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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

B Check if applicable

- ☐ Address change
☒ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

TAHOE TRUCKEE COMMUNITY FOUNDATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

P.O. BOX 366

Room/suite

City or town, state or country, and ZIP + 4

TRUCKEE, CA 96160

F Name and address of principal officer STACY CALDWELL
SAME AS C ABOVE

D Employer identification number

68-0416404

E Telephone number

(530) 587-1776

G Gross receipts \$ 6,526,926.

H(a) Is this a group return

for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.TTCF.NET

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1998 M State of legal domicile: CA

Part I Summary

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities <u>TO ENHANCE THE QUALITY OF LIFE IN THE TRUCKEE/TAHOE AREA THROUGH PHILANTHROPY.</u>						
2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets						
3	Number of voting members of the governing body (Part VI, line 1a)	3					
4	Number of independent voting members of the governing body (Part VI, line 1b)	4					
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5					
6	Total number of volunteers (estimate if necessary)	6					
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a					
7b	Net unrelated business taxable income from Form 990-T, line 34	7b					
8	Contributions and grants (Part VIII, line 1h)		Prior Year		Current Year		
9	Program service revenue (Part VIII, line 2g)		1,112,232.		3,836,394.		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.		0.		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		818,220.		788,629.		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		174,150.		172,067.		
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,104,602.		4,797,090.		
14	Benefits paid to or for members (Part IX, column (A), line 4)		958,548.		1,283,147.		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.		0.		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		394,840.		428,620.		
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 172,919.		0.		0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-25f)		221,008.		332,125.		
18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)		1,574,396.		2,043,892.		
19	Revenue less expenses - Subtract line 18 from line 12		530,206.		2,753,198.		
20	Total assets (Part X, line 16)		Beginning of Current Year		End of Year		
21	Total liabilities (Part X, line 26)		13,596,974.		18,308,427.		
22	Net assets or fund balances - Subtract line 21 from line 20		185,649.		142,899.		
			13,411,325.		18,165,528.		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	STACY CALDWELL, CEO	5-14-12
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	RICHARD B. HUTCHINS	R B Hutchins
	Firm's name ▶ NOVOGRADAC & COMPANY LLP	Date 5/10/12
	Firm's address ▶ PO BOX 7833 SAN FRANCISCO, CA 94120-7833	Check if self-employed ☐ PTIN P00048293
		Firm's EIN ▶ 94-3108253
		Phone no. (415) 356-8000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

THE TRUCKEE TAHOE COMMUNITY FOUNDATION CONNECTS PEOPLE AND OPPORTUNITIES, GENERATING RESOURCES TO BUILD A MORE CARING, CREATIVE, AND EFFECTIVE COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses \$ 1,700,170. including grants of \$ 1,283,147.) (Revenue \$)
AS THE LARGEST GRANTMAKING ORGANIZATION IN THE LAKE TAHOE REGION, TRUCKEE TAHOE COMMUNITY FOUNDATION IS A CATALYST FOR STRENGTHENING OUR COMMUNITY THROUGH EFFECTIVE PHILANTHROPY AND CIVIC ENGAGEMENT. WE MOBILIZE RESOURCES, PROMOTE PHILANTHROPY, AND PROVIDE LEADERSHIP ON VITAL ISSUES IN THE TRUCKEE AND NORTH LAKE TAHOE REGION. WE LOOK FOR CHARITABLE PROJECTS THAT MAKE A LASTING DIFFERENCE AND COMMIT OUR RESOURCES TO THESE PROJECTS. WE HELP PEOPLE CREATE A LEGACY TO THE COMMUNITY THROUGH CHARITABLE GIVING WITHIN THEIR WILLS AND TRUSTS. WE ENCOURAGE INDIVIDUALS OF BOTH MODEST AND SUBSTANTIAL MEANS TO CONTRIBUTE TO A PERMANENT ENDOWMENT THAT ADDRESSES THE CHANGING NEEDS AND OPPORTUNITIES OF OUR REGION, MULTIPLYING THE IMPACT OF INDIVIDUAL GIVING BY POOLING RESOURCES FOR THE COMMON GOOD.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
UNCOMMON PEOPLE. COMMON GROUND.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses **1,700,170.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	25	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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	8	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	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)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

