(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

<u>A</u>	For the	2019 calendar year, or tax year beginning DEC 1, 2019 and endir	ing N	<u>OV 30, 2020</u>	
В	Check if applicable	C Name of organization		D Employer identifie	cation number
	Addres				
	Name change			88-01960	71
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 12695	m/suite	E Telephone number (775) 82	
	return/ termin- ated	-			126,753.
	Ameno	City or town, state or province, country, and ZIP or foreign postal code RENO, NV 89510		G Gross receipts \$	
	return Applica			H(a) Is this a group refor subordinates	
	tion pendin		951	H(b) Are all subordinates in	
<u> </u>	Тах-ехе	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	` '	list. (see instructions)
		e: WWW.RENOBALLOON.COM	ULI	H(c) Group exemptio	,
_			L Year o		1 State of legal domicile: NV
	art I	Summary			
_	1	Briefly describe the organization's mission or most significant activities: THE GRE	EAT I	RENO BALLOO	N RACE IS A
Governance		THREE DAY EVENT HELD THE FIRST WEEKEND AFTER			
rna	2	Check this box if the organization discontinued its operations or disposed of	of more	than 25% of its net ass	sets.
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	13
		Number of independent voting members of the governing body (Part VI, line 1b)		4	13
Activities &	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	2
:	6	Total number of volunteers (estimate if necessary)		6	275
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 39	<u></u>	7b	0.
				Prior Year 0 .	Current Year
9	8	Contributions and grants (Part VIII, line 1h)		381,126.	0. 122,753.
Revenue	9	Program service revenue (Part VIII, line 2g)		301,120.	122,753.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,377.	4,000.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	396,503.	126,753.
		(A) (I) (A) (I)		0.	0.
		Benefits paid to or for members (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
,,	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		126,192.	78,137.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Dec	b	Total fundraising expenses (Part IX, column (D), line 25) 35,948.			
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		287,128.	75,892.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		413,320.	154,029.
	19	Revenue less expenses. Subtract line 18 from line 12		-16,817.	-27,276.
s or	3		Beg	inning of Current Year	End of Year
Net Assets	20	Total assets (Part X, line 16)		32,678.	32,134.
at Ag	21	Total liabilities (Part X, line 26)		22,326.	49,058.
	∄ 22 art II	Net assets or fund balances. Subtract line 21 from line 20		10,352.	-16,924.
		ties of perjury, I declare that I have examined this return, including accompanying schedules and s	atatama	nto and to the best of my	I knowledge and heliaf it is
		ties of perjury, i declare that i have examined this return, including accompanying schedules and s t, and complete. Declaration of preparer (other than officer) is based on all information of which pr		•	Knowledge and beller, it is
truc	, соптес	t, and complete. Declaration of preparer (other than officer) is based on an information of which pr	перагегі	las ally kilowieuge.	
Sig	ın	Signature of officer		Date	
He		MICHAEL KLAICH, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Pai	d	MICHAEL J. KLAICH, CPA MICHAEL J. KLAICH,	C 0	1/21/21 if self-employ	P00054984
	parer	Firm's name EIDE BAILLY LLP			45-0250958
	only	Firm's address 5441 KIETZKE LN., STE. 150			
		RENO, NV 89511-2094		Phone no. 77	5-689-9100
Ma	v the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

932002 01-20-20

62,279.

including grants of \$

Other program services (Describe on Schedule O.)

Total program service expenses ▶

Form **990** (2019)

) (Revenue \$

Form 990 (2019) GREAT RENO BALLOON RACE INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes." complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	, ,			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		.
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			٦,
	Schedule D, Part III	8		<u> </u>
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		<u> </u>
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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	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		X
۵	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		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ıza		12a		x
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
b	, ,	401-		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			\ . ,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			l .
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	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
		_		

Form 990 (2019) GREAT RENO BALLOON RACE INC. 88-0196071 Page 4

Part IV Checklist of Required Schedules (continued)

	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	NO
	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		Х
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		X
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		_X_
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 of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> X</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 persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		v
24	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	, ,	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		21
33	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	33		
5 4		34		х
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
		_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
03300	1 01 20 20	Form	990	(2019)

