: 93493035014310

Department of the Treasury Internal Revenue Service

(Form 990 or 990-

EZ)

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Inspection

f the • S • S f the	Section 501(c)(3) organizations tha Section 501(c)(3) organizations tha	n Form 990, Part IV, Line 4, or Form 9 at have filed Form 5768 (election under s at have NOT filed Form 5768 (election ur an Form 990, Part IV, Line 5 (Proxy Tax	ection 501(h)) Co ider section 501(h	mplete Pa	rt II-A Do not o te Part II-B Do	complete Part II- not complete P	art II-A
• 5	Section 501(c)(4), (5), or (6) organi						
	me of the organization NO RODEO ASSOCIATION				Employer ide	entification nur	nber
					88-0234480		
Par	t I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is	a section	n 527 organ	ization.	
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political can	npaign activities in	n Part IV (s	ee instructions	for definition of	:
2	Political campaign activity expend		>	\$			
3	Volunteer hours for political camp						
	•	nization is exempt under section	. , , ,				
1	·	ax incurred by the organization under se			>	\$	
2	·	ax incurred by organization managers ui			>	\$	
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	hıs year?			☐ Yes	☐ No
4a	Was a correction made?					☐ Yes	□ No
b	If "Yes," describe in Part IV t I-C Complete if the orga	nization is exempt under sectio	n EO1(c) over	ant cocti	n F01/c\/2		
		<u> </u>		-		-	
1 2	<i>'</i> '	ded by the filing organization for section ganization's funds contributed to other o				\$	
		and Add lines 1 and 2. Fatou have and our	. Farm 1130 DO	l.m.a. 17h		>	
3	•	res Add lines 1 and 2 Enter here and or	1 FORM 1120-POL,	line 17b	•	\$	
4	Did the filing organization file Fo i	rm 1120-POL for this year?				☐ Yes	☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of r each organization listed, enter the amo that were promptly and directly deliver iee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing orga olitical orga	nızatıon's fund: anızatıon, such	ls Also enter the	
	(a) Name	(b) Address	(c) EIN	filing o	ount paid from rganization's If none, enter -0-	(e) Amount contribution and prom directly deli separate organization enter	s received ptly and vered to a political n If none,
1							
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1							
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5							
- D	Paparwork Poduction Act Natice and	the instructions for Form 000 or 000 F7	L		California C	/F 000 - 00	O E7) 2012

ь	Total lobbying expenditures to influence a legislative	body (direct lobbying)	
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and	i 1d)	
f	Lobbying nontaxable amount Enter the amount fron columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
	Not over \$500,000	20% of the amount on line 1e	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
			 •
g	Grassroots nontaxable amount (enter 25% of line 1f)	
h	Subtract line 1g from line 1a If zero or less, enter -(

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

activity

Volunteers?

Media advertisements?

Return Reference

1

(b)

Amount

(a)

No

Yes

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Nο 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047

DLN: 93493035014310

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization **Employer identification number** RENO RODEO ASSOCIATION 88-0234480 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, 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 If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 31,123 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2018

