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Form 990-EZ

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
The organization may have to use a copy of this return to solution at the second

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

Open to Public Inspection

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J Tax-seemst status (check only one) X 50(0) (3) (insert on) 4947(9(1) to 527 990-EF). K C Check If the organization is not a section 559(9)(3) supporting organization and its gross receipts are normally not more than \$25,000. 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. L Add lines 59, 60, and 7b. to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) I Contributions, girls, grants, and similar amounts received 1 136,518. 2 Program service revenue including government fees and contracts 2 3 3 4 (1)	_	AA /-		
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Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year (Cash, savings, and investments (Cash, savings, and investment	E S	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		0
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year (Cash, savings, and investments (Cash, savings, and investment	₹			
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year (C) Each, savings, and investments (C) 22 (C) 80,941. (C) Each		21 Net assets or fund halances at end of year. Combine lines 18 through 20		
23 24 Other assets (describe ►) 24 25 Total assets 0 . 25 80, 941 . 26 Total liabilities (describe ►) 0 . 26 0 . 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0 . 27 80, 941 .	e D	Ralance Sheets If Total accepts on line 25 column (P) are \$1.250,000 or more file Form 990 inst		
23 24 Other assets (describe ►) 24 25 Total assets 0 . 25 80, 941 . 26 Total liabilities (describe ►) 0 . 26 0 . 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0 . 27 80, 941 .	ساي	(See the instructions for Part II.)		
23 24 Other assets (describe ►) 24 25 Total assets 0 . 25 80, 941 . 26 Total liabilities (describe ►) 0 . 26 0 . 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0 . 27 80, 941 .	222	Cash savings and investments		
24 Other assets (describe >) 24 25 Total assets		· · · · · · · · · · · · · · · · · · ·		00,041.
25 Total assets 26 Total liabilities (describe > 0. 25 80, 941. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 For Privacy Act and Paperwork Reduction Act Notice, see separate instructions Form 990-F7 (2009)	W 24	· · · · · · · · · · · · · · · · · · ·		
26 Total liabilities (describe > 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0. 27 80, 941. BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions Form 990-F7 (2009)	多 25			80 941
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions Form 990-F7 (2009)	\$ 26			
BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions Form 990-F7 (2009)	3 27			
	$\mathcal{D} \frac{\Sigma}{RA}$			

Form	990-E		EAGLECREST FOUN				-117	78631 Page 2
Par	t III	Statem	nent of Program Sei	rvice Accomplishments	s (See the instructi	ons.)	(Dan)	Expenses
What i	s the orga	anızatıon's pı	rımary exempt purpose? See	Statement 3			5016	uired for section c)(3) and (4)
Desc	ribe wh	at was acl	hieved in carrying out the	e organization's exempt purpo persons benefited, or other re	oses. In a clear and con	icise manner,	orgái 4947	c)(3) and (4) nizations and section (a)(1) trusts, optional
progr	am title	e services	provided, the number of	persons benefited, or other to	elevant information for t		for o	thers.)
28	TO S	OLICIT	, MANAGE AND IN	WEST DONATIONS FOR	THE EXCLUSIVE	BENEFIT		
	OF E	AGLECR	REST SKI AREA. A	NON-PROFIT ENTITY	OF THE CITY A	ND BOROUGH	1	
		UNEAU.					1	
	(Grants			s amount includes foreign gr	ants check here		28a	56,449.
29	Carant	3 4		is amount includes foreign gri	ants, check here			30/1.51
23							1	
							┨	
		 -	- 			ـم- ِ		
	(Grants	s \$) If th	is amount includes foreign gr	ants, check here	<u> </u>	29 a	
30							4	
								
								
	(Grants			is amount includes foreign gr	ants, check here	<u> </u>	30 a	
31			services (attach schedule	•			,	
	(Grant			is amount includes foreign gr	ants, check here		31 a	
			ervice expenses (add line	<u> </u>	<u>.</u> .		32	56,449.
Par	t IV	List of	Officers, Directors	<u>, Trustees, and Key En</u>	iployees. List each o	ne even if not co	mpens	ated. (See the instrs.)
				(b) Title and average hours	(c) Compensation (If	(d) Contribution		(e) Expense account
	4	(a) Name	and address	per week devoted to position	not paid, enter -0)	employee benefit pla deferred compens	ins and ation	and other allowances
TTN	CAL	VIN		President	0.		0.	0.
		X 2401	02	1103140110			٠.	
				٥				
		, AK 9	9824	TTI - Durad dank				0.
		IERCE		Vice President	0.		0.	0.
		WELL A	 	U				
		AK 99						
WAY	NE_S'	TEVENS		Secretary	0.		0.	0.
140	2 SI	DE COU	RT	0				
JUN	ΙΈΑŪ,	AK 99	801					
GEC	RGE	ELGEE		Director	0.		0.	0.
930	9 GL	ACIER	HWY SUITE B-2	lo				
		AK 99						
	TAY			Director	0.		0.	0.
		X 3381	Ω	0			•	
		AK 99		ľ				
301	EAU,	AN 99	803					
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BAA				TEEA0812L (01/30/10			Form 990-EZ (2009)