Form 990 (2019) GREAT RENO BALLOON RACE INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return. 29 2 X Note: If the sum of lines 14 and 28 is greater than 250, you may be required to a yilly deep instructions). 80 If the legislandization have unrelated business gross is someous (51,000 or more during the year). 81 If Vers, I has it filed a form 980-1 for this year? If Vivo 15 lines 30, provide an explaination on Schedule O. 83 If Vers, I has it filed a form 980-1 for this year? If Vivo 15 lines 30, provide an explaination on Schedule O. 83 A arry time during the calendary exit, did the organization have an interest, in or a signature or other authority over, a financial account; in a foreign country. Seven the name of the foreign country. 84 A arry time the name of the foreign country. 85 If Vivas, I main the name of the foreign country. 85 Was the organization have the foreign country. 86 Was the organization approximation have an interest in, or a signature or other authority over, a financial Accounts (FBAR). 86 Was the organization from 14 in year of the foreign 30 and 14 in year of the organization solicit and year of the foreign 30 and 3		i (continued)				Γ
their for the calendary year ending with or within the year covered by this return Note: if the sum of lines 1 a and 2a is greater than 250, you may be required to e_fig (see instructions)	0-	Fatantha annahan of annalances was acted as Fama M.O. Transportital of Mana and Tay Otata sports	l I		Yes	No
b If a least one is reported on lime 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines it and 2a is greater than 25, you may be required to e-rife (see instructions) 30 ID the organization have unrelated business gross income of \$1,000 or more during the year? 31 IV *** "Res* If the did not great and a few pairs of the things of things of the things of things of the	Za		20 2			
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-rise (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If Yes, "has it filed a Form 980-T for this year? "No" to bir 80, provide an explanation on Schedule O a Ham yit me during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 4a	h			2h	x	
3a X X bill the organization have unrelated business gross income of \$1,000 or more during the year? 3b bill "Yeas", Instit filled a Form 980 Toff this year? If "No" to line 3b, provide an explanation on Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, such as a bank account, securities account, or other financial accountry over, a financial account in a foreign country. Such as a bank account, securities account, or other financial accounts (FBAR). 5a le instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5a Was the organization aparty to a prohibited tax shetler transaction at any time during the tax year? 5a Do Bot any taxable party nority the organization that it was or is a party to a prohibited tax shetler transaction? 5b X 5c If "Yes" to line 5a or 5b, did the organization the Form 88861? 6a Doss the organization have annual gross necepits that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive apartment in contributions and party for goods and services provided to the page? 7c Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," inclinate the number of Forms 8222 filed during tile year. 9b If "Yes," inclinate the number of Forms 8222 filed during tile year. 1c Did the organization receive any funds, directly or indirectly for pay premiums on a sensorial behind contract? 7c X	b			20		
b If Yes, *has it filed a Form 990 T for this year? If *No* to line 3b, provide an explanation on Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X 5b If Yes, *enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes' to line Sa or Sb, did the organization file Form 8888-17? 6b Did any staable party notify the organization file Form 8888-17? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Does the organization shall may receive deductible contributions under section 17(bc). 6c Did the organization shall may receive deductible contributions under section 17(bc). 6c Did the organization shall may receive deductible contributions under section 17(bc). 6c Did the organization shall may receive deductible contribution of the special copy in the contribution of the value of the goods or sprinces provided? 6c Did the organization receive a power in excess \$15° made party as contribution against for goods and services provided to the payor? 7a X 7b Did the organization shall may receive deductible contribution of the sprinces provided? 7c Visc, "include the number of Forms 82822 filed during (file year) 7 If Did the organization receive any contribution of the payor personal personal contract? 7 If Visc, include the number of Forms 82822 filed during (file year) 8 If the organization received an contribution of unificial to pay personal personal contract? 9 If the org	За			3a		х
