

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A۱	For the	2008 calendar year, or tax year beginning JUL 1, 2008 and ending	JUN 30, 2009			
В	Check if applicable	Please C Name of organization	D Employer identifi	D Employer identification number		
		use in 5				
	Addre chang Name			416404		
F	chang	Doing Business As		416404		
<u> </u>	return Termir	See Number and street (or P.0. box if mail is not delivered to street address) Room/s See Number and street (or P.0. box if mail is not delivered to street address) Room/s	· · · · · · · · · · · · · · · · · · ·	587-1776 W		
F	—lation ⊟Ameni	Instruc-	G Gross receipts \$	$\frac{2,250,448}{2}$		
<u> </u>	return Applic		H(a) Is this a group re			
	tión pendir	F Name and address of principal officer.LISA DOBEY	for affiliates?	Yes X No		
		SAME AS C ABOVE		H(b) Are all affiliates included? Yes No		
\overline{T}	Tax-exe	empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)		
		te: TTCF.NET	H(c) Group exemption			
K	Type of	organization: X Corporation	ear of formation: 1998	M State of legal domicile: CA		
LP		Summary				
g	i 1	Briefly describe the organization's mission or most significant activities. TO ENHAN		Y OF LIFE		
Activities & Governance		IN THE TRUCKEE/TAHOE AREA THROUGH PHILANTHRO				
ŗ	2	Check this box 🕨 🔛 if the organization discontinued its operations or disposed of r	nore than 25% of its asset	1		
200	3	Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	12		
8	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	12		
ies	5	Total number of employees (Part V, line 2a)		8		
į.	6	Total number of volunteers (estimate if necessary)	<u>6</u>	60		
Ā	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)		0.		
	D	Net unrelated business taxable income from Form 990-T, line 34	7b Prior Year	Current Year		
2010	8	Contributions and grants (Part VIII, line 1h)	4,576,339.	1,577,953.		
ශ්	9	Program service revenue (Part VIII, line 2g)	1 ,5,0,555.	1,311,333.		
® \$	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	850,466.	-1,000,108.		
APR	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	271,934.	194,293.		
8	ľ	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,698,739.	772,138.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	960,066.	1,738,426.		
SCANNED	14	Benefits paid to or for members (Part IX, column (A), line 4)				
§ ₹	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	374,425.	371,214.		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)				
	b	Total fundraising expenses Rair (x, 1200mn (D), line 25) ► 87,731.				
~~ ш	1 ''	Other expenses (Part IX, column (A), lines 1 1a;1nd, 11f-24f)	356,724.	286,453.		
	18	Total expenses, Addylines 13-17 (must equalify art IX, column (A), line 25) Revenue less expenses. Subtract fine 18 from line 12	1,691,215.	2,396,093.		
	19	Revenue less expenses Subtract fine 18 from the 12	4,007,524.			
tso	3		Beginning of Year	End of Year		
SSe	20	Total assets (Part OP DEN: UT	15,347,936. 128,429.	12,530,127. 47,709.		
Net Assets or	21	Total liabilities (Part X, line 26)	15,219,507.	47,709. 12,482,418.		
	<u>ੂ 22</u> art Ⅱ	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	15,219,307.	12,402,410.		
L <u>.</u>	<u> </u>	Under penalties of person, declare that I have examined this return, including accompanying schedules and stateme and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	ents, and to the best of my knowled	tge and belief, it is true, correct,		
		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	edge /_	1		
Sig	ın		>/3	6/10		
He		Signature of officer	Date /	7		
		LISA DOBEY, CHIEF EXECUTIVE OFFICER				
	<u>_</u>	Type or print name and title	,			
Pa	id	Preparer's Date	Check if Prepar	rer's identifying number istructions)		
	parer's	signature Wald Stryan 3/25/10	employed			
	e Only	Firm's name (or yours if BBR LLP	EIN ► 94-	2824470		
	,	self-employed), address, and 1340 TREAT BLVD., SUITE 525		05 054 0400		
		ZIP+4 WALNUT CREEK, CA 94597	Phone no. ► 9	25-954-0100		
<u>Ma</u>	ly the If	RS discuss this return with the preparer shown above? (see instructions)		X Yes No		

832002 12-18-08

			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	х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
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			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization hold assets in term, permanent, or quasi-endownients? if "Yes," complete Schedule D, Part V	10		<u>x</u>
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12_	X	
13	Is the organization a school as 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 U.S.?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	ļ	X.
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15	ļ <u>-</u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	<u> </u>	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	ļ <u>.</u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			٠,,
_	If "No", go to question 25	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	04=		
	any tax-exempt bonds?	24c	<u> </u>	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	250		x
L	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	25a		├^
b	prior year? If "Yes," complete Schedule L, Part I	25b	}	х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230	<u> </u>	A
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
97	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial	<u> </u>	 	
27	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		х
	Contribution, or to a person related to such an individual in Tes, complete ocheane L, r art in	<u></u>	000	<u> </u>

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			1
` a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			ĺ
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			1
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			1
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			1
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-37 If "Yes," complete Scneaule R, Part I	22	1	X
34	Was the organization related to any tax-exempt or taxable entity?			l
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			l
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X_