Par	t II	Organizations Ma	aintaining Col	lections o	f Art, Hi	istori	cal Tr	easu	ires, or	Other	Similar A	Assets (contin	ued)	
3		ing the organization's acqu ms (check all that apply)													
а	✓	Public exhibition				d		Loan	or excha	ange prog	ırams				
b		Scholarly research				e		Other	r						
С	\checkmark	Preservation for future	generations												
4		ovide a description of the ort XIII	organization's col	ections and	explain h	ow the	y furth	er the	e organız	ation's ex	empt purp	ose in			
5		ring the year, did the orga sets to be sold to raise fun									ıılar	☐ Ye	· c	☑ N	n
Pa	rt I\	Escrow and Custo	odial Arrange	ments.											
		Complete if the org X, line 21.	ganization answ	ered "Yes	" on Forn	n 990	, Part	IV, lı	ne 9, or	reporte	d an amo	ount on F	orm	990,	Part ———
1a		the organization an agent, luded on Form 990, Part X		an or other	intermedia	ary for	contril	oution	s or othe	er assets i	not	☐ Ye	:s	□ N•	o
ь	If '	"Yes," explain the arrange	ment ın Part XIII	and comple	te the foll	owing	table					Amount			_
c		ginning balance		,		_			İ	1c					_
d	Ad	ditions during the year							İ	1d					_
е		stributions during the year							l	1e					_
f		ding balance							l	1f					_
2a	Dic	the organization include a	an amount on Fo	rm 990 Par	t X line 2	1 for	escrow	or cu	stodial a	ccount lia	hility?		·	□ N	_
		'Yes," explain the arranger										_	:5		J
	rt V				· · · · · · · · · · · · · · · · · · ·										
- (-	11 C V	Elidowillelit Fulld	is. Complete ii	(a)Curren			nor year				(d)Three y		(e)Fo	ur year	s back
1a	Begi	nning of year balance .		(=,====================================	7 - 2 - 2 - 2	(-)	, , , , , , , , , , , , , , , , , , , ,		(-,,-		(,		(-)-		
	_	tributions													
С	Net	investment earnings, gain:	s, and losses												
		nts or scholarships	•												
e		er expenditures for facilitie programs	es												
f	Adm	inistrative expenses .													
g	End	of year balance													
2	Pro	ovide the estimated percer	ntage of the curre	nt year end	balance (line 1g	g, colur	nn (a))) held a	s					<u></u>
а	Во	ard designated or quasi-er	ndowment 🟲												
b	Per	rmanent endowment 🕨													
С	Tei	mporarily restricted endow	vment 🕨												
	The	e percentages on lines 2a,	2b, and 2c shou	ld equal 100)%										
3а		there endowment funds i	not in the posses	sion of the o	organizatio	on that	are he	eld an	d admını	stered fo	r the		-		
	_	janization by										[a	-/:\	Yes	No
		unrelated organizations			• •		•						a(i) a(ii)	\longrightarrow	
ь	-) related organizations . 'Yes" on 3a(ii), are the rela				. . n Sche	dule R	· .					3b	-+	
4		scribe in Part XIII the inte													
Pa	rt V														
		Complete If the org	ganization answ	ered "Yes											
	Des	cription of property	(a) Cost or oth (investme		(b) Cost o	or other	basis (d	other)	(c) Acc	umulated d	lepreciation	'	(d) Boo	ok value	9
1 a	Land	1						1,000							1,000
b	Build	dings					28	0,268			102,856	5			177,412
С	Leas	sehold improvements					2,18	6,797			1,632,532	!			554,265
		pment					23	5,203			208,838	3			26,365

8,200

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

7,243

957

	Saa Form 990 Part V lina 17					
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value		(c) Method of or end-of-yea	valuation r market value
	al derivatives					
	Tield equity interests	<u> </u>				
(A)						
[B)						
(C)						
(D)						
(E)						
F)						
(G)						
(H)						
Fotal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on F	Form 990. P	art IV. line	e 11c. See Fo	rm 990. Par	t X. line 13.
	(a) Description of investment		ok value		(c) Method of	
(1)				Cost	or end-or-yea	ir market value
(2)						
3)						
4)						
5)						
6)						
(7)						
(8)						
(8)						
(9)	nn (b) must equal Form 990, Part X. col (B) line 13)					
(9) Fotal. (Colum	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d S	See Form 990,	
9) Fotal. (Column Part IX			n 990, Part	IV, line 11d S	See Form 990,	Part X, line 15 (b) Book value
9) Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	iee Form 990,	
(9) Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
(9) Fotal. (Column Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered (a) Description		m 990, Part	IV, line 11d S	See Form 990,	
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organization asswered to the organization asswered to the organization as the organization	n				(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15	n		 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (1) 2) 3)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (2) 3) 4) 5)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 66) 7) 88) 9) Fotal. (Column Part X 1) Federal (1) Federal (2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) Part X 1. 1) Federal (1) 5) 6) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1.	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Page 4

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Part XI

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 6,874,751 2 Amounts included on line 1 but not on Form 990, Part IX, line 25

Donated services and use of facilities . . . 2a 2b 2c c 2d Other (Describe in Part XIII) 685,829 d

Add lines 2a through 2d 2e 3 3 4

685,829 6,188,922 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . 4a

4b b

Add lines **4a** and **4b** 4c 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 6.188.922 Part XIII **Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information Return Reference Explanation