4a A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? b if "Yes", either the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes" to line face of Bid the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes", and the organization have annual pross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions. 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of the value of the goods or self-reces provided? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax eductibles and the value of the goods or self-reces provided? 7 Organizations that may receive a deductible contributions or goods or self-reces provided? 7 If "Yes," include the number of Forms 8282 filed during (file seal.") 7 If "Yes," include the number of Forms 8282 filed during (file seal.") 8 If "Yes," include the number of Forms 8282 filed during (file seal.") 9 If "Yes," include the number of Forms 8282 filed during file seal." 9 If "Yes," include the number of Forms 8282 filed during						
the fire the name of the foreign country Such as a bank account, securities account, or other financial account)? b if "Yes," retret the name of the foreign country Such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxoble party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c I "Yes," to line 5a or 5b, did the organization file Form 8886-17? 6 Does the organization has annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible. 7 Organization start many receive deductible contributions under section 170(c). b if "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization receive a payment in excess of \$75 made party as a contribution or gifts were not tax deductible? 1 Did the organization receive a payment in excess of \$75 made party as a contribution of property for which it was required. 1 Did the organization received accombination of gift year. 1 Did the organization received accombination of gift year. 2 Did the organization received a contribution of gift year. 2 Did the organization received a contribution of gift year. 3 Did the organization received a contribution of gift year. 4 Did the organization received a contribution of gift year. 5 Did the organization received a contribution of gift year. 6 Did the organization received a contribution of gift year. 7 Did the organization received a contribution of gift year. 8 Did the sponsoring organization make any text year. 9 Did the sponsoring organization make any text year. 1 Did the sponsoring organization make any text year. 1 D						
See instructions for filing requirements for FinCEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 8 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 8 Does the organization and annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 Organizations that may receive deductible contributions under section 170(c). 10 If the organization receive a payment in excess of \$76 made party as a contribution or gifts were not tax deductible? 10 If "Yes," did the organization notify the donor of the value of the goods or services provided? 10 If "Yes," did the organization notify the donor of the value of the goods or services provided? 11 If yes," did the organization neceive any funds, directly or indirectly to pay premiums on a personal benefit contract? 12 If the organization received a contribution of given yer indirectly, or presolut benefit contract? 13 If the organization received a contribution of given yer indirectly, or presolut benefit contract? 14 If the organization received a contribution of given yer indirectly, or presolut benefit contract? 15 If the organization received a contribution of given yer indirectly, or presolut benefit contract? 16 If the organization received a contribution of given yer indirectly, or presolut benefit contract? 17 If Yes, specific yer granization make any taxobs disabularies under segling disable. 18 Did the sponsoring organization make any taxobs disabularies under segling disable. 19 Did the sponsoring organization make any taxobs disabularies under segling disable. 10 Section 501(c)(12) organizations for the preson or s				4a		Х
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization file Form 88897? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions are contributions that may receive deductible contributions on express statement that such contributions or gifts were not tax deductible? 7 Organization sthat may receive deductible contributions under section 170(c). a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization sthat may receive deductible contributions under section 170(c). a Did the organization notify the donor of the value of the goods or sefrouses provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822? d If "Yes," indicate the number of Forms 8282 filed during the year or property for which it was required to file Form 8822? d Did the organization received an contribution of qualified inselectual property, dustine gaintention file Form 8899 as required? 7 The Symposing organization received a contribution of publified inselectual property, dustine gaintention file Form 8899 as required? 7 The Symposing organization have excess business holdings as any time during the year? 9 Sponsoring organization samintaining donor advised funds. Did donor path year and year a	b	If "Yes," enter the name of the foreign country				
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	122			122		
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c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.			13b			
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.				15		X
If "Yes," complete Form 4720, Schedule O.						
	16	•	income?	16		X
		If "Yes," complete Form 4720, Schedule O.		F	990	(0040)