☒

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	9			
b Enter the number of voting members included in line 1a, above, who are independent		9		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Does the organization have members or stockholders?				X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?				X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		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?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA**

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 for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **STACY CALDWELL - (530) 587-1776**
11071 DONNER PASS ROAD, TRUCKEE, CA 96161

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								109,150.	0.	5,940.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								109,150.	0.	5,940.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3836394.			
	g	Noncash contributions included in lines 1a-1f \$		242,674.			
	h	Total. Add lines 1a-1f		3836394.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			386,150.		386,150.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)				402,479.	402,479.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	138958.			
	b	Less: direct expenses	b	6,105.			
	c	Net income or (loss) from fundraising events				132,853.	132,853.
	9 a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue			Business Code			
	11 a	ADMINISTRATIVE INCOME		900099	39,214.	39,214.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d				39,214.		
12	Total revenue. See instructions.				4797090.	39,214.	0. 921,482.

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,283,147.	1,283,147.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	115,090.	63,612.	29,482.	21,996.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	251,348.	138,925.	64,385.	48,038.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	30,564.	16,894.	7,829.	5,841.
10 Payroll taxes	31,618.	17,476.	8,099.	6,043.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	17,439.		17,439.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	93,442.	93,442.		
g Other	5,264.	2,067.	3,197.	
12 Advertising and promotion	16,663.			16,663.
13 Office expenses	6,743.	3,727.	1,727.	1,289.
14 Information technology				
15 Royalties				
16 Occupancy	23,863.	13,190.	6,113.	4,560.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,306.	4,621.		1,685.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,248.	10,087.	4,673.	3,488.
23 Insurance	9,063.	5,009.	2,322.	1,732.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a RENT	61,592.	34,043.	15,778.	11,771.
b FUNDRAISING	42,951.			42,951.
c EQUIPMENT LEASES	12,298.	6,798.	3,150.	2,350.
d DUES AND TRAINING	7,543.	4,043.	3,500.	0.
e PUBLIC RELATIONS	5,822.	655.	655.	4,512.
f All other expenses	4,888.	2,434.	2,454.	
25 Total functional expenses. Add lines 1 through 24f	2,043,892.	1,700,170.	170,803.	172,919.
26 Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	15,219.	1	41,608.
	2 Savings and temporary cash investments	1,848,236.	2	2,155,365.
	3 Pledges and grants receivable, net	294,534.	3	307,420.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,463.	9	12,269.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 312,569.		
	b Less: accumulated depreciation	10b 118,236.	10c	194,333.
	11 Investments - publicly traded securities	8,885,389.	11	13,019,940.
	12 Investments - other securities See Part IV, line 11	1,045,245.	12	1,117,357.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,313,933.	15	1,460,135.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	13,596,974.	16	18,308,427.
Liabilities	17 Accounts payable and accrued expenses	40,892.	17	69,008.
	18 Grants payable		18	73,891.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	144,757.	25	0.
	26 Total liabilities. Add lines 17 through 25	185,649.	26	142,899.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	11,907,858.	27	16,142,580.
	28 Temporarily restricted net assets	1,503,467.	28	1,626,360.
	29 Permanently restricted net assets	0.	29	396,588.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	13,411,325.	33	18,165,528.
	34 Total liabilities and net assets/fund balances	13,596,974.	34	18,308,427.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,797,090.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,043,892.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,753,198.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,411,325.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,604,417.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	17,768,940.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☒1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Yes No

2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2010)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2010

Open to Public Inspection

TAHOE TRUCKEE COMMUNITY FOUNDATION

68-0416404

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state.

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 ☒ 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 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)

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).

