# Form 990

Department of the Treasury

Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

For the 2022 calendar year, or tax year beginning 2022, and ending 08-01 07-31 , 20 23 В Check if applicable: C Name of organization Reno Rodeo Foundation D Employer identification number Address change 88-0230538 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 59 Damonte Ranch Pkwy Ste B (775)322 - 9875Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return Reno, NV 89521 1,018,380 Application pending Name and address of principal officer: Clara Andriola H(a) Is this a group return for subordinates? Yes Same as C above H(b) Are all subordinates included? Yes **X** 501(c)(3) 4947(a)(1) or 501(c) ( ) (insert no.) 527 If "No," attach a list. See instructions Tax-exempt status: Website: www.renorodeofoundation.org H(c) Group exemption number X Corporation Trust Association Year of formation: M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: The Foundation enhances and enriches the lives of Northern Nevada families by aiding children with extraordinary needs, supporting community Activities & Governance projects, and providing scholarships. Also, the Foundation serves to foster an appreciation for the sport and history of rodeo. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 15 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 100 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 847,763 786,416 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 36,686 19,480 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,830 4,497 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 826,932 871,740 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 130,000 179.044 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 152,538 122,242 Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 428,219 495,991 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 827,573 680,461 Revenue less expenses. Subtract line 18 from line 12 . . . . . . . 19 146,471 44,167 Net Assets or -und Balances **Beginning of Current Year** End of Year Total assets (Part X, line 16) 2,492,175 2,602,925 21 Total liabilities (Part X, line 26) 152,672 175,687 Net assets or fund balances. Subtract line 21 from line 20 2,339,503 2,427,238 Part II 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. Clara Andriola Sign Here Clara Andriola, Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Date X Check Paid P00398106 Connie Christiansen 03-14-2024 self-employed Connie Christiansen **Preparer** Firm's name Connie Christiansen, Firm's EIN **Use Only** Firm's address PO Box 33875 Phone no. Reno NV 89533 May the IRS discuss this return with the preparer shown above? See instructions 

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 679,470

88-0230538

2) Reno Rodeo Foundation Checklist of Required Schedules Part IV

			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	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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			
4		3		Х
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	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
3	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ü	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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		Α_
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	-		
	complete Schedule D, Part III	8		х
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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X 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	х	
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		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	406		
42	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		Λ.
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		х
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		х
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	х	
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		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
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	х	

2) Reno Rodeo Foundation
Checklist of Required Schedules (continued) Part IV

			Yes	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	х	
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 Schedule K. If "No," go to line 25a	24a		Х
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
20	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 the Schedule L,			
2	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_ <u>x</u>
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
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			
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		
20	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 on Schedule O for Part VI, lines 11b and  19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	38	<b>.</b>	
Par		30	Х	
ı aı	Check if Schedule O contains a response or note to any line in this Part V			
	2 2		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 55	1.5
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	x	

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Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 4720, Schedule O.

If "Yes," complete Form 6069.

17

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Check if Schedule O contains a response or note to any line in this Part VI						x
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		15			
	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 on Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		15			
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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct						
	supervision of officers, directors, trustees, or key employees to a management company or other person?				3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				5		х
6	Did the organization have members or stockholders?				6		х
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	х	
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
	the year by the following:						
а	The governing body?				8a	х	
b	Each committee with authority to act on behalf of the governing body?				8b	х	
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 on Schedule O				9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Cod	e.)					
						Yes	No
0a	Did the organization have local chapters, branches, or affiliates?				10a		х
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		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	rm?		11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to co	nflicts?		12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe on Schedule O how this was done				12c	х	
3	Did the organization have a written whistleblower policy?				13		х
4	Did the organization have a written document retention and destruction policy?				14	х	
5	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	х	
b	Other officers or key employees of the organization				15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
6a	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		х
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		
Sec	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (se	ction (	501(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.						
	☐ Another's website ☐ Upon request ☐ Other (explain on Sche	dule (	O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	est po	licy,				
	and financial statements available to the public during the tax year.						

For	m	990	(2022)

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

Check if Schedule O contains a response or note to any line in this Part VII ..............

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See the instructions for definition of "key employees."
- 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any relati		on com	npens	sate	d an	ny curr	ent c	officer, director, or tr	rustee.	
				(	(C)		_			
(A)	(B)				sition	4		(D)	(E)	(F)
Name and title	Average					nan one		Reportable	Reportable	Estimated amount
Name and the	hours					s both ai		compensation	compensation	of other
	per week					ĺ		from the	from related	compensation
	(list any	의 교	=	0	Z	ФI	7	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for related	divic	stitu	Officer	әу е	ghe: nplo	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	lual t	tiona		key employee	st co yee	7			
	below	Individual trustee or director	Institutional trustee		yee	mpe		*		
	dotted line)	Эе	stee			Highest compensated employee				
						ed				
(1) Clara Andriola	40.00									
Executive Director				х				106,323	0	3,363
(2) Sharon Smith	1.00									
Trustee		х						0	0	0_
(3) Honorable Bridget Robb	1.00									
Trustee		х						0	0	0
(4) Scott Peterson	1.00									
Trustee		х						0	0	0
(5) Mark Sutton	1.00									
Trustee		х						0	0	0
(6) Carrie Ann Sattler	<b> </b>									
Ex-Officio Board Member		х						0	0	0
(7) Greg Williams	1.00									
Trustee		х						0	0	0
(8) Jeff Turnipseed	1.00									
Trustee		х						0	0	0
(9) BJ North	1.00									
Trustee		х						0	0	0
(10)Dr. Larry Frugoli, DMD	1.00									
Trustee		х						0	0	0
(11)Linda Bissett	1.00									
Trustee		х						0	0	0
(12)Jim Neil	1.00									
Trustee		х						0	0	0
(13)Josh Iveson	1.00									
Trustee		х						0	0	0
(14)Debby Herman	2.00									
President		х		х				0	0	0