GREAT RENO BALLOON RACE INC. 88-0196071 Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 13 1a Enter the number of voting members of the governing body at the end of the tax year 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. 13 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Х 8a Х **b** Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? **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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NV$ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

Form **990** (2019)

NV

89511

State the name, address, and telephone number of the person who possesses the organization's books and records

EIDE BAILLY LLP - 775-689-9100

5441 KIETZKE LANE, SUITE 150, RENO,

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

• List all of the organization's **former 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.

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(de	not c	Pos	ition) than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	an	compensation	compensation	amount of
	week		cer ar	nd a di	irecto	r/trust	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	r dire	_ n			ted		organization	(W-2/1099-MISC)	from the
	related	stee c	ruste			ensa		(W-2/1099-MISC)		organization
	organizations	Individual trustee or director	Institutional trustee		Key em pl oyee	Highest compensated employee				and related
	below	ividu	ij	Officer	e	hest oloye	Former			organizations
	line)	Pu	宣	₩	Ke.	en Hig	For	AY		
(1) CHRIS DONDERO	0.00							1121		
PRESIDENT		X		X				0.	0.	0.
(2) WHITNEY FREEMAN	0.00							\),		
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) PILAR M. ALDECOAOTALORA	0.00					M			_	_
SECRETARY		X		X				0.	0.	0.
(4) MIKE KLAICH	0.00	• 1								
TREASURER		X	V	X				0.	0.	0.
(5) MIKE BUIS	0.00									
DIRECTOR		X						0.	0.	0.
(6) DAVID TAYLOR	0.00									
DIRECTOR		Х		1				0.	0.	0.
(7) GINNIE KERSEY	0.00									
DIRECTOR		Х						0.	0.	0.
(8) ED BUZZETTI	0.00									
DIRECTOR		Х						0.	0.	0.
(9) RON SMITH	0.00									
DIRECTOR		Х						0.	0.	0.
(10) PEGGY STROMER	0.00									
DIRECTOR		Х						0.	0.	0.
(11) TONY RIVARA	0.00									
DIRECTOR		Х						0.	0.	0.
(12) NANCY GILBERT	0.00									
DIRECTOR		Х						0.	0.	0.
(13) FRANK PICONE	0.00									
DIRECTOR		Х						0.	0.	0.
										Earm 990 (2010)

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ı aı	Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box,	not ch , unles	ss per	ition more rson is	than o s both	an	(D) Reportable compensation	(E) Reportable compensation	- 1	am	(F) timate lount o	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer 6		Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	s	comp fro orga and	other pensatom the anizati I relate nizatio	e on ed
											+			
								(,					
						1)	1					
				5							_			
	Subtotal	DV							0.		0.			0.
d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)		1).	<u>></u>	0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable			Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," complete Schedule J for s							_	hest compensated emp			3	100	Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportabl	е со	mpe	nsa	tion	and	oth	er compensation from the			4		Х
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," contition B. Independent Contractors											5		Х
1	Complete this table for your five highest co the organization. Report compensation for	=								· · · · · · · · · · · · · · · · · · ·	ensati	on fro	m	
	(A) Name and business			ONE					(B) Description of s		Co	(C omper) nsatior	1
2	Total number of independent contractors (in \$100,000 of compensation from the organic		ot lin	nited	l to t	thos C		ted	above) who received mo	ore than				
											F	orm 9	990 (2	2019)

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Part VIII Statement

Ра	r L V	Ш						
			Check if Schedule O contains a respons	e or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
nts nts	1	а	Federated campaigns 1a					
Gra Iou			Membership dues					
.s, (Am			Fundraising events 1c					
Giff		d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contributions) 1e					
tio S		f	All other contributions, gifts, grants, and					
ibu the			similar amounts not included above 1f					
ontr		_	Noncash contributions included in lines 1a-1f 1g \$					
<u>5</u> <u>5</u>		h	Total. Add lines 1a-1f					
				Business Code	100	100		
e	2	а	BALLOON RACE REVENUE	711210	122,753.	122,753.		
e vi		b						
Sen		С						
rarr }ev		d						
Program Service Revenue		е						
Ā		f	All other program service revenue					
		g	Total. Add lines 2a-2f)	122,753.			
	3		Investment income (including dividends, inte					
			other similar amounts)		10	AX		
	4		Income from investment of tax-exempt bond			XX		
	5		Royalties			11		
			(i) Real	(ii) Personal				
			Gross rents 6a					
		b	Less: rental expenses 6b	- (
		С	Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
υne			and sales expenses					
Revenue			Gain or (loss)7c		,			
			Net gain or (loss)					
ther	8	а	Gross income from fundraising events (not					
Ott			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
				ib .				
			Net income or (loss) from fundraising events	_				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
				b				
			Net income or (loss) from gaming activities	<u></u>				
	10	а	Gross sales of inventory, less returns	4 000				
				0a 4,000.				
			•	оь 0.	4 000	4 000		
		С	Net income or (loss) from sales of inventory		4,000.	4,000.		
S				Business Code				
Miscellaneous Revenue	11			-				
llan ⁄en		b		-				
sce Rev		С	All alla and an analysis	-				
Σ̈́			All other revenue					
		е	Total. Add lines 11a-11d		126,753.	126,753.	0.	0.
	12		Total revenue. See instructions		140,/33.	1 140,/33.	ı .	ι υ•