See Additional Data Table

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

OE SCULPTURE

EIN: 88-0234480

Name: RENO RODEO ASSOCIATION

Supplemental Information

Return Reference Explanation PART III, LINE 4 THE ASSOCIATION'S CAPITALIZED COLLECTION CONSISTS OF ORIGINAL ARTWORK COMMISSIONED EACH YE AR TO COMMEMORATE THAT YEAR'S RODEO THE ASSOCIATION HAS BEEN PURCHASING THE ORIGINAL ARTW ORK SINCE 2015 THE ORIGINAL ARTWORK IS REPRODUCED AS LIMITED-EDITION POSTERS THAT ARE SOLD TO COLLECTORS AND THE PUBLIC THE COLLECTION ALSO INCLUDES A LARGE ONE OF A KIND HORSESH

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	THE ASSOCIATION IS ORGANIZED AS A NEVADA NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE IRS AS EXEMPT FROM FEDERAL INCOME TAXES UNDER IRC SECTION 501(A) AS AN ORGANIZATION DE SCRIBED IN IRC SECTION 501(C)(4), AS A SOCIAL WELFARE ORGANIZATION IT ANNUALLY IS REQUIRE D TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX(FORM 990) WITH THE IRS IN ADDIT ION, IT IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES TH AT ARE UNRELATED TO THEIR EXEMPT PURPOSES IT ALSO FILES AN EXEMPT ORGANIZATION BUSINESS I NCOME TAX RETURN (FORM 990)T) WITH THE IRS TO REPORT ITS UNRELATED BUSINESS TAXABLE INCOME MANAGEMENT BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTIN G ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS THE ASSOCIATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED

Supplemental Information Return Reference Explanation COST OF GOODS SOLD 570,449 GAMING EXPENSES 69,300 FUNDRAISING EXPENSE 28,344 GAMING PART XI, LINE 2D - OTHER ADJUSTMENTS EXPENSES 17,736

Supplemental Information Return Reference Explanation COST OF GOODS SOLD 570,449 GAMING EXPENSE 69,300 FUNDRAISING EXPENSE 28,344 GAMING PART XII, LINE 2D - OTHER EXPENSE 17.736 I ADJUSTMENTS

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a ► Attach to Form 990 or Form 990-EZ.

2018

DLN: 93493035014310 OMB No 1545-0047

> Open to Public Inspection

	nai revenue leivice	P GO to WWW	ns gov/ro	1111990 101	instructions and the latest if	nomiation		
	ne of the organization O RODEO ASSOCIATION						Employer ide	entification number
							88-0234480	
Pā	Fundraising Activ	•	_		answered "Yes" on Fo	orm 990,	Part IV, line	L7.
1	Indicate whether the organization	ation raised funds th	nrough an	y of the f	ollowing activities Check	all that a	pply	
а	Mail solicitations			e	Solicitation of nor	ı-governm	ent grants	
ь	☐ Internet and email solicita	ations		f	Solicitation of gov	ernment (grants	
c	Phone solicitations			q	Special fundraisin	g events		
d	☐ In-person solicitations			_		-		
2a	Did the organization have a vor key employees listed in Fo							es 🗆 No
b	If "Yes," list the ten highest p to be compensated at least \$			ndraisers)	pursuant to agreements	s under wl		
i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust con) Did iser have ody or trol of butions?	(iv) Gross receipts from activity	(or r	nount paid to etained by) aiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
ota	al	1		 				
	List all states in which the orga licensing	nization is registere	d or licen	sed to sol	ıcıt contributions or has l	peen notif	ied it is exempt	from registration or