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Fait VII   Section A. Officers, Directors, 1	Tustees, I	VE Y L	<u>-1111</u>	лоу	/66	o, an	u i	iighest comp	ensateu Linp	ioyees	(continuea)
(A) Name and title	(B) Average hours per week (list any	Average box, unless person is both an officer and a director/trustee) ber week list any						(D)  Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	co	(F) nated amount of other mpensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)		inization and d organizations
(15)Thaaron Kalt, CPA	2.00	x		х				0	0		0
(16)Laura Rader	2 .00										
Secretary (17)Craig Downie	2.00	X		Х				0	0		0
Vice President		х		х				0	0		0
<u>(18)</u>											
<u>(19)</u>											
(20)											
<u>(21)</u>							K				
(22)											
(23)											
(24)											
(25)											
1b Subtotal	77		• •	• •			•				
c Total from continuation sheets to Part VII, Sect d Total (add lines 1b and 1c)				• •			•	106 222	0		3 363
2 Total number of individuals (including but not limite								106,323 e than \$100,000 of	0		3,363
reportable compensation from the organization											1
3 Did the organization list any <b>former</b> officer, director	or trustee ke	v emnl	ovee	or	hiah	est co	mne	ensated			Yes No
employee on line 1a? If "Yes," complete Schedule			-		_					3	x
4 For any individual listed on line 1a, is the sum of ro											
organization and related organizations greater tha individual										4	x
5 Did any person listed on line 1a receive or accrue											
for services rendered to the organization? If "Yes,	" complete So	chedule	e J fo	or su	ch p	erson				5	х
Section B. Independent Contractors  1 Complete this table for your five highest compensations.	ated independ	dent co	ontra	ctors	s tha	nt recei	ived	more than \$100 00	10 of		
compensation from the organization. Report comp											
(A) Name and business addre	ss							(B)  Description of servic	es	(C)	sation
								·			
2 Total number of independent contractors (including received more than \$100,000 of compensation from the contractors).	-		hose	liste	ed al	bove) v	who				

Reno Rodeo Foundation
Statement of Revenue Part VIII

		Check if Schedule O contains a response	or no	te to any line in this	Part VIII			[
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f	1a 1b 1c 1d 1e 1f	120,000 200,000 527,763 \$ 164,543 	847,763			
Program Service Revenue	d e f							
Other Revenue	4 5 6a b c d 7a b c d 8a b c	Investment income (including dividends, inter other similar amounts)	Baa Bb	(ii) Personal  (iii) Other  151,137 146,640	19,480			19,480
	c 10a b	Less: direct expenses  Net income or (loss) from gaming activities  Gross sales of inventory, less returns and allowances  Less: cost of goods sold  Net income or (loss) from sales of inventory	9b  10a 10b					
Miscellanous Revenue	11a b c		<u> </u>	Business Code				
	12	<b>Total revenue.</b> See instructions			871,740	0	0	23,977

#### 022) Reno Rodeo Foundation Statement of Functional Expenses Part IX

>4: - ·-	E04/-1/01	FO4 (-) (4)			A II - 41 :	:	/ /	4 N
section	501101131	and SUTICHAL	organizations must con	nniete ali collimns	All other organi	zations must com	iniete collimn L	41

	Check if Schedule O contains a response or note to				
	ot include amounts reported on lines 6b, 7b, bb, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
'	and domestic governments. See Part IV, line 21	40.057	40.057		
2	Grants and other assistance to domestic	49,257	49,257		
_	individuals. See Part IV, line 22	129,787	129,787		
3	Grants and other assistance to foreign	129,767	129,767		
Ŭ	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	122,163	95,287	15,881	10,995
6	Compensation not included above to disqualified		50,251		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	19,800	4,356	5,346	10,098
8	Pension plan accruals and contributions (include	, , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	10,575	7,134	2,158	1,283
11	Fees for services (nonemployees):			,	,
а	Management				
b	Legal	188		188	
С	Accounting	10,000		10,000	
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 Schedule O.)	9,038	4,500	4,538	
12	Advertising and promotion	36,397	30,372		6,025
13	Office expenses	38,764	24,745	14,019	
14	Information technology				
15	Royalties				
16	Occupancy	9,750		9,750	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,220		1,220	
23	Insurance	8,870	1,843	7,027	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Distributed donated items	164,543	164,543		
b	Children support programs	97,128	97,128		
C	Rodeo Wish and Family Day	65,705	65,705		
d	Fundraising	34,034	03,705		34,034
e	All other expenses	20,354	4,813	3,609	11,932
25	Total functional expenses. Add lines 1 through 24e	827,573	679,470	73,736	74,367
26	Joint costs. Complete this line only if the	52.7,5.5	3,3,4,0	.5,,50	. = , 501
	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)				