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 66,775. 25,898. 16,694. 24,183. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,071 768. 191 1,112. Other employee benefits 9 8,291 3,215 2,073. 3,003. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 7,650. 5,744. column (A) amount, list line 11g expenses on Sch O. 3,600. 3,600 12 Advertising and promotion 4,337 4,337. Office expenses 13 Information technology 14 15 Royalties 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 9,504. 5,304. 4,200. 23 Other expenses. Itemize expenses not covered 24 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.) 18,386. 18,386. OTHER ADMINISTRATIVE EX SUPPLIES 10,743. 10,743. 2,500. 2,500. OUTSIDE SERVICES 1,500. 1,500. OTHER PROGRAM EXPENSES 2,347. 2,347.All other expenses 154,029. 62,279. 55,802. 35,948. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2019)

Pai	rt X	Balance Sneet				
		Check if Schedule O contains a response or note t	o any line in this Part X			(5)
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		31,228.	1	30,684
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or fo				
		trustee, key employee, creator or founder, substan	tial contributor, or 35%			
		controlled entity or family member of any of these	oersons		5	
	6	Loans and other receivables from other disqualified	d persons (as defined			
		under section 4958(f)(1)), and persons described in	section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net			7	
Assels	8	Inventories for sale or use			8	
ť	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
			10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,450.	15	1,450
	16	Total assets. Add lines 1 through 15 (must equal to the second se		32,678.	16	32,134
	17	Accounts payable and accrued expenses		22,326.	17	22,326
	18	Grants payable		, ,	18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Pa		1	21	
o D	22	Loans and other payables to any current or former				
		trustee, key employee, creator or founder, substan		•		
Liabilities		controlled entity or family member of any of these		•	22	
_	23	Secured mortgages and notes payable to unrelated			23	
	24	Unsecured notes and loans payable to unrelated the			24	
	25	Other liabilities (including federal income tax, paya				
		parties, and other liabilities not included on lines 1	7-24). Complete Part X	•		26 722
				0.	25	26,732
	26	Total liabilities. Add lines 17 through 25		22,326.	26	49,058
S		Organizations that follow FASB ASC 958, check	here			
2		and complete lines 27, 28, 32, and 33.				
2	27				27	
Š	28	Net assets with donor restrictions			28	
Š		Organizations that do not follow FASB ASC 958	, check here 🕨 🔼			
5		and complete lines 29 through 33.		^		
2	29	Capital stock or trust principal, or current funds		0.	29	0
200	30	Paid-in or capital surplus, or land, building, or equip		10 252	30	16 024
Net Assets of Fund balances	31	Retained earnings, endowment, accumulated inco		10,352.	31	-16,924
Ş	32	Total net assets or fund balances		10,352.	32	<u>-16,924</u>
	33	Total liabilities and net assets/fund balances		32,678.	33	32,134 Form 990 (20

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,0	
3	Revenue less expenses. Subtract line 2 from line 1	3		7,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	0,3	<u>52.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	-1	6,9	<u>24.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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		_X_
	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:				
	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		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

Name of the organization

88-0196071 GREAT RENO BALLOON RACE INC. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported	organizations					
g Provide the following information	n about the supporte					
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Гotal						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	334,583.	416,736.	341,736.	381,126.	122,753.	1596934.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	334,583.	416,736.	341,736.	381,126.	122,753.	1596934.
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)						193,627.
6	Public support. Subtract line 5 from line 4.						1403307.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	334,583.	416,736.	341,736.	381,126.	122,753.	1596934.
8	Gross income from interest,						
	dividends, payments received on			5			
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business		/				
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	110		<i>)</i> •			
	assets (Explain in Part VI.)) •					
11	Total support. Add lines 7 through 10						1596934.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	206,323.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Public	c Support Per	centage				
	Public support percentage for 2019 (li					14	87.88 %
	Public support percentage from 2018					15	84.02 %
16a	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies a	as a publicly suppo	orted organization				►X
b	33 1/3% support test - 2018. If the o	•		•		•	
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fact			•	•	•	
	meets the "facts-and-circumstances" t						
b	10% -facts-and-circumstances test	- 2018. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ		-	· · · · · · · · · · · · · · · · · · ·			▶∐
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2019

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.)