			$\overline{}$	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1a 33			
	· · · · · · · · · · · · · · · · · · ·			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			v
_	(gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return		.,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b	X	-
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	_		37
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	_3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<u>3b</u>		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5ā		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
	Did the organization solicit any contributions that were not tax deductible?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		_X_
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the year?	_8_		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: N/A			į
а	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: N/A			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b		لــــا	<u> </u>
		Form	990 (2008)

Form 990 (2008) TRUCKEE TAHOE COMMUNITY FOUNDATION 68-0416404 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
•			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.	İ		
ta	Enter the number of voting members of the governing body 1a 12			
b	Enter the number of voting members that are independent 1b 12		ļ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1	
	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		_X_
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ļ	ļ	ļ
	by the following.			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must		1	
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	<u> </u>
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
<u>Sec</u>	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		l ,	
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c	X	<u> </u>
13	Does the organization have a written whistleblower policy?	13	X	<u> </u>
14	Does the organization have a written document retention and destruction policy?	14	Х	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent	}		1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
	The organization's CEO, Executive Director, or top management official?	15a	X	<u> </u>
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions)]	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			,,
	taxable entity during the year?	16a		<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			j
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			İ
	exempt status with respect to such arrangements?	16b	l	<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA	40.0		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	TOF		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website X Upon request	1 -		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	na tina	ıncıal	
	statements available to the public.	A. a		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	uon:	_	
	TTOX DODDV _ 520_597_1776			
	LISA DOBEY - 530-587-1776 11071 DONNER PASS ROAD, TRUCKEE, CA 96161			

o

Form 990 (2008) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did no	ot compensate an	y of	ficer	, dır	ecto	or, tn	uste	e, or key employee		
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average			Posi				Reportable	Reportable	Estimated
	hours	(c	hecl	c all	that	app	ly)	compensation	compensation	amount of
	per	냻	<u> </u>	 		!		from	from related	other
	week	die				8	}	the organization	organizations (W-2/1099-MISC)	compensation from the
		tee	nstee			ensat	ŀ	(W-2/1099-MISC)	(W-2/1099-W13C)	organization
		in the	를		o ye	E		(11 2) 1000 111100)		and related
		ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	를			organizations
		르	E	통	ē.	물통	호			
ROB KAUTZ										
BOARD MEMBER	2.00	X	_		L	↓	L_	0.	0.	0.
PATTI BOXETH										
VICE CHAIRMAN	3.00	X		X		<u> </u>		0.	0.	0.
DICK GEORGE										
SECRETARY	2.00	X		X				0.	0.	0.
STEVE GROSS								-		
TREASURER	3.00	X	ļ	X	ļ		<u> </u>	0.	0.	0.
FRED ILFELD										
CHAIRMAN	4.00	X	<u> </u>	X				0.	0.	0.
ROGER KAHN										
BOARD MEMBER	2.00	X	ļ	L_				0.	0.	0.
THERESA MAY DUGGAN										
BOARD MEMBER	2.00	X	_	_		<u> </u>		0.	0.	0.
TOM WATSON										
BOARD MEMBER	2.00	X	ļ	_		ļ	<u> </u>	0.	0.	0.
TRINKIE WATSON			i	-						
BOARD MEMBER	2.00	X	<u> </u>	_	_		_	. 0.	0.	0.
MIKE SABARESE							l	_	_	_
BOARD MEMBER	2.00	X	<u> </u>	ļ				0.	0.	0.
CRAIG LUNDIN								_	_	
BOARD MEMBER	2.00	X	_			_		0.	0.	0.
PAQUITA BATH		l		ľ						
BOARD MEMBER	2.00	X	<u> </u>	ļ	<u> </u>	+	Ь	0.	0.	0.
LISA DOBEY				l				404454		4.5.00-
PRESIDENT & CEO	40.00	<u> </u>	-	X	<u> </u>	X		104,151.	0.	13,285.
		İ		1	ļ			· ·	,	
		├	\vdash	-	\vdash		-			
		 	 	╁─	\vdash	+	\vdash			
		 -	+-	\vdash	H	+	1			
							1			
			1	ــــــــــــــــــــــــــــــــــــــ	1	1			<u> </u>	<u> </u>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do no 7b, 8b	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 0	Grants and other assistance to governments and				<u>-</u>
0	organizations in the U.S. See Part IV, line 21	1,738,426.	1,738,426.		
2 (Grants and other assistance to individuals in				
ti	he U.S. See Part IV, line 22				
3 (Grants and other assistance to governments,		+		
o	organizations, and individuals outside the U.S.				
8	See Part IV, lines 15 and 16				
4 E	Benefits paid to or for members 🚬 👑 📙				<u></u>
5 (Compensation of current officers, directors,				
t	rustees, and key employees	117,436.	59,892.	44,626.	12,918
6 0	Compensation not included above, to disqualified				
р	persons (as defined under section 4958(f)(1)) and				
р	persons described in section 4958(c)(3)(B) 🗼 📙				
7 (Other salaries and wages	212,515.	108,383.	80,756.	23,376
8 P	Pension plan contributions (include section 401(k)			İ	
a	ind section 403(b) employer contributions)	8,978.	4,579.	3,412.	987
9 (Other employee benefits .	7,288.	3,717.	2,769.	802
10 F	Payroll taxes	24,997.	12,748.	9,499.	2,750
11 F	Fees for services (non-employees)				
a N	Management				
b L	_egal				
c A	Accounting	13,539.		13,539.	
d L	_obbying				
e P	Professional fundraising services. See Part IV, line 17 📙				
f li	nvestment management fees	75,855.	75,855.		
g C	Other	22,370.	17,891.	4,479.	
12 A	Advertising and promotion				
13	Office expenses	10,475.	4,832.	4,601.	1,042
14 İ	nformation technology				
15 F	Royalties				
16	Occupancy	26,835.	13,418.	9,392.	4,025
17 T	ravel				
18 F	Payments of travel or entertainment expenses				
f	or any federal, state, or local public officials				
19 (Conferences, conventions, and meetings	4,684.	616.	728.	3,340
	nterest				·
	Payments to affiliates .				
22	Depreciation, depletion, and amortization	16,284.	8,305.	6,188.	1,791
	nsurance	7,466.	3,808.	2,837.	821
a n	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
	UNCOLLECTIBLE PLEDGES	40,000.	40,000.		
_	MARKETING AND DEVELOPME	26,404.			26,404
c I	LICENSES	12,298.	6,272.	4,673.	1,353
_	PUBLIC RELATIONS	12,183.		4,061.	8,122
е <u>Ì</u>	NONPROFIT SUPPORT	10,259.	10,259.		
f A	All other expenses	7,801.	1,348.	6,453.	
<u> 25 1</u>	Total functional expenses. Add lines 1 through 24f	2,396,093.	2,110,349.	198,013.	87,731
26 J	loint Costs. Check here 🕨 🔲 ıf following				
5	SOP 98-2. Complete this line only if the organization				
r	eported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