#### Part X **Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 250,717 323,185 2 2 550,202 553,354 3 Pledges and grants receivable, net .......... 64,211 3 79,473 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net ............ 7 Assets Inventories for sale or use 8 81,615 9 Prepaid expenses and deferred charges 9 45,235 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . . . 10a 24,520 b 10b 22,741 10c 1,779 2,999 11 1,542,431 11 1,599,899 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 . . . . . . 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 2,492,175 2,602,925 17 17 58,772 73,302 18 18 19 93,900 19 102,385 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, -iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 152,672 26 175,687 Organizations that follow FASB ASC 958, check here  $|\mathbf{x}|$ and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 Net assets without donor restrictions 1,927,234 1,913,559 28 Net assets with donor restrictions 412,269 28 513,679 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 32 2,339,503 32 2,427,238 33 2,602,925 2,492,175 Form 990 (2022)

Form	1990 (2022) Reno Rodeo Foundation	88-023053	8	Pί	age <b>1</b> 2
	rt XI Reconciliation of Net Assets	00 02000	<u> </u>		<u> </u>
	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)			871,	740
2	Total expenses (must equal Part IX, column (A), line 25)			827,	
3	Revenue less expenses. Subtract line 2 from line 1				167
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	339,	
5	Net unrealized gains (losses) on investments				468
6	Donated services and use of facilities	6			
7	Investment expenses	7		(13,	900
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,	427,	238
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed 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	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X 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	x	

EEA Form **990** (2022)

3a

Х

If the organization changed either its oversight process or selection process during the tax year, explain on

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

**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 on Schedule O and describe any steps taken to undergo such audits

Schedule O.

#### **SCHEDULE A** (Form 990)

## **Public Charity Status and Public Support**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

Open to Public Inspection

	_	odeo Foundation	0 /^1		4	4 - 41 - 1	88-0230538			
Part		Reason for Public Cha	rity Status. (Al	i organizations mus	t comple	ete tnis p	art.) See instruction	ns.		
The or	gar	ization is not a private foundation be	cause it is: (For line	es 1 through 12, check or	nly one box	(.)				
1	Ц	A church, convention of churches, o	r association of chu	ırches described in <b>secti</b>	on 170(b)(	1)(A)(i).				
2		A school described in section 170(b	o)(1)(A)(ii). (Attach	Schedule E (Form 990).)						
3		A hospital or a cooperative hospital	service organizatio	n described in <b>section 1</b>	70(b)(1)(A)	(iii).				
4		A medical research organization open	erated in conjunctio	n with a hospital describe	ed in <b>secti</b>	on 170(b)(	1)(A)(iii). Enter the			
		hospital's name, city, and state:								
5		An organization operated for the bei	nefit of a college or	university owned or oper	ated by a	governmen	tal unit described in			
		section 170(b)(1)(A)(iv). (Complete	Part II.)							
6		A federal, state, or local governmen	t or governmental u	init described in <b>section</b>	170(b)(1)(	4)(v).				
7	X	An organization that normally receive	es a substantial pa	rt of its support from a go	vernmenta	al unit or fro	m the general public			
		described in section 170(b)(1)(A)(v								
8		A community trust described in sect	ion 170(b)(1)(A)(vi	). (Complete Part II.)	•					
9		An agricultural research organization	n described in <b>sect</b>	ion 170(b)(1)(A)(ix) oper	ated in cor	njunction w	ith a land-grant college			
		or university or a non-land-grant coll	ege of agriculture (	see instructions). Enter t	he name, d	ity, and sta	ite of the college or			
		university:		•			-			
10	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									
11	H		•					6		
12	Ш	An organization organized and oper	•				• • •			
		one or more publicly supported orga						песк		
		the box on lines 12a through 12d tha	•	5						
а		Type I. A supporting organization								
		the supported organization(s) th			rity of the c	irectors or	trustees of the			
		supporting organization. You m	-							
b		Type II. A supporting organizati	•							
		control or management of the si		·	ersons tha	t control or	manage the supported			
		organization(s). You must com								
С		Type III functionally integrated						ı		
		its supported organization(s) (se								
d								•		
		that is not functionally integrated	_			•	ent and an attentiveness	;		
		requirement (see instructions).	You must complet	e Part IV, Sections A an	id D, and F	Part V.				
е		Check this box if the organization				is a Type I,	Type II, Type III			
		functionally integrated, or Type	III non-functionally i	ntegrated supporting org	anization.			r		
f	Ε	nter the number of supported organi	zations					٠٠٠ [		
g	Р	rovide the following information abou	t the supported org	anization(s).			i			
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		ir governing	(v) Amount of monetary support (see	other s	Amount of support (see	
				above (see instructions))	docum		instructions)	ins	tructions)	
		<b>4</b> /			Yes	No				
(A)										
(B)										
(C)										
(C)										
(D)										
(E)										
Total							I	l		