Section A. Public Support		,				
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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 Total. Add lines 1 through 5			(
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons			1	OX		
b Amounts included on lines 2 and 3 received from other than disqualified persons that	•	スト	1			
exceed the greater of \$5,000 or 1% of the	•	ハイノ				
amount on line 13 for the year) _				
c Add lines 7a and 7b			9			
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support			1			
	() 22/2	5 1	4 > 2017	1 2 2 2 2 2		1 10
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6		1				
dividends, payments received on	16					
securities loans, rents, royalties, and income from similar sources	110) \			
b Unrelated business taxable income	J *					
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectior	n 501(c)(3) organiz	ation,
check this box and stop here	J	,	•	,	()()	·
Section C. Computation of Publi						
15 Public support percentage for 2019 (I	ine 8, column (f), d	divided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If the	organization did n	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	17 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	nization qualifies	as a publicly suppo	rted organization	
20 Private foundation If the organization	n did not chack a	box on line 14, 10	a or 10h chack th	nie hov and see ins	tructions	▶ ∃

Part IV | Supporting Organizations

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

Section A. All 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.
- 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 (b) and (c) 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.
- c 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.
- **4a** 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 (b) and (c) 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 (b) and (c) 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 of 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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.
- 10a 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		
Oh		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
33		
10a		
10b		

Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either abone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? b A family member of a person described in (a) above? c A 59% controlled entity of a person described in (a) above? b A family member of a person described organization (b) above to controlled above. c a bove of the power of a person described in (a) above to a person described organization (b) above. c a family member of a person described organization	Part	Supporting Organizations (continued)			
a A person who directly or indirectly controls, either abone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11b Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization (s) effectively operated, supervised, or controlled the organization's activities. If the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees use allocated among the supported organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees and in the supported organization of supported organization other than the supported organization of part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supporting organizations of the supported organization of the supported organization of the supported organization of the properting organizations. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization organization organization's supported organization organization's supported organization's provided during the prior tax year, (i) a copy of the form 990 that				Yes	No
below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) bove? b A special properting organizations Yes 1 Did the directors, trustees, or membership of one or more supported organizations have the power to requirtly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? a supported organization of the organization and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directgrs or trustees of each of the organization's directors or trustees during the tax year also a majority of the directgrs or trustees of each of the organization's directors or trustees during the tax year also a majority of the directgrs or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees or deach of the organiza	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization's described among the supported organization, describe how the powers to appoint and/or remove directors or trustees user allocated among the supported organization organization operated for the benefit of any supported organization of the than the supported organization operated by the organization operated organization operated organization of the than the supported organization operated organization operated organization of the than the supported organization's providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations? Section C. Type II Supporting Organizations 1 Were a majority of the organization's supported organization(s)? If "No," tessorials in Part VI how entrol or management of the supporting organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization and the supported organization's activation is activated organization or supported organization's provided organization's provided organization's provided organization's provided organization's provided organization's or the organization's organization's organization's organization's provided organization's provided org	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
c. A 35% controlled entity of a person described in (a) or (b) above? # "Yes" to a, b, or, c, provide detail in Part VI. Section B. Type I Supporting Organizations Yes 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? # "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? # "No," describe in Part VI how the supported organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees during the supported organization what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization posted for the benefit of any supported organization of the than the supported organization of the than the supported organization of the than the supported organization of the supporting organization. Part VI how providing such benefit carried out the purposes of the supported organization(s) ## Yes, "explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) ## Yes, "explain in Part VI how providing such benefit carried out the purposes of the supported organizations) ## Yes are amjority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization was vested in the surported organization for management of the supporting organization was vested in the surported organization management of the supporting organizations. 1 Did the organization provide to each of the supported organizations, by the least day of the rifth month of the organization's tax year, (i) a copy of the Form 990 that was most recently filedias of the date of notification, and (ii) copies of the organization so offices, directors, or fustees entire (ii) appointed organization share a		below, the governing body of a supported organization?	11a		
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year," (if No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year, "(if No," describe in Part VI) now the supported organization's directors or trustees at all times during the tax year," (if No," describe in Part VI) now the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees vere allocated among the supported organization operate for the benefit of any supported organization of the trust way and organization operated for the purposes of the supported organization operated, supervised, or controlled the supporting organization of the trust that the supported organization operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No, seconible in Part VI how control or management of the supporting organization was vested in the same persons that controlled directors or trustees of each of the organization was vested in the same persons that controlled directors and the organization or tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a viriten notice describing the type and amount of support provided during the prior tax year, (i) a viriten notice describing the type and amount of support provided during the prior tax year, (i) a viriten notice describing the type and amount of support provided during the prior tax year, (ii) a viriten notice describing the type and amount of support provided during the prior tax year, (ii) a constitution of the organization is in eff	b	A family member of a person described in (a) above?	11b		
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year," (if No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year, "(if No," describe in Part VI) now the supported organization's directors or trustees at all times during the tax year," (if No," describe in Part VI) now the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees vere allocated among the supported organization operate for the benefit of any supported organization of the trust way and organization operated for the purposes of the supported organization operated, supervised, or controlled the supporting organization of the trust that the supported organization operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No, seconible in Part VI how control or management of the supporting organization was vested in the same persons that controlled directors or trustees of each of the organization was vested in the same persons that controlled directors and the organization or tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a viriten notice describing the type and amount of support provided during the prior tax year, (i) a viriten notice describing the type and amount of support provided during the prior tax year, (i) a viriten notice describing the type and amount of support provided during the prior tax year, (ii) a viriten notice describing the type and amount of support provided during the prior tax year, (ii) a constitution of the organization is in eff	С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
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		that these activities constituted substantially all of its activities.	2a		
of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the			
reasons for the organization's position that its supported organization(s) would have engaged in these					
activities but for the organization's involvement.			2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		•			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or					
trustees of each of the supported organizations? <i>Provide details in</i> Part VI. 3a			3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.			3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must	complete Sec	tions A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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		
Sect	tion 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		
С	Fair market value of other non-exempt-use assets	1c	4	
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
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 1-1/2% of line 3 (for greater amount,	AV		
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	1	
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	^ব V │ Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	;	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GREAT RENO BALLOON RACE INC.

