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2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year
may use this form may use this form

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

Open to Public

Care Address American Charge	Α	For t	he 2009 ca	alendar	year, or tax year beginning , 2009, and ending			l		
Section S01/C/3) organizations and 4847(a)**I nonexempt charitable trusts   Socion S01/C/3) organizations and 4847(a)**I nonexempt charitable trusts   Socion S01/C/3) organizations and 4847(a)**I nonexempt charitable trusts   Socion S01/C/3) organizations and 4847(a)**I nonexempt charitable trusts   G Accounting method   Cash   X   Accrual other (specify)	В	Check	ıf applicable		C	Empl	oyer i	dentification number		
Temporation   Programmation		Addres	s change	Please use IRS	GRAY'S CROSSING COMMUNITY FOUNDATION	20.	20-0340092			
TRUCKEE, CA 96160   Southernown revenue   Properties   Southernown revenue   Properties   Prop		Name	change	label or						
Revenue   State   St		Initial r	return	type.		53/	n_5	27_222		
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K Check   If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A from 990 EZ or from 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return 425,000 A from 990 EZ or from 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return 425,000 A from 990 EZ or from 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return 425,000 A from 990 EZ or from 990	•		_	•				dule D (FOITH 550,		
\$20,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines \$b, 6b, and 7b, to file 9 to determine gross receipts, if \$500,000 or more, file Form 990  **Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)  1 Contributions, grifts, grants, and smilar amounts received.  2 Program service revenue including government fees and contracts  3 Membership dues and assessments  4 Investment income  5 a Gross amount from sale of assets other than inventory  5 a Investment income  5 a Gross amount from sale of assets other than inventory  5 a Gross amount from sale of assets of the file asset of the sale and sales with the sale of asset sheet in membershy dues and assets where than underlay (Subtract in 5b from in 5a)  6 Special events and activities (complete applicable parts of Schedule 6), if any amount is from gaming, check here  6 Special events and activities (complete applicable parts of Schedule 6), if any amount is from gaming, check here  6 Contributions  6 Special events and activities (complete applicable parts of Schedule 6), if any amount is from gaming, check here  6 Contributions  6 Special events and activities (complete applicable parts of Schedule 6), if any amount is from gaming, check here  6 Contributions  6 Special events and activities (complete applicable parts of Schedule 6), if any amount is from gaming, check here  6 Contributions  6 Special events and activities (complete applicable parts of Schedule 6), if any amount is from gaming, check here  6 Contributions  7 a Gross sales of invention and activities of the part (button)  7 a Gross sales of invention and activities of the part (button)  8 Other revenue (describe  9 Total	ĸ					norm	ally i	not more than		
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(See the instructions for Part II.)  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe ►  25 Total assets  26 Total liabilities (describe ► SEE STATEMENT 2  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  (A) Beginning of year  (B) End of year  61,856. 22  74,160.  24  25 Total assets  61,856. 25  74,160.  26 14,586.  27 See STATEMENT 2  28 14,586.	D.		_							
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27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 47,623. 27 59,574.				s (desc						
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	_							Form <b>990-EZ</b> (2009)		

	30-EZ (2009) GRAY'S CROSSING	0-034	10092 Page <b>2</b>			
	Statement of Program Se		(See the instruction	ons.)	1,_	Expenses
What	s the organization's primary exempt purpose? SE	Keg	uired for section			
Desc desc progr	ribe what was achieved in carrying out the ribe the services provided, the number of ram title	ne organization's exempt purp f persons benefited, or other	ooses. In a clear and co relevant information for	ncise manner, each	orga 4947	uired for section c)(3) and (4) nizations and section (a)(1) trusts; optional thers)
	COMMUNITY SUPPORT OF CIVI	C AND RECREATIONAL	. PROGRAMS IN T	HE	1.0.0	
	TRUCKEE-TAHOE COMMUNITY.	1				
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29					_	
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30	(Grants 9 ) ii ti	ils amount includes loreign gi	rants, check here		29 a	
					]	
	(Grants \$ ) If the	nis amount includes foreign gi	rants, check here		30 a	
31	Other program services (attach schedul-				<u>'</u>	
		nis amount includes foreign gi	rants, check here	►	]] 31 a	
	Total program service expenses (add I			•	32	
Par	t IV List of Officers, Directors	, Trustees, and Key Em	ployees. List each or	ne even if not co	mpens	ated (See the instrs.)
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit plant deferred compens	ans and	(e) Expense account and other allowances
	LAMBIOTTE	DIRECTOR	0.		0.	0.
P.C	). BOX 2537	] 0				
TRU	CKEE, CA 96160					
BLA	KE RIVA	CHAIRMAN	0.		0.	0.
P.C	D. BOX 2537	] o				
TRU	CKEE, CA 96160	1				
	MORGAN	TREASURER	0.		0.	0.
P.0	D. BOX 2537 CKEE, CA 96160	0				
	F BROWN	SECRETARY	0.		0.	0.
	. BOX 2537	1 0			٠.	
	CKEE, CA 96160					
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BAA		TEEA0812L C	01/30/10	•		Form <b>990-EZ</b> (2009)