832010 12-18-08

Pai	LA	balance Sheet		,	
	•		(A) Beginning of year		(B) End of year
•	1	Cash - non-interest-bearing	12,007.	1	38,221
	2	Savings and temporary cash investments		2	949,978
	3	Pledges and grants receivable, net	845,704.	3	662,775
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	40 544	8	44 505
`	9	Prepaid expenses and deferred charges	12,541.	9	11,595
	10a	Land, buildings, and equipment: cost basis 10a 299,381.			
	b	Less: accumulated depreciation. Complete	200 561		105 601
		Part VI of Schedule D 10b 103,760.	208,561. 12,637,350.	10c	195,621
	11	Investments - publicly traded securities	14,551,350.	11	8,316,788 971,570
	12	Investments - other securities. See Part IV, line 11		12	3/1,5/0
	13	Investments - program-related. See Part IV, line 11		13	
	14 15	Intangible assets	1,631,773.	15	1,383,579
	16	Total assets. Add lines 1 through 15 (must equal line 34)	15,347,936.	16	12,530,127
	17	Accounts payable and accrued expenses	44,172.	17	36,634
	18	Grants payable		18	307034
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
abil		highest compensated employees, and disqualified persons. Complete Part II			
ב		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties [23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	84,257.	25	11,075
	26	Total liabilities. Add lines 17 through 25	128,429.	26	47,709
		Organizations that follow SFAS 117, check here X and complete			
ès		lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	12,746,121.	27	10,419,149
Bal	28	Temporarily restricted net assets	2,473,386.	28	2,063,269
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
Ę		Organizations that do not follow SFAS 117, check here and		İ	
S	20	complete lines 30 through 34. Capital stock or trust principal, or current funds		20	
set	30	· · · · · · · · · · · · · · · · · · ·		30 31	
t As	31	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		32	
Ne	32 33	Total net assets or fund balances	15,219,507.	33	12,482,418
	34	Total liabilities and net assets/fund balances	15,347,936.	34	12,530,127
Par	t XI		23702173301		12/500/12/
					Yes No
1	Acco	ounting method used to prepare the Form 990: Let Cash X Accrual Let	Other		
2a		the organization's financial statements compiled or reviewed by an independent a	accountant?		2a X
		the organization's financial statements audited by an independent accountant?			2b X
С		es" to lines 2a or 2b, does the organization have a committee that assumes respon	·	audit,	1 1 1
		w, or compilation of its financial statements and selection of an independent account			2c X
За		result of a federal award, was the organization required to undergo an audit or aud	lits as set forth in the Sing	jie Aud	
		and OMB Circular A-133?	• •	•	3a X
		es," did the organization undergo the required audit or audits?	_ 		3b Form 990 (2008
63201	1 12-18	-U8			rorm 330 (2008