88-0230538 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	689,123	742,231	733,828	786,416	757,906	3,709,504
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3	689,123	742,231	733,828	786,416	757,906	3,709,504
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						916,706
6	Public support. Subtract line 5 from line 4 .						2,792,798
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	689,123	742,231	733,828	786,416	757,906	3,709,504
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	39,999	82,238	92,580	36,686	19,480	270,983
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)			863	3,830	4,497	9,190
11	<b>Total support.</b> Add lines 7 through 10						3,989,677
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the or						
	organization, check this box and stop her						
Section	on C. Computation of Public Suppor	rt Percentage	9				
14	Public support percentage for 2022 (line 6					14	70.00 %
15	Public support percentage from 2021 Sch					15	65.39 %
16a	33 1/3% support test - 2022. If the organi						
	box and <b>stop here</b> . The organization qual	•		-			_
b	33 1/3% support test - 2021. If the organi						_
	this box and <b>stop here</b> . The organization		• • •	-			_
17a	10%-facts-and-circumstances test - 202	•					
	10% or more, and if the organization meet						
	Part VI how the organization meets the fac			-	-		_
	organization						_
b	10%-facts-and-circumstances test - 202	•					
	15 is 10% or more, and if the organization					•	•
	in Part VI how the organization meets the			-			
	organization						_
18	Private foundation. If the organization did	d not check a b	ox on line 13,	16a, 16b, 17a,	or 17b, check t	this box and se	e
	instructions						

88-0230538

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified		4				
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<del></del>	line 6.)						
	on B. Total Support		1		1		
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
<b>L</b>	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b						
с 11	Net income from unrelated business						
"	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
.•	and 12.)						
14	First 5 years. If the Form 990 is for the or	uanization's fir	st. second. thin	ud. fourth, or fift	h tax vear as a	section 501(c)	(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2022 (line 8			3, column (f))		15	%
16	Public support percentage from 2021 Sch	edule A, Part I	II, line 15 .			16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2022 (I	ine 10c, colum	n (f), divided by	y line 13, colun	nn (f))	17	%
18	Investment income percentage from 2021					18	%
19a	33 1/3% support tests - 2022. If the organ			on line 14, an	d line 15 is mo	re than 33 1/3%	%, and line
	17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests - 2021. If the organizatio	n did not check a	box on line 14 o	r line 19a, and lir	ne 16 is more than	n 33 1/3%, and	_
	line 18 is not more than 33 1/3%, check this box	and <b>stop here.</b> 3	The organization	qualifies as a pul	olicly supported o	rganization	
20	Private foundation. If the organization did	d not check a b	oox on line 14,	19a, or 19b, ch	neck this box ar	nd see instructi	ons 🗌

Schedule A (Form 990) 2022 Reno Rodeo Foundation 88-0230538 Page 4

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

CCL	ion A. An Supporting Organizations	
1	Are all of the organization's supported organizations listed by name in the organization's governing	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	$\Gamma$
2	Did the organization have any supported organization that does not have an IRS determination of status	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	
	organization was described in section 509(a)(1) or (2).	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	
	lines 3b and 3c below.	[;
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	
	organization made the determination.	- ;
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	;
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")? If	

- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI**.
  - **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI**.
  - **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," provide detail in **Part VI**.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
)	0-		
	3с		
	4a		
	-Tu		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
_			

Yes No

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations							
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See									
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.									
Secti	Section A - Adjusted Net Income (A) Prior Year (B) Current Yea									
	on A - Aujusteu Net Income		(A) I Hol Teal	(optional)						
1_	Net short-term capital gain	1								
2	Recoveries of prior-year distributions	2								
3	Other gross income (see instructions)	3								
4	Add lines 1 through 3.	4								
5	Depreciation and depletion	5								
6	Portion of operating expenses paid or incurred for production or collection									
	of gross income or for management, conservation, or maintenance of									
	property held for production of income (see instructions)	6								
7	Other expenses (see instructions)	7								
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8								
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)						
1	Aggregate fair market value of all non-exempt-use assets (see									
	instructions for short tax year or assets held for part of year):									
а	Average monthly value of securities	1a								
b	Average monthly cash balances	1b								
c	Fair market value of other non-exempt-use assets	1c								
d	Total (add lines 1a, 1b, and 1c)	1d								
е	Discount claimed for blockage or other factors									
	(explain in detail in <b>Part VI</b> ):									
2	Acquisition indebtedness applicable to non-exempt-use assets	2								
3	Subtract line 2 from line 1d.	3								
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,									
	see instructions).	4								
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5								
6	Multiply line 5 by 0.035.	6								
7	Recoveries of prior-year distributions	7								
8	Minimum Asset Amount (add line 7 to line 6)	8								
Secti	on C - Distributable Amount			Current Year						
1	Adjusted net income for prior year (from Section A, line 8, column A)	1								
2	Enter 0.85 of line 1.	2								
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3								
4	Enter greater of line 2 or line 3.	4								
5	Income tax imposed in prior year	5								
6	Distributable Amount. Subtract line 5 from line 4, unless subject to									
	emergency temporary reduction (see instructions).	6								
7	Check here if the current year is the organization's first as a non-functional	_	tegrated Type III supporting	ng organization						
	(see instructions).	,	O 71 PF							