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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.

a ☐ Type I

b Type II

c ☐ Type III - Functionally integrated

d ☐ Type III - Other

e ☐ 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 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) 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?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,978,038.	4,576,339.	1,577,953.	1,112,232.	3,439,806.	12,684,368.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,978,038.	4,576,339.	1,577,953.	1,112,232.	3,439,806.	12,684,368.
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)						2,090,432.
6 Public support. Subtract line 5 from line 4						10,593,936.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,978,038.	4,576,339.	1,577,953.	1,112,232.	3,439,806.	12,684,368.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	365,192.	514,505.	453,946.	410,217.	386,150.	2,130,010.
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.)		46,271.	39,410.	41,294.	172,067.	299,042.
11 Total support. Add lines 7 through 10						15,113,420.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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 ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	70.10	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	78.71	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☒			
b 33 1/3% support test - 2009. 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 ► ☐			
17a 10% -facts-and-circumstances test - 2010. 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 ► ☐			
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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 ► ☐			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐			

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 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 ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 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 D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010Open to Public
Inspection

Name of the organization

TAHOE TRUCKEE COMMUNITY FOUNDATION

Employer identification number

68-0416404

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	70	22
2 Aggregate contributions to (during year)	2,313,932.	607,203.
3 Aggregate grants from (during year)	577,390.	1,101,692.
4 Aggregate value at end of year	5,115,543.	12,653,397.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☒ Yes ☐ No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☒ Yes ☐ No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|--|--|
| ☐ Preservation of land for public use (e.g., recreation or education) | ☐ Preservation of an historically important land area |
| ☐ Protection of natural habitat | ☐ Preservation of a certified historic structure |
| ☐ Preservation of open space | |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		226,463.	61,589.	164,874.
d Equipment		86,106.	56,647.	29,459.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				194,333.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HEDGE FUNDS-UBS "ROBECO"	1,117,357.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	1,117,357.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTERESTS IN CHARITABLE TRUSTS	1,355,135.
(2) INTEREST IN REAL PROPERTY	105,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	1,460,135.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,797,090.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,043,892.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,753,198.
4	Net unrealized gains (losses) on investments	4	1,714,803.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-110,386.
9	Total adjustments (net). Add lines 4 through 8	9	1,604,417.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	4,357,615.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	6,308,065.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,714,803.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	192,760.
e	Add lines 2a through 2d	2e	1,907,563.
3	Subtract line 2e from line 1	3	4,400,502.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	396,588.
c	Add lines 4a and 4b	4c	396,588.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,797,090.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,950,450.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,950,450.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	93,442.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	93,442.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,043,892.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

PART X, LINE 2: THE PREPARATION OF FINANCIAL STATEMENTS IN CONFORMITY

WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF

AMERICA REQUIRES THE FOUNDATION TO REPORT INFORMATION REGARDING ITS

EXPOSURE TO VARIOUS TAX POSITIONS TAKEN BY THE FOUNDATION. MANAGEMENT HAS

DETERMINED WHETHER ANY TAX POSITIONS HAVE MET THE RECOGNITION THRESHOLD

AND HAS MEASURED THE FOUNDATION'S EXPOSURE TO THOSE TAX POSITIONS.

MANAGEMENT BELIEVES THAT THE FOUNDATION HAS ADEQUATELY ADDRESSED ALL

RELEVANT TAX POSITIONS AND THAT THERE ARE NO UNRECORDED TAX LIABILITIES.

Part XIV Supplemental Information (continued)

FEDERAL TAX AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE AND AUDIT THE PREVIOUS THREE YEARS OF TAX RETURNS FILED. CALIFORNIA TAX AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE AND AUDIT THE PREVIOUS FOUR YEARS OF TAX RETURNS FILED. NO INTEREST OR PENALTIES FROM FEDERAL OR STATE TAX AUTHORITIES WERE RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUSTS	286,202.
CONTRIBUTIONS FROM AGENCY FUNDS	-396,588.
TOTAL TO SCHEDULE D, PART XI, LINE 8	-110,386.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES	-93,442.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUSTS	286,202.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	192,760.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTIONS FROM AGENCY FUNDS	396,588.
---------------------------------	----------

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2010

Open To Public Inspection

Name of the organization

TAHOE TRUCKEE COMMUNITY FOUNDATION

Employer identification number

68-0416404

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

Total

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	(a) Event #1 SKI PASS INCOME (event type)	(b) Event #2 GOLF TOURNAMENT I (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col (c))
Revenue				
1 Gross receipts	109,993.	16,515.	12,450.	138,958.
2 Less: Charitable contributions				
3 Gross income (line 1 minus line 2)	109,993.	16,515.	12,450.	138,958.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	5,260.	721.	124.	6,105.
10 Direct expense summary. Add lines 4 through 9 in column (d)				(6,105)
11 Net income summary. Combine line 3, column (d), and line 10				132,853.