Sche	dule G (Form !	990 or 990-EZ) 2018						Page 3
.1	Does the org	ganization conduct gaming	activities with nonmemb	ers?			✓ Yes	□ No
.2		ızatıon a grantor, beneficia İminister charitable gamıng		r a member of a partnersh	ip or other entity		Yes	
.3	Indicate the	percentage of gaming activ	vity conducted in					
а	The organiza	ation's facility				13a		100 000 %
b	An outside fa	acılıty				13b		%
.4	Enter the na	me and address of the per	son who prepares the or	ganization's gaming/specia	l events books and re	cords		
	Name 🟲	MIKE TORVINEN						
	Address >	PO BOX 12335 RENO, NV 89510						
.5a	-	ganization have a contract	with a third party from w	hom the organization rece	ives gaming			
	revenue?						✓ Yes	□ No
b	•	er the amount of gaming re	•	•	172,615 and the	9		
С		aming revenue retained by er name and address of the		17,671				
	Name ►							
	Address ▶	1 YONGE STREET SUITE TORONTO CA	- 700					
.6	Gaming man	nager information						
	Name 🟲	MIKE TORVINEN						
	Gamıng man	nager compensation > \$		00				
	Description o	of services provided O	/ERALL SUPERVISION A	ND MANAGEMENT OF GAMI	ING OPERATIONS			
	☑ Director	r/officer	☐ Employee	☐ Independ	lent contractor			
L7 a	_	ızatıon required under stat	e law to make charitable	distributions from the gam	ning proceeds to		_	_
		ate gaming license?					☐ Yes	✓ No
b		nount of distributions requi ization's own exempt activi			ganizations or spent			
Pai	rt IV Sup	plemental Information ines 9, 9b, 10b, 15b, 15b, 15b, 15b, 15b, 15b, 15b, 15	n. Provide the explan	ations required by Part				
		rn Reference		<u> </u>	anation			
	Netu	TH Reference		Expi				990-F7) 2018

efil	e GRAPHIC pr	rint - DO NOT PROCESS As Filed Data -	DLN: 93	49303	35014	1310	
Sch	edule J	Compensation Information	0	MB No	1545-	0047	
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, and	d Highest				
		Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Pa	rt IV. line 23.	20	2018		
_		➤ Attach to Form 990.		Open			
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/Form990</u> for instructions and the latest i	ntormation.		oectio		
	me of the organiza O RODEO ASSOCIA		Employer identifica	tion n	umber		
KEN	O RODEO ASSOCIA	ITON	88-0234480				
Pa	rt I Questi	ons Regarding Compensation					
					Yes	No	
1a		opiate box(es) if the organization provided any of the following to or for a person ection A, line 1a Complete Part III to provide any relevant information regarding					
		s or charter travel Housing allowance or residence	•				
	_	companions \square Payments for business use of p					
		nification and gross-up payments Health or social club dues or in					
	☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)						
b		xes in line 1a are checked, did the organization follow a written policy regarding all of the expenses described above? If "No," complete Part III to explain	payment or reimbursement	1b			
2		ation require substantiation prior to reimbursing or allowing expenses incurred b ees, officers, including the CEO/Executive Director, regarding the items checked i		2			
	directors, truste	res, officers, including the CEO/Executive Director, regarding the items checked in	III IIIIe Ia				
3		If any, of the following the filing organization used to establish the compensation					
	_	ed organization to establish compensation of the CEO/Executive Director, but exp					
	Componer	ation committee					
		ent compensation consultant Written employment contract Compensation survey or study					
		of other organizations Approval by the board or comp					
4		, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to	the filing organization or a				
	related organiza						
a		ance payment or change-of-control payment?		4a		No	
b	•	r receive payment from, a supplemental nonqualified retirement plan? r receive payment from, an equity-based compensation arrangement?		4b 4c		No	
С		of lines 4a-c, list the persons and provide the applicable amounts for each item ii	n Part III	40		No	
	,						
), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a ontingent on the revenues of	any				
а	The organization			5a		No	
b	Any related orga			5b		No	
_	-	5a or 5b, describe in Part III					
6		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a contingent on the net earnings of	any				
a	The organization			6a		No	
b	Any related orga	anization / 6a or 6b, describe in Part III		6b		No	
7	•	ba or bb, describe in Part III ed on Form 990, Part VII, Section A, line 1a, did the organization provide any no	infixed				
	payments not d	escribed in lines 5 and 67 If "Yes," describe in Part III		7		No	
8		nts reported on Form 990, Part VII, paid or accured pursuant to a contract that nitial contract exception described in Regulations section 53 4958-4(a)(3)? If "Ye		8		No	
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follow the rebuttable presumption procedure describ	ed in Regulations section	9			
For I	Danerwork Pedu	ection Act Notice, see the Instructions for Form 990.	No 50053T Schedule	l (Forn	n 990)	2018	

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 on 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 (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (D) Nontaxable (C) Retirement and (E) Total of columns (F) Compensation in column (B) reported other deferred benefits (B)(i)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 GEORGE COMBS 96,517 (i) Ω 4,080 7.430 108,027 GENERAL MANAGER 0 (ii)