Schedule A (Form 990) 2022 EEA

	e A (Form 990) 2022 Reno Rodeo Foundation		88-0		38 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organ	izations (continued	<i>1)</i>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of supporte	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in <b>Part</b>	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		,	10	
	·	(:)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	(i)	Underdistributions	s	Distributable
	,	Excess Distributions	Pre-2022		Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
<del>-</del>	Carryover from 2017 not applied (see instructions)				
-	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
-	Section D, line 7:				
a	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
•	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
Ū	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
'	and 4c.				
	Breakdown of line 7:				
o	F				
a	F 6 0040				
	F fun 0000				
c	F france 0004				
	Excess from 2021				

#### SCHEDULE C (Form 990)

# **Political Campaign and Lobbying Activities**

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

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.

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• Se	ction 501	(c)(4), (5), or (6) organ	nizations: Complete Part III.			
	of organiz				Employer iden	tification number
Reno	Rodeo	Foundation			88-0230538	
Part	I-A	Complete if the	e organization is exempt un	der section 501(	c) or is a section 527	organization.
1	Provide	a description of the o	rganization's direct and indirect politica	al campaign activities i	n Part IV. See instructions for	
	definitio	n of "political campaig	gn activities."			
2	Political	l campaign activity exp	penditures. See instructions		\$	
3	Volunte	er hours for political c	ampaign activities. See instructions			
Part	I-B	Complete if the	e organization is exempt un	der section 501(	c)(3).	
1			se tax incurred by the organization und			
2	Enter th	ne amount of any excis	se tax incurred by organization manag	ers under section 4955	\$ \$	
3	If the or	ganization incurred a	section 4955 tax, did it file Form 4720	for this year?		🗌 Yes 📗 No
4a	Was a d	correction made?				🗌 Yes 📗 No
b		describe in Part IV.				
Part	I-C	Complete if the	e organization is exempt un	der section 501(	c), except section 501	(c)(3).
1			ended by the filing organization for sec			
	activitie	s			\$	
2		•	organization's funds contributed to oth			
			· · · · · · · · · · · · · · · · · · ·			
3			litures. Add lines 1 and 2. Enter here a			
	line 17b	)			\$	
4	Did the	filing organization file	Form 1120-POL for this year?			U Yes U No
5		· ·	and employer identification number (E	'	ŭ	•
	-		. For each organization listed, enter the			
	the amo	ount of political contrib	outions received that were promptly and	d directly delivered to a	separate political organization	n, such
	as a se	parate segregated fun	nd or a political action committee (PAC	). If additional space is	needed, provide information in	Part IV.
	(a)	Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)						
(2)						
(3)		X				
(4)						
(5)						
(6)						

art		is exempt under section 501(c)(3) and file	a Form 5/68 (ele	ction unde				
	section 501(h)).							
Ch	eck $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	ffiliated group (and list in Part IV each affiliated group mem	ber's name, address,					
	EIN, expenses, and share of excess lobbying expenditures).							
Ch	eck if the filing organization checked box A	and "limited control" provisions apply.						
	Limits on Lobby	ing Expenditures	(a) Filing	(b) Affiliated				
	(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals				
1a	Total lobbying expenditures to influence public op	pinion (grassroots lobbying)						
b	Total lobbying expenditures to influence a legisla	tive body (direct lobbying)						
С	Total lobbying expenditures (add lines 1a and 1b	)						
d	Other exempt purpose expenditures		827,573					
е	Total exempt purpose expenditures (add lines 1c	and 1d)	827,573					
f	Lobbying nontaxable amount. Enter the amount t	from the following table in both						
	columns.		149,136					
	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	e 1f)	37,284					
h	Subtract line 1g from line 1a. If zero or less, ente	r-0						
i	Subtract line 1f from line 1c. If zero or less, enter	-0-						
j	If there is an amount other than zero on either lin	e 1h or line 1i, did the organization file Form 4720						
	reporting section 4911 tax for this year?		[	Yes X				
	4-Yea	r 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 beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total					
2a	Lobbying nontaxable amount	132,632	109,121	127,069	149,136	517,958					
b	Lobbying ceiling amount (150% of line 2a, column (e))					776,937					
С	Total lobbying expenditures										
d	Grassroots nontaxable amount	33,158	27,280	31,767	37,284	129,489					
е	Grassroots ceiling amount (150% of line 2d, column (e))					194,234					
f	Grassroots lobbying expenditures										