Employer identification number 88-0196071

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" 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 w	riting that the assets held in donor advi-	sed funds
	are the organization's property, subject to the organization's ea	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation o	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure		2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease		-
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing con	servation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserva	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial statem	nents that describes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of A	Art Historical Transuras or O	thar Similar Assats
Fai			ther Sillinal Assets.
	Complete if the organization answered "Yes" on Form 9		and belones about our de
та	If the organization elected, as permitted under FASB ASC 958	, ,	
	of art, historical treasures, or other similar assets held for publi	·	•
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furt	cherance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical treas		ai gain, provide
_	the following amounts required to be reported under FASB AS	_	▶ ♠
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

932051 10-02-19

Schedule D (Form 990) 2019

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

Par	rt III Organizations Maintaining C	Collections of Art, Histo	orical Treasures, o	r Other Simila	r Assets (cor	ntinued)	
3	Using the organization's acquisition, access	ion, and other records, check	any of the following tha	t make significant	use of its	,	
	collection items (check all that apply):						
а	Public exhibition	d .	Loan or exchange progr	am			
b	Scholarly research	е 🗌	Other				
С	Preservation for future generations						
4	Provide a description of the organization's c	ollections and explain how th	ey further the organizati	on's exempt purpo	se in Part XIII.		
5	During the year, did the organization solicit	or receive donations of art, his	storical treasures, or oth	er similar assets			
	to be sold to raise funds rather than to be m						No
Par	rt IV Escrow and Custodial Arran	gements. Complete if the	organization answered	"Yes" on Form 990), Part IV, line 9,	or	
	reported an amount on Form 990, Pa	art X, line 21.					
1a	Is the organization an agent, trustee, custod	lian or other intermediary for o	contributions or other as	sets not included			_
	on Form 990, Part X?				Yes		No
b	If "Yes," explain the arrangement in Part XIII						
					Amou	unt	
С	Beginning balance			1c			
d	Additions during the year			1d			
	Distributions during the year						
f	Ending balance						
2a	Did the organization include an amount on F				Yes		No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the explanatio	n has been provided on	Part XIII			
Par	rt V Endowment Funds. Complete	if the organization answered	"Yes" on Form 990, Par	t IV, line 10.			
		(a) Current year (b)	Prior year (c) Two yea	ars back (d) Three	years back (e) Fo	our years	back
1a	Beginning of year balance						
b	Contributions						
	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities		5				
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the cur	rent year end balance (line 1g	g, column (a)) held as:				
а	Board designated or quasi-endowment	%					
b	Permanent endowment	%					
С	Term endowment	%) •				
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.					
За	Are there endowment funds not in the posse		t are held and administe	red for the organiz	ation		
	by:					Yes	No
	(i) Unrelated organizations				3a(i)	
	(ii) Related organizations					i)	
b	If "Yes" on line 3a(ii), are the related organize	ations listed as required on So	chedule R?		3b	,	
4	Describe in Part XIII the intended uses of the						
Par	rt VI Land, Buildings, and Equipn	nent.					
	Complete if the organization answere	ed "Yes" on Form 990, Part IV	, line 11a. See Form 990), Part X, line 10.			
	Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulat	ed (d) B	ook valu	ie
	,	basis (investment)	basis (other)	depreciation	' '		
1a	Land						
	Buildings						
	Leasehold improvements						
	Equipment						
	Other						
	Add lines to through to (O.)		(D) // (40)	1			0