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2008 2008

2008 Open to Public Inspection

Name of the organization

TRUCKEE TAHOE COMMUNITY FOUNDATION 68-0416404

Part I	Reason	for Public Char	ity Status (All organi	zations mu	st complet	te this par	t.) (see ins	tructions)		
The organ	zation is not a	a private foundation	because it is: (Please ch	neck only o	ne organiz	zation.)	·			
1 🗀		•	s, or association of chur	_			(b)(1)(A)(i)).		
2	A school des	scribed in section 17	'0(b)(1)(A)(ii). (Attach So	chedule E.)						
з 🗀	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii). (At	tach Sche	dule H.)	
4 🔲	A medical re	search organization	operated in conjunction	with a hos	pital desci	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital's name,
	city, and stat	-							•	
5 🔲			benefit of a college or u	niversity o	wned or op	perated by	a governi	mental unit	describe	ed in
	-	(b)(1)(A)(iv). (Comple	-		,	·	-			
6 🗀			ent or governmental un	it describe	d in sectio	n 170(b)(1)(A)(v).			
7 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.)									
8 🗀			ection 170(b)(1)(A)(vi).	(Complete	Part II.)					
9 🗔	•		eives: (1) more than 33			rom contri	butions, n	nembershij	o fees. ar	nd gross receipts from
	•	•	nctions - subject to certa					-		= -
			axable income (less sec							
		509(a)(2). (Complete	•		,			, ,		,
10 🔲			perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	1), (see ins	tructions)
11	-	•	perated exclusively for the					•		
	-		ations described in secti							
	-		organization and compl		-		,	•	, , , - , -	
	а П Туре			с 🔲 Тур	_		tegrated		dШ	Type III - Other
е 🗔			t the organization is not					r more disc	qualified	• •
			han one or more publicl							
f			ten determination from							, , , ,
-	_	rganization, check th			•					
g		_	organization accepted a	 nv aift or c	ontribution	from any	of the follo	owing pers	ons?	
•			rectly controls, either a							Yes No
			upported organization?							11g(i)
	•	• •	n described in (i) above?							11g(ii)
	• •	•	person described in (i)	-	e?					11g(iii)
h	• •	•	about the organizations			oports.				
		J	•							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did you	notify the	(vi) ls	the	(vii) Amount of
	inization	(11) = 11	organization	in col. (i) is	sted in your	organizat	ion in col.	organizatio	n in col. [support
- · - ·			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	support?	(i) organize U.S.	? " " "	
		1	(see instructions))	Yes	No	Yes	No	Yes	No	
										
							l]	
				l						
	-									
				l			<u> </u>			
Total					L	<u></u>				
	rivacy Act ar	nd Paperwork Redu	ction Act Notice, see t	the Instruc	tions for I	Form 990.		Schedul	e A (Forr	n 990 or 990-EZ) 2008

832021 12-17-08

Schedule A (Form 990 or 990-EZ) 2008 TRUCKEE TAHOE COMMUNITY FOUNDATION 68-0416404 Page 2

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

	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I.)				
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	2,369,606.	1,429,138,	1,978,038.	4,576,339.	1,577,953.	11,931,074.
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 - 3	2,369,606.	1,429,138.	1,978,038,	4,576,339.	1,577,953.	11,931,074.
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		j				
	amount shown on line 11,						000 050
	column (f)						899,259.
	Public Support, Subtract line 5 from line 4 ction B. Total Support						11,031,815.
_		(=) 2004	(L) 200E	(=) 2006	(4) 2007	(-) 2009	(6 Total
	endar year (or fiscal year beginning in)		(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4	2,369,606.	1,429,138.	1,978,038,	4,576,339.	1,577,953.	11,931,074.
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	227,055.	289,990.	365 192	514,505.	453,946.	1.850.688.
9	Net income from unrelated business	227,033.	200,000.	303,132.	314,303.	133,310.	1,830,088.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	-					
	or loss from the sale of capital						
	assets (Explain in Part IV.)				46,271.	39,410.	85,681.
11							13.867.443.
12	Gross receipts from related activities,	etc. (see instructu	ons)			12 1	
13				d. fourth. or fifth ta	ax vear as a sectio	····	, ,
	organization, check this box and stor	•					▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2008 (line 6, column (f) di	ivided by line 11, c	olumn (f))		14	79.55 %
15	Public support percentage from 2007	Schedule A, Part	IV-A, line 26f			15	68.99 %
16a	33 1/3% support test - 2008. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	·			▶\\
b	33 1/3% support test - 2007. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation .			. ▶□
17a	10% -facts-and-circumstances tes	t - 2008. If the org	anızation dıd not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization	• • •	▶∟_
b	10% -facts-and-circumstances tes	t - 2007. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the				•		, ,
	organization meets the "facts-and-cire		_	•			▶Ц
18	Private foundation. If the organization	on did not check a	box on line 13, 16:	a, 16b, 17a, or 17t	o, check this box a	ind see instruction	s ▶

Schedule A (Form 990 or 990-EZ) 2008

	rt III Support Schedule for 0	<u> Prganizations</u>	Described in	Section 509(a	(Complete only	if you checked the b	ox on line 9 of Part I.)
Sec	tion A. Public Support	1					
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
11	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ızation's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	tne organization without charge	I [\	
6	Total, Add lines 1 - 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				Ì		İ
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
	ction B. Total Support	1	<u> </u>	·····	1	1	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6	(4) 400 1	12/2000	(0) = 000	1 10/ - 10/		(7.13
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
_	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			111			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is fo	r the organization	's first, second, this	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
	check this box and stop here			·	<u> </u>		
Sec	tion C. Computation of Pub	ic Support Pe	ercentage				
15	Public support percentage for 2008 (line 8, column (f) o	divided by line 13,	column (f))		15	%
	Public support percentage from 200		=			16	%
	tion D. Computation of Inve						
	Investment income percentage for 20			ne 13, column (fi)		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2008. If the				· · · · · · · · · · · · · · · · · · ·		
.56	more than 33 1/3%, check this box a						▶ □
	33 1/3% support tests - 2007. If the	•	-				and
	line 18 is not more than 33 1/3%, ch						. —
20	Private foundation. If the organization		-				
	roanagaoth ii aio oigamean	2.2 9 9		_, _, _, _, _, _, _, _, _, _, _, _, _, _			90 or 990-EZ) 2008
					30		

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by organizations described below.

Attach to Form 990 or Form 990-EZ.

Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

● Sec	tion 501(c)(4), (5), or (6) organiza	ions: Complete Part III.			
Name o	f organization			Emp	loyer identification number
	TRUCKEE	TAHOE COMMUNITY	Y FOUNDATION	1	68-0416404
Part	I-A To be completed by	all organizations exen	npt under section	501(c) and section 5	27 organizations.
	See the instructions for S	=			-
1 Pro	ovide a description of the organiz		cal campaign activities	in Part IV	· · · · · · · · · · · · · · · · · · ·
	litical expenditures		our ourrepuign douvillo	▶ ¢	
	lunteer hours	•	•		
3 40	iditteel flodis	• • • • • • • • • • • • • • • • • • • •			
Part	I-B To be completed by	/ all organizations exen	nnt under section	501(c)(3)	···· ···· · · · · · · ·
1 4.0	See the instructions for S	-	ipt andor cochon		
1 Fo	ter the amount of any excise tax		ider section 4955	<u>▶</u> 9)
	ter the amount of any excise tax				` }
			-	· · · · · · · · · · · · · · · · · · ·	Yes No
	he organization incurred a sectio				
					L Yes No
Part	Yes," describe in Part IV.	all organizations exen	ent under section	501(c) except section	on 501(c)(3)
rait		· .	ipt under section	oor(c), except section	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	See the instructions for S		action EQ7 avampt fun	otion activities	<u> </u>
	ter the amount directly expended	• •	•		S
	ter the amount of the filing organ			Section 527	•
	empt function activities				?
	tal of direct and indirect exempt t	•			
	rm 1120-POL, line 17b				Yes No
	the filing organization file Form				
	ate the names, addresses and er				
	ter the amount paid and indicate				
•	omptly and directly delivered to a		, such as a separate se	egregated fund or a political	action committee (PAC).
	additional space is needed, provi				T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promptly and directly
				funds. If none, enter -0	delivered to a separate
				ľ	political organization.
					If none, enter -0
	ļ				
	 -				
			1	i	I

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

Schedule C (Form 990 or 990-EZ) 2008

832041 12-18-08

Schedule C (For	m 990 or 990 EZ) 2008 To be completed by	TRUC	KEE TA	HOE COMMUNI	TY FOUNDATION 501(c)(3) that	N 68-0	416404 Page 2
	election under sect					inea i omi orac	•
A Check ▶	if the filing organizati				iodaio o ioi dotalio.		
B Check ►			-	nd "limited control" pro	ovisions apply.		
B SHOOK P L	Limits	s on Lobl	bying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobb	ying expenditures to influ	ence pub	lic opinion (grassroots lobbying)		0.	
	ying expenditures to influ					0.	
c Total lobb	ying expenditures (add lin	nes 1a an	d 1b)				
d Other exe	mpt purpose expenditure	s .					
e Total exempt purpose expenditures (add lines 1c and 1d)							
f Lobbying	nontaxable amount. Enter	r the amo	unt from the	e following table in bot	th columns.		
If the amou	nt on line 1e, column (a) or	(b) is:	The lob	bying nontaxable am	ount is:		
Not over \$	500,000		20% of	the amount on line 1e			
Over \$500	,000 but not over \$1,000	,000	\$100,00	0 plus 15% of the exc	cess over \$500,000.		
Over \$1,00	00,000 but not over \$1,50	00,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,56	00,000 but not over \$17,0	000,000	\$225,00	0 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,0	000,000	i	\$1,000,	000.			
•	s nontaxable amount (ent		-		-		
	ne 1g from line 1a. Enter						
	ne 1f from line 1c. Enter			•••	L		
-	an amount other than zero		er line 1h or	line 11, did the organiz	ation tile Form 4/20	Г	
reporting s	section 4911 tax for this y	ear?			O	· ·· · · · · · · · · · · · · · · · · ·	Yes No
			at made a s		n do not have to compl through 2f of the inst		
		Lobi	oying Exper	nditures During 4-Ye	ar Averaging Period		
	endar year vear beginning in)	(a) :	2005	(ь) 2006	(c) 2007	(d) 2008	(e) Total
	non-taxable amount						
	ceiling amount ine 2a, column(e))						
c Total lobb	ying expenditures					<u> </u>	
d Grassroot	s non-taxable amount						
	s ceiling amount	_					
(150% of	ine 2d, column (e))						<u> </u>
f Grassroot	s lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

Schedule C (Form 990 or 990-EZ) 2008 TRUCKEE TAHOE COMMUNITY FOUNDATION 68-0416404 Page 3

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

$\overline{}$		(a)	(I	o)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		Х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		X		· · · · · · · · · · · · · · · · · · ·
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Х		
j	Other activities? If "Yes," describe in Part IV	X			0.
J	Total lines to through ii				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912		ļ		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A To be completed by all organizations exempt under section 501(c)(4),	section	501(c)(5)	, or sect	tion
	501(c)(6). See the instructions for Schedule C for details.				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	••	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year? t III-B To be completed by all organizations exempt under section 501(c)(4),		3		
	501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members	if Part III	-A, ques	tion 3 is	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenditures)	 cal	"		
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b			2b		·
c	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5		
Pai	t IV Supplemental Information				
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar	d Part II-B, I	ine 1i. Also	, complete	this part
for a	ny additional information.				
	RT II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:				
					_
<u>'T'H</u>	E FOUNDATION SUPPORTED A BALLOT MEASURE OFFERED BY	THE TR	UCKEE	TAHO	<u> </u>
<u>UN</u>	IFIED SCHOOL DISTRICT. IT ENDORSED SUPPORT FOR THE	BALLC	T MEA	SURE.	
					