Schedule C (Form 990) 2022 EEA

Schedu	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT		-0230 <b>Form</b>		Pa	age 3
	(election under section 501(h)).					
For ea	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(	a)	(k	)	
	ption of the lobbying activity.	Yes	No	Amo	unt	
1	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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	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)?		Ш			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>				
Part		(c)(5)	, or s	ection		
	501(c)(6).				-	
					es	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Dort	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	 (a)/E)		3		
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (c) (d) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (c) (d) and if either (d) BOTH Part III-A, lines 1 and 2, are answered "No" (c) (d) and if either (e) BOTH Part III-A, lines 1 and 2, are answered "No" (c) (d) and if either (e) BOTH Part III-A, lines 1 and 2, are answered "No" (c) (d) and if either (e) BOTH Part III-A, lines 1 and 2, are answered "No" (c) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e				no '	2 id
	answered "Yes."	JN (D	) Fai	ι III- <del>/</del> Α, II	He .	J, 18
1	Dues, assessments and similar amounts from members		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).					
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	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 expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
Part	IV Supplemental Information					
	e 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, I	ines 1	and			
2 (See	instructions); and Part II-B, line 1. Also, complete this part for any additional information.					

EEA Schedule C (Form 990) 2022

#### **SCHEDULE D** (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.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

Reno	Rodeo Foundation		88-0230538
Pa			unts.
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 6.	
-		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	
	funds are the organization's property, subject to the organiza	tion's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the dor	nor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?		
Par	II Conservation Easements.		
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (for example, recreation	n or education)	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a c	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 stru	ucture included in (a)	. 2c
d	Number of conservation easements included in (c) acquired	after July 25, 2006, and not on a	
	historic structure listed in the National Register		. 2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the
	tax year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	asements during the year
8	Does each conservation easement reported on line 2(d) about		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements th	nat describes the
- D	organization's accounting for conservation easements.	of Art Illiatorical Transcomer on Of	No. of Olive House Associate
Par			tner Similar Assets.
	Complete if the organization answered "Yes" o		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for put		ance of public
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95	·	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furtheran	ce ot public service,
	provide the following amounts relating to these items:		_
	(i) Revenue included on 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 tre	_	n, provide the
	following amounts required to be reported under FASB ASC	•	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

Par	t III Organizations Maintaining	Collections of A	Art, Historical	Treasures	, or Otl	her Similar A	Assets (	contin	ued)
3	Using the organization's acquisition, accessi	on, and other records	, check any of the f	ollowing that n	nake sign	ificant use of its			
	collection items (check all that apply):								
а	Public exhibition		d Loan	or exchange p	rogram				
b	Scholarly research		e Other						
С	Preservation for future generations		_						_
4	Provide a description of the organization's co	ollections and explain	how they further the	e organization	's exemp	t purpose in Part			
-	XIII.	moonone and explain	non and haraner an	o o.ga <u>_</u> ao	o op	. pa. pooo a			
5	During the year, did the organization solicit o	r receive donations of	f art_historical treas	ures or other	similar				
·	assets to be sold to raise funds rather than to						<b>🗆 v</b>	es [	No
Par			art of the organization	or 3 concentration			·· <u> </u>	<u> </u>	
	Complete if the organization		on Form 990 F	Part IV line	9 or re	eported an ar	mount or	Forr	n
	990, Part X, line 21.	4110110104 100	o o ooo, .	are re, mre	0, 0	sported arrar			
	Is the organization an agent, trustee, custodi	an or other intermedia	any for contributions	or other asse	tc not				
ıa			-				Пү	ъ Г	No
<b>L</b>		and complete the fall					🗆 '	es _	_ NO
b	If "Yes," explain the arrangement in Part XIII	and complete the folio	owing table:			1			
	Paris in the Laborator				-		mount		
C	Beginning balance					<b>-</b>			
d	Additions during the year				<u> </u>	+			
е	Distributions during the year				- 1e	_			
f	Ending balance				. <u>1f</u>				
2a	Did the organization include an amount on F							=	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on P	art XIII			<u> L</u>	
Par		. 115.7			40				
	Complete if the organization	answered "Yes"	on Form 990, F	Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years	s back	(d) Three years bac	k <b>(e)</b> Fo	our years	back
1a	Beginning of year balance	1,542,432	1,665,747	1,694	,804	1,617,78	2 1	,301,	666
b	Contributions							250,	000
С	Net investment earnings, gains, and								
	losses	57,468	(123,315)	224	,366	87,75	5	80,	368
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs			253	,423			1,	954
f	Administrative expenses					10,73	3	12,	298
g	End of year balance	1,599,900	1,542,432	1,665	,747	1,694,80		,617,	
2	Provide the estimated percentage of the curr				•	, ,			
а	Board designated or quasi-endowment	100.00 %	, , ,						
b	Permanent endowment %								
С	Term endowment %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%							
3a	Are there endowment funds not in the posse		ion that are held an	d administere	d for the				
-	organization by:				u .cc			Yes	No
	(i) Unrelated organizations						3a(		x
	(ii) Related organizations						3a(i	_	
b	If "Yes" on line 3a(ii), are the related organization						3a(i	1	Х
	Describe in Part XIII the intended uses of the						30		
Par			willent lunus.						
i ai	Complete if the organization		on Form 990 F	Part IV line	11a S	ee Form 990	Part X	line 1	10
	Description of property	(a) Cost or othe (investment	' '	or other basis (other)	` '	Accumulated epreciation	( <b>d)</b> B	ook value	;
	Lond		,	(30101)	ue	,p. 00141011			
1a	Land	• •							
b	Buildings	• •							
C	Leasehold improvements	• •							
d	Equipment	• •		24,520		22,741		1,	779
ее	Other								
Total.	Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X,	column (B), line 10	(c.)				1,	779