Pai	d V C	Other Information (Note the statement requirements in the instrs for	Part V.) See St	<u>tateme</u>		
					Yes	No
33	Did the o	irganization engage in any activity not previously reported to the IRS? If 'Yes,' attach a	a detailed description of	33		x
34	Were any	y changes made to the organizing or governing documents? If 'Yes,' attach a conform	ed copy of the changes	34		Х
35	If the organ attach a sta	Nation had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), bustement explaining why the organization did not report the income on Form 990-T	ut not reported on Form 990-T,			
á	a Did the o reporting	organization have unrelated business gross income of \$1,000 or more or was it subject in an approxy tax requirements?	t to section 6033(e) notice	35a		x
ı	olf 'Yes,' h	nas it filed a tax return on Form 990-T for this year?		35 b		
36	Did the o year? If '	organization undergo a liquidation, dissolution, termination, or significant disposition of Yes,' complete applicable parts of Schedule N	net assets during the	36		х
		nount of political expenditures, direct or indirect, as described in the instructions Lorganization file Form 1120-POL for this year?	37a 0	<u>.</u> 37 b		х
38 a	a Did the o any such	organization borrow from, or make any loans to, any officer, director, trustee, or key en loans made in a prior year and still outstanding at the end of the period covered by t	mployee or were his return?	38 a		Х
1	b If 'Yes,' o amount ii	complete Schedule L, Part II and enter the total nvolved	38ь N/	Α		
		501(c)(7) organizations Enter				
		·	39a N/	<u> </u>		
			39Ь N/	A		
40 8		501(c)(3) organizations Enter amount of tax imposed on the organization during the yill 911 • 0., section 4912 • 0., section 4955				
	Section 4	0., Section 4512 - 0., Section 4505		-		1
l	transaction prior year	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 on during the year or is it aware that it engaged in an excess benefit transaction with a r, and that the transaction has not been reported on any of the organization's prior Fomplete Schedule L, Part I	a disqualified person in a	40 ь		Х
(501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization s or disqualified persons during the year under sections 4912, 4955, and 4958	►0	<u>.</u>		
•	d Section 5 by the or	501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed ganization	- 0			
•	shelter tr	izations. At any time during the tax year, was the organization a party to a prohibited ansaction? If 'Yes,' complete Form 8886-T	tax	40 e		x
41	List the stat	tes with which a copy of this return is filed None				
42.	. The ermoni	achauta				
428	a The organiz books are ii		Telephone no. ►			
	Located at	► P.O. BOX 240193 DOUGLAS AK	ZIP + 4 > 9982	4		
				ĺ	Yes	No
	financial	me during the calendar year, did the organization have an interest in or a signature or account in a foreign country (such as a bank account, securities account, or other finanter the name of the foreign country.	other authority over a ancial account)?	42b	165	X
	,					
(At any tir	tructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Finan me during the calendar year, did the organization maintain an office outside of the U.S inter the name of the foreign country.		42 c		X
	., •	 		-		
4 3	Section 4	1947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chec	ck here		▶ □	N/A
		r the amount of tax-exempt interest received or accrued during the tax year	► 43			N/A
					Yes	No
44	Did the o	rganization maintain any donor advised funds? If 'Yes,' Form 990 must be completed	ınstead	44		х
45	ls anv rel	lated organization a controlled entity of the organization within the meaning of section must be completed instead of Form 990-EZ	512(b)(13)? If 'Yes,'	45		X
ВАА		TEEA0812L 01/30/10		orm 990)-EZ (

Form 990-EZ (2009) EAGLECREST FOUNDATION 57-1178631 Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. Yes No 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 46 X X Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 Х 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b If 'Yes,' was the related organization a section 527 organization? 49b 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (b) Title and average hours per week devoted to position (d) Contributions to employed benefit plans and deferred compensation (e) Expense account and other allowances (c) Compensation (a) Name and address of each employee paid more than \$100,000 None f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None. (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature Here Type or print name and title 2010 Check if Preparer's Identifying Number (See instructions) Preparer's Paid signature JOHN T ▼ | X | N/A employed Pre-Firm's name (or yours if self employed) LOGAN GENERAL TAX PRACTICE parer's

N/A

(907)

789-3894

►X Yes No Form 990-EZ (2009)

FIN

2245 N Jordan Ave

May the IRS discuss this return with the preparer shown above? See instructions

Juneau,

AK 99801

Use

Only

BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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. ► See separate instructions.