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that

OMB No 1545-0047 Open to Public Inspection

Name of the organization

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number 68-0416404

Schedule D (Form 990) 2008

	TRUCKEE TAHOE COMM		68-0416404
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	70	
2	Aggregate contributions to (during year)	581,973.	
3	Aggregate grants from (dunng year)	1,085,317.	·
4	Aggregate value at end of year	2,701,840.	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	ınds
	are the organization's property, subject to the organization's	s exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor	or donor advisor or other impermissible private	benefit? X Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part IV	V, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		ally important land area
	Protection of natural habitat	Preservation of certified his	
	Preservation of open space	 -	
2	Complete lines 2a-2d if the organization held a qualified con-	servation contribution in the form of a conserva	tion easement on the last day
_	of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re		·
•	year▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe		
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat		ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	-	
	conservation easements		
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and balanc	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public s	ervice, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balance sh	neet works of art, historical treasures,
	or other similar assets held for public exhibition, education,	or research in furtherance of public service, pro	vide the following amounts relating to
	these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		. ▶ \$
		· · · · · · · · · · · · · · · · · · ·	> \$
2	If the organization received or held works of art, historical tre		n, provide
_	the following amounts required to be reported under SFAS	•	•
а	Revenues included in Form 990, Part VIII, line 1		. ▶ \$
	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2008

	rt XI Reconciliation of Change in Net Assets from Form 990 to Finance		monte	08-	<u> </u>
		ciai State			770 120
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		772,138.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		2,396,093.
. 3	Excess or (deficit) for the year Subtract line 2 from line 1		3		<u>-1,623,955.</u>
4	Net unrealized gains (losses) on investments		4		<u>-955,738.</u>
5	Donated services and use of facilities		5		-50,429.
6	Investment expenses		6		
7	Prior period adjustments	•	7		406.065
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net) Add lines 4-8		9		<u>-1,113,134.</u>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	th Dave	10	- du	<u>-2,737,089.</u>
	rt XII Reconciliation of Revenue per Audited Financial Statements Wi	tn Rever	iue per H		
1	Total revenue, gains, and other support per audited financial statements			1	-366,422.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 00	0 000		
а	Net unrealized gains on investments	-1,06	<u>2,705.</u>		
b	Donated services and use of facilities 2b				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIV)	<u>-7</u>	<u>5,855.</u>		4 400
е	Add lines 2a through 2d			2ē	-1,138,560.
3	Subtract line 2e from line 1			3	772,138.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a				
b	Other (Describe in Part XIV)				_
С	Add lines 4a and 4b			4c	0.
5_	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	 =	•	5	772,138.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements W	ith Expe	nses per	Retu	
1	Total expenses and losses per audited financial statements			1	2,370,667.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	_			
а	Donated services and use of facilities	5	<u>0,429.</u>		
b	Prior year adjustments <u>2b</u>				
С	Losses reported on Form 990, Part IX, line 25				
d	Other (Describe in Part XIV)				
е	Add lines 2a through 2d			2e	50,429.
3	Subtract line 2e from line 1			3	2,320,238.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	7	<u>5,855.</u>		
b	Other (Describe in Part XIV)				
С	Add lines 4a and 4b			4c	75,855.
5			<u> </u>	5	<u>2,396,093.</u>
Pa	rt XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Pa	rt IV, lines 1	b and	2b; Part V, line 4; Part
X; Pa	art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.				
SC:	HEDULE D, PART X				
<u>AG</u>	ENCY FUNDS				
					
SC:	HEDULE D, PART XI, LINE 8				
<u>CH</u>	ANGE IN VALUE OF CRT (106,967)				
SC	HEDULE D, PART XII, LINE 2D				
IN	VESTMENT EXPENSES 75,855				<u></u>
				Sched	dule D (Form 990) 2008
83205					

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008 Open To Public Inspection

Name of the organization							ntification number
	TAHOE COMMUNITY F					<u>68-0416</u>	404
	Complete if the organization answer					7.	
 1 Indicate whether the organization rais a X Mail solicitations b X Email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g X Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (inclui rofess uant to	non-g gover tising ding o tional to agre	overnment grants rnment grants events fficers, directors, true fundraising services? ements under which	stees the fu	Yes	
(i) Name of individual or enτιτy (īunoraiser)	(ii) Activity	or con	Did aiser istady trol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		l					
		ļ <u> </u>					
							
					_		
							
Fotal .	•						
3 List all states in which the organization	on is registered or licensed to solicit f	unds	or has	been notified it is ex	empt	from registration	on or licensing.
			···-				
							
							
						•	
							
LHA For Privacy Act and Paperwork Re	eduction Act Notice, see the Instru	ctions	for F	orm 990.	Sched	lule G (Form 9	90 or 990-EZ) 2008