Pa	<u>₹V</u>	Other Information (Note the statement requirements in the instrs for	Part V.)			
<			F		Yes	No
33	Did each	the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach	a detailed description of	33		X
34	Wer	e any changes made to the organizing or governing documents? If 'Yes,' attach a conform	ned copy of the changes	34		X
35	If the attach	organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), by a statement explaining why the organization did not report the income on Form $990-T$ .	out not reported on Form 990-T,			
á	Did repo	the organization have unrelated business gross income of \$1,000 or more or was it subjecting, and proxy tax requirements?	ct to section 6033(e) notice,	35 a		Х
ı	o If 'Y	es,' has it filed a tax return on Form 990-T for this year?		35 b		
		the organization undergo a liquidation, dissolution, termination, or significant disposition of the complete applicable parts of Schedule N	of net assets during the	36		X
		er amount of political expenditures, direct or indirect, as described in the instructions Let or amount of political expenditures, direct or indirect, as described in the instructions Let or amount of the instructions.	37a 0.	37 b	`.	X
<b>38</b> a	Did tany	the organization borrow from, or make any loans to, any officer, director, trustee, or key e such loans made in a prior year and still outstanding at the end of the period covered by	employee <b>or</b> were this return?	38a		
ŀ		es,' complete Schedule L, Part II and enter the total unt involved	38b N/A		,	
			المنت	, ' .		
		Particular in the control of the con	39a N/A	* *		
			39b N/A	*		
40 6		tion 501(c)(3) organizations Enter amount of tax imposed on the organization during the ion 4911 • N/A; section 4912 • N/A, section 4955				
•	trans	tion 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 495 saction during the year or is it aware that it engaged in an excess benefit transaction with ryear, and that the transaction has not been reported on any of the organization's prior F ,' complete Schedule L, Part I	i a disqualified person in a	40 b		Х
(	Sect	tion 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization agers or disqualified persons during the year under sections 4912, 4955, and 4958	<b>▶</b> 0.	, ·,		, ,
(	Sect	tion 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed ne organization	<b>▶</b> 0.	, ,	٠	,
•	All o	organizations. At any time during the tax year, was the organization a party to a prohibited ter transaction? If 'Yes,' complete Form 8886-T	d tax	40 e	<u>wax</u>	X
41		he states with which a copy of this return is filed <b>CA</b>	[	40 6		
<b>42</b> a		rganization's are in care of ► ED MORGAN	Telenhone no ► 530-58	7-2	222	
		s are in care of ► ED MORGAN ed at ► P.O. BOX 2537 TRUCKEE CA	ZIP + 4 > 96160	' <u>'</u> -		
				r		
t	At a	ny time during the calendar year, did the organization have an interest in or a signature oncial account in a foreign country (such as a bank account, securities account, or other fire	or other authority over a	42b	Yes	No X
		es,' enter the name of the foreign country:	·	420		
						:
				, ,		:
_		he instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Fin	in the second se			
•		ny time during the calendar year, did the organization maintain an office outside of the Ues, enter the name of the foreign country:	•	42 c		Х
		es, enter the name of the foreign country:				
					_	
43		non 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Ch	. 1 1	(	▶ ∐	N/A
	and	enter the amount of tax-exempt interest received or accrued during the tax year.	► 43			N/A
					Yes	No
44	Did 1	the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed	d instead			
	of Fo	orm 990-EZ		44		Х
45	ls ar Forn	ny related organization a controlled entity of the organization within the meaning of section 990 must be completed instead of Form 990-EZ	n 512(b)(13)? If 'Yes,'	45		Х
BAA		TEEA0812L 01/30/10	For	m <b>990</b>	-EZ (	(2009)