Schedule D (For	m 990) 2022	Reno Rodeo	Foundation	88-0230538	Pa
Part VII	Investments - O	ther Securitie	es.		

	Complete if the organization answered	d "Yes" on For	m 990, Part IV, lii	ne 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	, ,	ethod of valuation: d-of-year market value
(1) Financial of					
	ld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D) (E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
	Complete if the organization answered	d "Yes" on Fori	m 990, Part IV, liı	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) M	ethod of valuation: d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)				+	
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
T GIT IST	Complete if the organization answered	d "Yes" on For	m 990. Part IV. lii	ne 11d. See Form	990. Part X. line 15.
		escription	, ,		(b) Book value
(1)	(-)				(4)
(2)					
(3)					
(4)		7			
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 15.)				
Part X	Other Liabilities.  Complete if the organization answered line 25.	d "Yes" on For	m 990, Part IV, liı	ne 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book v	value		
(1) Federal in		(D) DOOK (			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 25.)				
2. Liability for	uncertain tax positions. In Part XIII, provide the text	of the footnote to	the organization's fina	ncial statements that r	eports the
organization's	iability for uncertain tax positions under FASB ASC	740. Check here i	if the text of the footno	ote has been provided i	n Part XIII
EEA					Schedule D (Form 990) 2022

Part	•		Return.	
	Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements $ \cdot  \cdot  \cdot  \cdot  \cdot  \cdot $		1	915,308
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments	2a 57,468		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d (13,900)		
е	Add lines 2a through 2d		2e	43,568
3	Subtract line 2e from line 1		3	871,740
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	871,740
Part	·		er Keturn	1.
	Complete if the organization answered "Yes" on Form 990, P		1 . 1	
1	Total expenses and losses per audited financial statements		1	827,573
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a	Donated services and use of facilities	2a	-	
b	Prior year adjustments	2b	-	
C	Other losses	2c	-	
d	Other (Describe in Part XIII.)	2d	-	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	827,573
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b	Other (Describe in Part XIII.)	4b	4.	
C			4c	
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part 1, line 18.) XIII Supplemental Information.		5	827,573
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1a and 4a and 4a and 4a and 4a and 4a and 4a an	nes 1h and 2h: Dart V line 4: Da	rt Y line	
	KI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		III A, IIIIe	
	ther revenues not included on Form 990 (Part XI, line 2			
<u>01. C</u>	ther revenues not included on Form 990 (Fart AI, Time 2	.α,		
Tnuce	tment fees are netted against investment income in fina	naial statements		
IIIVES	dient lees are netted against investment income in lina	incial statements.		

Schedule D (Form 990) 2022

#### SCHEDULE G (Form 990)

Department of the Treasury

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Reno Rodeo Foundation 88-0230538 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants h Phone solicitations Special fundraising events С In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, ☐ Yes ☐ No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) (ii) Activity custody or control of (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 5 6 7 8 9 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

		than \$15,000 of fundraising gross receipts greater than	•	d gross income on Form	990-EZ, lines 1 and 6b.	List events with
			(a) Event #1  Concert (event type)	(b) Event #2 (event type)	(c) Other events  None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	243,606			243,606
Ľ	2	Less: Contributions Gross income (line 1 minus	120,000			120,000
		line 2)	123,606			123,606
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs	39,013			39,013
Direct Expenses	7	Food and beverages	46,793			46,793
Direct	8	Entertainment	57,049			57,049
	9	Other direct expenses	3,785			3,785
	10 11	Direct expense summary. Add line Net income summary. Subtract lin				146,640 (23,034)
Pa	rt III	Gaming. Complete if the or \$15,000 on Form 990-EZ, li		es" on Form 990, Part l	V, line 19, or reported m	
enne		<del></del>	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
Se	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add line	es 2 through 5 in column (d)	)		
	8	Net gaming income summary. Sul	btract line 7 from line 1, colu	umn (d)		
	<b>a</b> Is	nter the state(s) in which the organiz the organization licensed to conduc "No," explain:	• •			· · · · · Yes No
	_	<del>-</del>				
10		ere any of the organization's gamino "Yes," explain:	g licenses revoked, suspend	ded, or terminated during th	e tax year?	Yes No
	_	· -				