Schedule J (Form 990) 2018 Part III Supplemental Information 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 additional information

Schedule J (Form 990) 2018

efile GRAPH	DLN:	DLN: 93493035014310						
SCHEDUL (Form 990 or EZ)	90-EZ ons on n.	OMB No 1545-0047 2018 Open to Public Inspection						
Name Betherofg RENO RODEO ASS 990 Schedul		on		Employer ident 88-0234480	fication number			
Return Reference			Explanation					
FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING MEMBERS OF THE GOVERNING BOARD ARE RELATED AS NOTED TERRY DONSHICK AND FRAN CINE DONSHICK ARE BROTHER AND SISTER CRAIG DOWNIE IS FATHER TO SCOTT DOWNIE, SPENSER DOWN IE AND ZACH DOWNIE, HIS SONS GREG TORVINEN AND MIKE TORVINEN ARE BROTHERS							

Return Explanation
Reference

FORM 990, PART VI, SECTION A, LINE 2

THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE CONSISTING OF 15 MEMBERS INCLUDING THE PRESIDE NT, THE FIRST VICE PRESIDENT, THE SECRETARY, THE TREASURER AND SECTION A, LINE 2

Return Explanation
Reference

FORM 990, PART VI, SECTION A, LINE 6

THE ORGANIZATION HAS EIGHT DIFFERENT MEMBER TYPES THESE INCLUDE WRANGLER, ACTIVE MEMBER, DIRECTOR, PAST PRESIDENT, MEMBER EMERITUS, DIRECTOR EMERITUS, HONORARY MEMBER, AND ASSOCIATION A, LINE 6

Return Explanation
Reference

FORM 990,	CURRENT BOARD MEMBERS ARE ELIGIBLE TO ELECT DIRECTORS TO THE GOVERNING BOARD FROM THE SLAT
PART VI,	E OF AVAILABLE CANDIDATES APPROVED BY THE BOARD THE BOARD ELECTS THE BOARD'S OFFICERS PA
SECTION A,	ST BOARD PRESIDENTS ARE VOTING MEMBERS OF THE GOVERNING BOARD FOR LIFE
LINE 7A	

Return Explanation

FORM 990, FORM 990 IS REVIEWED BY THE TREASURER AND DESIGNATED MEMBERS OF THE ASSOCIATION WITH ACCOU PART VI, NTING AND TAX EXPERTISE ALL MEMBERS OF THE GOVERNING BODY RECEIVE A COPY OF THE FORM 990 SECTION B, PRIOR TO FILING

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. **UPON REQUEST** PART VI. SECTION C. LINE 19

Return Reference	Explanation
FORM 990, PART IX, LINE 24E	SECURITY AND CLEAN-UP PROGRAM SERVICE EXPENSES 362,250 MANAGEMENT AND GENERAL EXPENSES 2 0,114 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 382,364 ADDED PURSE PROGRAM SERVICE EXPENS ES 348,750 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 348, 750 ANNOUNCERS AND PERFORMERS PROGRAM SERVICE EXPENSES 261,300 MANAGEMENT AND GENERAL E XPENSES 1,310 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 262,610 OTHER OPERATING EXPENSES PROGRAM SERVICE EXPENSES 160,814 MANAGEMENT AND GENERAL EXPENSES 44,427 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 205,241 AWARDS PROGRAM SERVICE EXPENSES 91,541 MANAGEMENT AND GENERAL EXPENSES 40,481 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 132,022 REPAIRS AND MAINTEN NANCE PROGRAM SERVICE EXPENSES 86,336 MANAGEMENT AND GENERAL EXPENSES 3,788 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 90,124 BEDDING AND HAY PROGRAM SERVICE EXPENSES 68,086 MANA GEMENT AND GENERAL EXPENSES 713 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 68,799 TAXES AND PERMITS PROGRAM SERVICE EXPENSES 30,265 MANAGEMENT AND GENERAL EXPENSES 6,799 FUNDRAISI NG EXPENSES 0 TOTAL EXPENSES 1,600 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 15,400 MANAGEMENT A ND GENERAL EXPENSES 1,600 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 17,000 TRADE PROGRAM S ERVICE EXPENSES 7,750 MANAGEMENT AND GENERAL EXPENSES 0 TOTAL EXPENSES