Rart VI.	Section 501(c)(3) organization: 501(c)(3) organizations and see 46-49b and complete the tables	s and section 4947 ction 4947(a)(1) no s for lines 50 and 5	(a)(1) nonexempt nexempt charitab 1.	charitable trusts only le trusts must answer	. All se questio	ction ns	<del>ago 1</del>
<b>46</b> Did t	he organization engage in direct or indire	ct political campaign ac	tivities on behalf of o	r in opposition to candidates	s	Yes	No
	he organization engage in lobbying activit		•	andrila C	47		
	e organization a school as described in se he organization make any transfers to an		•		48 49 a		
	es,' was the related organization a section		related organization:	•	49 b		
<b>50</b> Com	plete this table for the organization's five loyees) who each received more than \$10	highest compensated e	mployees (other than	officers, directors, trustees	and kev		
	) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex	pense int and lowance:	s
<del></del>							
	<b></b>						
51 Component	plete this table for the organization's five pensation from the organization. If there i	highest compensated in s none, enter 'None '	ndependent contractor	rs who each received more	than \$10	00,000	of
	(a) Name and address of each independent conti	ractor paid more than \$100,000		(b) Type of service	(c) Comp	oensatio	n
	<del>-</del>	<b></b>	<del></del>				
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<b>d</b> Total	number of other independent contractors	s each receiving over \$1	100,000	<b>—————————————————————————————————————</b>			
Sign Here	Under penalties of perjury, I declare that I have example true, correct, and complete Declaration of preparer of Signature of officer  Type or print name and title	nined this return, including acco	mpanying schedules and sta all information of which prepa	tements, and to the best of my know arer has any knowledge Date	ledge and b	elief, it i	s
Paid Pre-	Preparer's signature > M/Linix	nu	Date 9-1-	/ a Iself.	arer's Identi instructions 000646		mber
parer's		UNTANCY CORP.	· · · · · · · · · · · · · · · · · · ·				
Use	yours if self- employed). P.O. BOX 2468			EIN ► 9	4-2617	7724	
Only	ZIP + 4 TRUCKEE, CA 961	60-2468		Phone no ► (530)	587-	9221	
	RS discuss this return with the preparer sh	nown above? See instru	ctions .	, ,	X Yes		No
BAA					Form <b>99</b> 0	0-EZ	(2009)

2	n	^	
Z	U	U	3

## **FEDERAL STATEMENTS**

PAGE 1

### **GRAY'S CROSSING COMMUNITY FOUNDATION**

20-0340092

STATEMENT 1 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

GENERAL & ADMINISTRATION .....

\*\*\* \$ 14,596.
TOTAL \$ 14,596.

STATEMENT 2 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

ACCOUNTS PAYABLE AND ACCRUED EXPENSES

BEGINNING ENDING

\$ 14,233. \$ 14,586.

TOTAL \$ 14,233. \$ 14,586.

# STATEMENT 3 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE PURPOSE OF GRAY'S CROSSING COMMUNITY FOUNDATION IS TO PROMOTE THE COMMON GOOD AND GENERAL WELFARE OF THE PEOPLE OF THE GRAY'S CROSSING COMMUNITY THROUGH CIVIC BETTERMENT AND SOCIAL IMPROVEMENTS.

# 2009

# FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

**GRAY'S CROSSING COMMUNITY FOUNDATION** 

20-0340092

THE FOUNDATION HAS A COST SHARING AGREEMENT WITH THE TAHOE MOUNTAIN RESORT FOUNDATION (TMRF). TMRF EMPLOYS AN EXECUTIVE DIRECTOR AND PAYS HIS SALARY AND BENEFITS. THE EXECUTIVE DIRECTOR OVERSEES THE OPERATIONS OF 5 RELATED NON-PROFIT ENTITIES. GRAY'S CROSSING COMMUNITY FOUNDATION REIMBURSES 10% OF THE COST TO TMRF FOR ITS SHARE OF THE EXECUTIVE DIRECTORS COST, AS WELL AS OTHER OVERHEAD COSTS SUCH AS TELEPHONE, POSTAGE, TRAVEL, WEBSITE MAINTENANCE, MARKETING AND PROMOTION.