2009

Open to Public Inspection

Name of the organization Employer identification number EAGLECREST FOUNDATION 57-1178631 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 11, check only one box.) A church, convention of churches or association of churches described in section 170(bX1)(AXi). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). Δ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 Type III - Functionally integrated Type III- Other С ď By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (i) 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (i) Name of Supported (iii) Type of organization (described on lines 1.9 above or IRC section (ii) EIN (iv) Is the (v) Did you notify (vi) Is the (vii) Amount of Support organization in col (i) listed in your organization in col (i) organized in the US? Organization the organization in col (i) of your support? governing document? (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

Sche	dule A (Form 990 or 990-EZ) 2009	EAGLECRE	ST FOUNDATI	ON		57-117863	
Par	t II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) a	nd 170(b)(1)(A	()(vi)
	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	l.)			
Sec	tion A. Public Support				т		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4	Total. Add lines 1-through 3						
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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		4				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	Amounts from line 4			-			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 assets (Explain in Part IV.)						
11	Total support. Add lines 7						
12	through 10 Gross receipts from related activ	ities, etc. (see ins	tructions)	<u> </u>	<u></u>	12	
	First five years. If the Form 990 organization, check this box and	is for the organiza	-	d, third, fourth, o	r fifth tax year as	a section 501(c)(3	3) ▶ □
Sec	tion C. Computation of Pu		Percentage				
	Public support percentage for 20			e 11, column (f)		14	%
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14			15	%
16 a	a 33-1/3 support test - 2009. If the and stop here. The organization	organization did qualifies as a pub	not check the box licly supported or	c on line 13, and ganization.	the line 14 is 33-1	/3 % or more, che	eck this box
ŀ	b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.						
17 a	17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.						
t	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop her e	. Explain in Part	15 is 10% IV how the ►
_18	Private foundation. If the organiz				or 17b, check thi	s box and see ins	
BAA							990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (a) 2005 (c) 2007 (d) 2008 (e) 2009 Calendar year (or fiscal yr beginning in) ► **(b)** 2006 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants') 136,518. 136,518. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 0. purpose Gross receipts from activities that are not an unrelated trade or business 0. under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 136,518 136,518. 0 0 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified 0 0 0 0 0 0. persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the 0 0 0 0 0 0. 0 0 0 0 0 0. c Add lines 7a and 7b 8 Public support (Subtract line 136,518. 7c from line 6.) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 136,518 136,518. 9 Amounts from line 6 0 0. 0. 0. 10a Gross income from interest. dividends, payments received on securities loans, rents. royalties and income form similar sources 0. b Unrelated business taxable income (less section 511 taxes) from businesses 0. acquired after June 30, 1975 0 0 Ō. 0 0 0 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is 0. regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in 0. Part IV.) 136,518. 13 Total support. (add tns 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. **►** X Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	A (Form 990 or 990-EZ) 2009	EAGLECREST FOUNDATION	57-1178631 Page 4
Part IV	Supplemental Informa	ation. Complete this part to provide the expl ; and Part III, line 12. Provide any other add	anations required by Part II, line 10;
	Tart II, lille 17a of 17b	, and rait in, into 12. Frovide any other add	ational information. See instructions.
			
	-		
			
			
			
			
	-		
			
	- 		
- 			

2009	Federal Statements	Page 1
Client E8631	•	
Cheff E0031	EAGLECREST FOUNDATION	57-1178631
Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses		
BLACKBEAR CHAIRLIFT BOOKS	\$	56,449. 320.
Insurance	Total \$	1,565.
	<u> </u>	
Statement 2 Form 990-EZ, Part I, Line 20 Other Changes In Net Assets	s Or Fund Balances	
BEGINNING FUND BALANCE	\$ Total <u>\$</u>	6,004. 6,004.
Statement 3 Form 990-EZ, Part III Organization's Primary Exen TO PROMOTE A NON-PROFIT JUNEAU.	npt Purpose T ENTITY, EAGLECREST SKI AREA, IN THE CITY AND BOR	OUGH OF
(a) Did the organizati indirectly, to pay prem	ated with Personal Benefit Contracts Lon, during the year, receive any funds, directly niums on a personal benefit contract?	or No
indirectly, on a person	on, during the year, pay premiums, directly or hal benefit contract?	No

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