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

### **SCHEDULE I** (Form 990)

#### **Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

2022 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Inspection Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** Reno Rodeo Foundation 88-0230538 **General Information on Grants and Assistance** | Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of (g) Description of (h) Purpose of grant (book, FMV, appraisal, or government (if applicable) grant noncash assistance noncash assistance or assistance other) (1) Reno Rodeo Association Reno Rodeo PO Box 12335 Western Reno NV 89510 88-0234480 501(c)(4) 49,257 Heritage (2) (3) (4) (5) (6) (7) (8) (9) (10)

Schedule I (Form 990) (2022) Reno Rodeo Foundati	on				88-0230538 Page
Part III Grants and Other Assistance to De Part III can be duplicated if additional			organization answ	ered "Yes" on Form 990	), Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Scholarships for Nevada students					
1 attending colleges or universities	27	120,500			
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide	the information re	quired in Part I, lin	e 2; Part III, columr	(b); and any other add	tional information.
01. Monitoring procedures (Pa	rt I, line 2	2)	·		
The Board approves educational and comm	unity program s	upport each yea:	r by evaluating	requests for funds.	There is a
scholarship committee that reviews all	scholarship app	lications and ra	ates them accord	ling to the establis	hed guidelines taking
into consideration full-time enrollment	in an accredit	ed college or u	niversity, finar	cial need, scholast	ic proficiency,
leadership, service, and specialized ta	lent. The commi	ttee's selection	ns are presented	l to the Board for f	inal approval. The

EEA Schedule I (Form 990) (2022)

scholarship funds are provided directly to the colleges or universities.

# SCHEDULE M (Form 990)

## **Noncash Contributions**

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

OMB No. 1545-0047

Doon to Publ

Department of the Treasury
Internal Revenue Service
Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

	o Rodeo Foundation 88-023058							
Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	x		164.543	Thrift st	tore	valu	e
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures			•				
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy	A .						
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (							
26	Other (							
27	Other (							
28	Other (							
29	Number of Forms 8283 received by the co	organization c	luring the tax year for contribution	ons for				
	which the organization completed Form 8	3283, Part V,	Donee Acknowledgement		29			
							Yes	No
30a	During the year, did the organization rece	eive by contri	bution any property reported in	Part I, lines 1 through				
	28, that it must hold for at least three yea	rs from the d	ate of the initial contribution, and	d which isn't required to be				
	used for exempt purposes for the entire h					30a		х
b	If "Yes," describe the arrangement in Par							
31	Does the organization have a gift accepta		nat requires the review of any no	onstandard				
			•			31	х	
32a	Does the organization hire or use third pa	arties or relat	ed organizations to solicit, proce	ess, or sell noncash				
			•			32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amoun	nt in column (	c) for a type of property for whic	h column (a) is checked,				
	describe in Dort II	`		` '				

# SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

#### 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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 88-0230538 Reno Rodeo Foundation 01. Member election for additional members (Part VI, line 7a) A Board position is reserved for the President (or designated representative) of the Reno Rodeo Association. 02. Committee meeting documentation (Part VI, line 8b) The Foundation's scholarship committee presents the results of their selections to the Board for approval. 03. Form 990 governing body review (Part VI, line 11) The form 990 is provided to management and the Board for review and approval each year 04. Conflict of interest policy compliance (Part VI, line 12c) Board members are required to disclose any potential conflicts of interest and abstain from voting on any motions that may involve a conflict. 05. CEO, executive director, top management comp (Part VI, line 15a) The Finance Committee discusses and approves the Executive Director's salary based on current industry standards, and their business experience. The decision is approved and documented in a letter by the President. 06. Governing documents, etc, available to public (Part VI, line 19) annual report and Form 990 are available on its website. The audited financial statements and governing documents are available upon request.

07. Audited by an independent accountant (Part XII, line 2b)

EEA

Name of the organization	Employer identification number
Reno Rodeo Foundation	88-0230538
approving the reports prior to issuance.	

### Form 8879-TE

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning

08-01 , 2022, and ending 07-

07-31 , 2023 2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN Reno Rodeo Foundation 88-0230538 Name and title of officer or person subject to tax Clara Andriola, Executive Director Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here . . . . x **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . . . . 871,740 Form 990-EZ check here . . . **b Total revenue**, if any (Form 990-EZ, line 9) Form 1120-POL check here . . 3a Form 990-PF check here . . . b Tax based on investment income (Form 990-PF, Part V, line 5) . . . . . Form 8868 check here . . . . 5a **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here . . . . 6a Form 4720 check here . . . . b FMV of assets at end of tax year (Form 5227, Item D) . . . . . . . . Form 5227 check here . . . . 8a Form 5330 check here . . . . 9a b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . 10a Form 8038-CP check here . . . Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only Connie Christiansen, x I authorize to enter my PIN 29875 as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 📙 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 03-11-2024 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 886353 34084 I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 03-14-2024 ERO's signature Date **ERO Must Retain This Form - See Instructions**