Schedule G (Form 990 or 990-EZ) 2008 TRUCKEE TAHOE COMMUNITY FOUNDATION 68-0416404 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other Events (d) Total Events SKI PASS LANHONTAN (Add col. (a) through INCOME GOLF TOURNAM col. (c)) (total number) (event type) (event type) 111,331 36,530 31,279 179,140. Gross receipts 2 Less: Charitable contributions 111,331. 36,530. 31.279 179,140. Gross revenue (line 1 minus line 2) Cash prizes Non-cash prizes **≅xpenses** Rent/facility costs 6 Direct 2,455 5,453 16,348 Other direct expenses 24,256. 24,256.) Direct expense summary. Add lines 4 through 7 in column (d) 154,884. Net income summary. Combine lines 3 and 8 in column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (Add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Non-cash prizes Rent/facility costs Other direct expenses Yes % Yes Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine lines 1 and 7 in column (d) Yes No Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? <u>9a</u> b If "No," Explain. 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," Explain Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Schedule G (Form 990 or 990-EZ) 2008

Schedule G (Form 990 or 990-EZ) 2008 TRUCKEE TAHOE COMMUNITY FOUNDATION 68-04	<u> 1640</u>	4 P	age 3
		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	<u>,</u>		
b An outside facility	۵		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:	7		
Name			
Address >			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
of gaming revenue retained by the third party > \$	Ì		
c If "Yes," enter name and address:			
Name			
Address ▶		 	
16 Gaming manager information:			
Name			
Gaming manager compensation ▶ \$			
Description of services provided			
			•
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year 🕨 💲	1	ı	1

832083 12-18-08

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE I			tue otnered	and Other Accietance to Organizations	en Orașia de Parines			OMB No 1545-0047	•
(Form 990)			Governm	Governments, and Individuals in the U.S.	uals in the U.S.			2008	L
Department of the Treasury Internal Revenue Service		► Compl	Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.	n answered "Yes," on F ▶ Attach to Form 990.	" on Form 990, Pa n 990.	rt IV, lines 21 or 22.		Open to Public Inspection	
Name of the organization	TRUCKEE	TAHOE COMMUNITY	편	UNDATION				Employer identification number 68-0416404	
Part I General In		d Assistance							
1 Does the organiza	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the select	•	
	critena used to award the grants or assistance?	ance?		:				X Yes No	
낋	Describe in Part IV the organization's procedures for monitoring the use of	sedures for monit	oring the use of grant	grant funds in the United States	States		·		
Part II Grants and	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization ans wered "Yes" on Form 990, Part IV, line 21, for any	overnments and	l Organizations in the	United States. Co	omplete if the orga	nization ans wered "Y	es" on Form 990, Part	: IV, line 21, for any	
recipient th	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed	5,000. Check this	box if no one recipien	t received more that	an \$5,000 Use Par	rt IV and Schedule I-1	(Form 990) if addition	al space is needed	
1 (a) Name and ad	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Methcid of valuation ibook, FMV, app aisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ARTS FOR THE SCHOOLS	OLS			20,000.	0			ARTS & CULTURE	
LAKE TAHOE SUMMER MUSIC FESTIVAL	MUSIC FESTIVAL			19,000	0	!		ARTS & CULTURE	
TAHOR MARTITIME MISEUM	SRUM			35 150	0			ARTS & CULTURE	
TAHOE TRUCKEE UNIFIED SCHOOL	FIED SCHOOL			150 245.	0				
HIMANE COTETY OF TRICKE TAHOE	TRIICKEE TAHOE			15 700	0			ENVIRONMENTAL CONSERVATION AND ANIMAL WELFARE	
								ENVI BONMENTAL	
								CONSERVATION AND ANIMAL	
TRUCKEE DONNER LAND TRUST	ND TRUST			33,800	0			WELFARE	
2 Enter total numbe	Enter total number of section 501(c)(3) and government organizations	d government or	yanizations	•	:		:	83.	
3 Enter total number	Enter total number of other organizations						•	9	
LHA For Privacy Act	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	tion Act Notice,	see the Instructions 1	for Form 990.				Schedule I (Form 990) 2008	

Schedule I (Form 990) 2008 (f) Description of non-cash assistance (book, FM'/, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 9:30, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. DUE Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. DILIGENCE IS PERFORMED ON ORGANIZATIONS PRIOR TO AWARDING THE GRANT TO ENSURE THAT THEY ARE ELIGIBLE. ALL GRANTS MADE THROUGH OUR COMPETITIVE SCHEDULE I, PART I, LINE 2: GRANTS ARE PRIMARILY LOCAL TO THE REGION. (d) Amount of non-cash assistance GRANTMAKING PROCESS ARE REQUIRED TO FILE A GRANT EVALUATION. 30 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

832102 12-18-08

ı

Page 2

68-0416404

TRUCKEE TAHOE COMMUNITY FOUNDATION

Schedule I (Form 990) 2008

Part III

Department of the Treasury Internal Revenue Service SCHEDULE I-1 (Form 990)

Name of the organization

Continuation Sheet for Schedule I (Form 990)

Open to Public OMB No 1545-0047 Inspection 2008

Employer identification number

68-0416404

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

TRUCKEE TAHOE COMMUNITY FOUNDATION

CIVIC AND PUBLIC BENEFIT CONSERVATION AND ANIMAL HEALTH & HUMAN SERVICES HEALTH & HUMAN SERVICES HEALTH & HUMAN SERVICES HEALTH & HUMAN SERVICES (h) Purpose of grant or assistance *COUTH DEVELOPMENT* ENVIRONMENTAL RECREATION WELFARE (g) Description of non-cash assistance : (book, FIAV, appraisal, other) (f) Method of valuation Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II) i 0, Ö Ö Ö (e) Amount of non-cash assistance 255 (d) Amount of cash grant 42,450 55,700 47,850 71,150 65,000, 335,000 32,600 37 (c) IRC Code section if applicable Enter total number of Section 501(c)(3) and government organizations (p) EIN Enter total number of other organizations TRUCKEE RIVER WATERSHED COUNCIL BOYS & GIRLS CLUB OF NORTH LAKE TRUCKEE FAMILY RESOURCE CENTER (a) Name and address of organization or government WEST HOLLYWOOD LIBRARY FUND TRUCKEE TRAILS FOUNDATION SIERRA SENIOR SERVICES TAHOE WOMEN'S SERVICES PROJECT MANA Parti TAHOE