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 GREAT RENO . Part VII Investments - Other Securities.	BALLOON RACE	INC. 88-0196071 Page
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11b. See Form 990. Part X. line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<u>(1)</u>		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)	117	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)) / (
Part IX Other Assets.		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d. See Form 990. Part X. line 15
	Description	(b) Book value
(1)		
(2)		
(3)		
(4)		1
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X. col. (B) line Part X Other Liabilities.	e 15.)	>
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990, Part X. line 25.
1. (a) Description of liability		(b) Book value
(1) Federal income taxes		
(2) PPP LOAN PAYABLE		26,732
(3)		<u> </u>

26,732. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

(4) (5) (6) (7) (8) (9)

Par	t XI	Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	eturn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net u	nrealized gains (losses) on investments	2a	
b	Donat	ted services and use of facilities	2b	
С	Recov	veries of prior year grants	2c	
d	Other	(Describe in Part XIII.)	2d	
е		ines 2a through 2d		2e
3	Subtr	act line 2e from line 1		3
4		ints included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а		tment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other	(Describe in Part XIII.)	4b	
С	Add li	ines 4a and 4b		4c
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	-t- With Francisco	5
Pai	rt XII	Reconciliation of Expenses per Audited Financial Statemen	its with Expenses per i	Return.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1				1
2		ints included on line 1 but not on Form 990, Part IX, line 25:	1 . 1	
а		ted services and use of facilities	2a	
b		year adjustments	2b	-
С.		losses	2c	-
d		(Describe in Part XIII.)	2d	-
e	Add II	ines 2a through 2d		2e
3		act line 2e from line 1		3
4		unts included on Form 990, Part IX, line 25, but not on line 1.	1.40	
a		tment expenses not included on Form 990, Part VIII, line 7b	4a	-
b		(Describe in Part XIII.) ines 4a and 4b	40	40
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c 5
	rt XIII	Supplemental Information.		<u> </u>
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	Vines 1h and 2h: Part Viline	1· Part X line 2· Part XI
		d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi		1, 1 are 71, 1110 E, 1 are 711,
	La anc	a to, and that the provide any about	orial information.	
		\)\		

Schedule D (Form 990) 2019

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

GREAT RENO BALLOON RACE INC.

Employer identification number 88-0196071

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROMOTE TOURISM IN THE RENO AREA. THIS IS A FREE EVENT TO THE PUBLIC.
NO ADMISSION IS CHARGED. IT IS THE LARGEST AND MOST POPULAR FREE EVENT
IN THE RENO AREA BASED ON A NEWSPAPER POLL. THE ORGANIZATION OVERSEES
ALL ASPECTS OF THE EVENT.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
NEWSPAPER POLL. THE ORGANIZATION OVERSEES ALL ASPECTS OF THE EVENT.
FORM 990, PART VI, SECTION B, LINE 11B:
THE TAX RETURN IS REVIEWED AT A BOARD MEETING AND IS APPROVED BY ALL
MEMBERS IN ATTENDANCE.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REVIEWS AND MONITORS THE CONFLICT OF INTEREST POLICY
ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15:
THE EXECUTIVE COMMITTEE OF THE BOARD EVALUATES THE PERFORMANCE OF THE
EXECUTIVE DIRECTOR AND THE EVENT MANAGER ANNUALLY. THE COMPENSATION PAID
FOR THESE POSITIONS IS DETERMINED BY COMPARING SIMILAR POSITIONS PAID BY
NONPROFITS IN THE RENO AREA. ALL DECISIONS ARE DOCUMENTED IN MEETING
MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization GREAT RENO BALLOON RACE INC.	Employer identification number 88-0196071
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTED SERVICES:	
PROGRAM SERVICE EXPENSES	9,581.
MANAGEMENT AND GENERAL EXPENSES	5,744.
FUNDRAISING EXPENSES	7,650.
TOTAL EXPENSES	22,975.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	22,975.