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047 2008 Open to Public Inspection

CIVIC AND PUBLIC BENEFIT HEALTH & HUMAN SERVICES HEALTH & HUMAN SERVICES HEALTH & HUMAN SERVICES (h) Purpose of grant or assistance **Employer identification number** YOUTH DEVELOPMENT VARIOUS GRANTS 68-0416404 EDUCATIONAL SDUCATIONAL (g) Description of non-cash assistance : : (book, F MV, appraisal, other) (f) Methcd of valuation i Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) i ö 0 Ö Ö ö Ö (e) Amount of non-cash : assistance 15,600, 45,000, 20,500 478,395, 98,328 (d) Amount of cash grant 19 000 45,000 250,000 TRUCKEE TAHOE COMMUNITY FOUNDATION (c) IRC Code section if applicable Enter total number of Section 501(c)(3) and government organizations (b) EIN ENVIRONMENTAL TRAVELING COMPANIONS NORTH TAHOE FAMILY RESOURCE CENTER SQUAW VALLEY SKI MUSEUM FOUNDATION SUGAR BOWL SKI TEAM FOUNDATION TTUSD KINGS BEACH ELEMENTARY (a) Name and address of organization or government SECUCIA HOSPITAL FOUNDATION FRIENDS OF WOODSTOCK SCHOOL MISCELLANEOUS GRANTS Name of the organization ETCTRIPS

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations ..

Schedule I-1 (Form 990) 2008

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

TRUCKEE TAHOE COMMUNITY FOUNDATION

Employer identification number 68-0416404

FORM 990, PART VI, SECTION A, LINE 10: THE 990 IS REVIEWED BY THE AUDIT
COMMITTEE, WHICH MAKES A MOTION TO RECOMMEND TO THE BOARD THAT THEY ACCEPT
AND FILE THE RETURN.
FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST FORMS ARE
TURNED INTO AND REVIEWED BY CEO. ANY CONFLICTS ARE DICUSSED WITH THE BOARD
MEMBER, STAFF MEMBER OR VOLUNTEER AND APPROPRIATE ACTION IS TAKEN.
FORM 990, PART VI, SECTION B, LINE 15: OFFICERS AND KEY EMPLOYEES ARE
SUBJECT TO AN ANNUAL PERFORMANCE REVIEW. BI-ANNUALLY, A SUB-COMMITTEE OF
THE BOARD DOES AN IN-DEPTH REVIEW OF THE COMPENSATION OF SUCH EMPLOYEES AND
COMPARES THE SALARIES TO THE SURVEYS PUBLISHED BY BOTH THE COUCIL ON
FOUNDATIONS AND THE LEAGUE OF CALIFORNIA COMMUNITY FOUNDATIONS. THE
PROCESS AND RESULTS ARE DOCUMENTED IN THE EMPLOYEE PERSONNEL FILES.
FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE UPON
REQUEST TO THE ORGANIZATION.

Form 886	8 (Rev. 4-2009)			Page 2		
Note. Or	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo bly complete Part II if you have already been granted an automatic 3-month extension on a previously filed are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	Form		▶\\		
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no c	opies i	needed).			
Type or	Name of Exempt Organization	Emp	loyer iden	tification number		
print	TRUCKEE TAHOE COMMUNITY FOUNDATION	6	8-041	6404		
File by the extended due date for	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 366	For I	RS use onl	у		
filing the return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	•				
X For	rm 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	=	orm 5227 orm 6069	Form 8870		
STOP! D	o not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	d Form 88	368.		
LISA DOBEY • The books are in the care of 11071 DONNER PASS ROAD - TRUCKEE, CA 96161						
• If the	none No. ► 530-587-1776 FAX No. ►					
	quest an additional 3-month extension of time until <u>MAY 15, 2010</u> . realendar year or other tax year beginning JUL 1, 2008 , and ending	TITAI	20	2000		
	r calendar year, or other tax year beginning <u>JUL 1, 2008</u> , and ending his tax year is for less than 12 months, check reason: Initial return Final return			accounting period		
	ate in detail why you need the extension					
	DDITIONAL TIME IS REQUIRED TO GATHER THE NECESSARY IN	FOR	MATIO:	N TO		
`	REPARE A COMPLETE AND ACCURATE RETURN.	Ι.				
	his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		\$			
_	nrefundable credits. See instructions. his application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	8a	3			
	payments made. Include any pnor year overpayment allowed as a credit and any amount paid					
pro	eviously with Form 8868.	8b	\$			
c Ba	lance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit					
wit	h FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A		
	Signature and Verification					
	alties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the correct, and complete, and that I am authorized to prepare this form.	e best o	f my knowle	edge and belief,		
Signature	► Title ► CPA	Date	>			

Form **8868** (Rev. 4-2009)