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()
8 Net gaming income summary. Combine line 1, column d, and line 7				

9 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? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 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? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c If "Yes," enter name and address of the third party:

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? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

TAHOE TRUCKEE COMMUNITY FOUNDATION

Employer identification number
68-0416404

Part I General information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

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) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTS FOR THE SCHOOLS P.O. BOX 866 TRUCKEE, CA 96160		501(C)(3)	22,676.	0.			ARTS & CULTURE
FINE ARTS NORTH FAN CLUB P.O. BOX 6792 TAHOE CITY, CA 96145		501(C)(3)	5,200.	0.			ARTS & CULTURE
GET IN THE ACT! ARTS IN ACTION, INC. - P.O. BOX 4726 - STATELINE, NV 89449		501(C)(3)	5,000.	0.			ARTS & CULTURE
LAKE TAHOE MUSIC FESTIVAL P.O. BOX 7 TRUCKEE, CA 96160		501(C)(3)	37,960.	0.			ARTS & CULTURE
LAKE TAHOE SHAKESPEARE FESTIVAL 948 INCLINE WAY INCLINE VILLAGE, NV 89451		501(C)(3)	10,000.	0.			ARTS & CULTURE
TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT - 11603 DONNER PASS RD. - TRUCKEE, CA 96161		501(C)(3)	20,225.	0.			ARTS & CULTURE

54.

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(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) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VAMPIRE COWBOYS THEATRE CO. 170 EAST 4TH STREET, #4H BROOKLYN, NY 11218		501(C)(3)	6,000.	0.			ARTS & CULTURE
FOUNDANT P.O. BOX 11888 BOZEMAN, MT 59719		501(C)(3)	12,000.	0.			CIVIC & PUBLIC BENEFIT
FLORISTON POA		501(C)(3)	5,000.	0.			CIVIC & PUBLIC BENEFIT
TAHOE CITY PUBLIC UTILITY DISTRICT PO BOX 5249 TAHOE CITY, CA 96145		501(C)(3)	6,749.	0.			CIVIC & PUBLIC BENEFIT
TAHOE MARITIME MUSEUM 5205 WEST LAKE BLVD. HOMEWOOD, CA 96141		501(C)(3)	33,500.	0.			CIVIC & PUBLIC BENEFIT
TAHOE NORDIC SEARCH AND RESCUE TEAM, INC. - 221 FAIRWAY DR - TAHOE CITY, CA 96145		501(C)(3)	6,000.	0.			CIVIC & PUBLIC BENEFIT
TRUCKEE DOWNTOWN MERCHANTS ASSOCIATION - P.O. BOX 1356 - TRUCKEE, CA 96160		501(C)(3)	5,000.	0.			CIVIC & PUBLIC BENEFIT
CHILD ABUSE PREVENTION COUNCILS 2120 DIAMOND BLVD. #120 CONCORD, CA 94520		501(C)(3)	17,840.	0.			CIVIC & PUBLIC BENEFIT
PLAZA COMUNITARIA TRUCKEE TAHOE AKA PLAZA TRUCKEE TAHOE - 5101 SODA SPRINGS ROAD - SODA SPRINGS, CA 95728		501(C)(3)	7,000.	0.			EDUCATION

LHA

Schedule I (Form 990)

Schedule I (Form 990) **TAHOE TRUCKEE COMMUNITY FOUNDATION**

68-0416404

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Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)						
(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) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIERRA EXPEDITIONARY LEARNING SCHOOL - P.O. BOX 2179 - TRUCKEE, CA 96160		501(C)(3)	5,000.	0.			EDUCATION
TAHOE TRUCKEE COMMUNITY SCHOLARSHIP COMMITTEE - 11839 DONNER PASS RD - TRUCKEE, CA 96161		501(C)(3)	22,700.	0.			EDUCATION
TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT - 11603 DONNER PASS RD. - TRUCKEE, CA 96161		501(C)(3)	72,700.	0.			EDUCATION
BEAR LEAGUE P.O. BOX 393 HOMEWOOD, CA 96141		501(C)(3)	5,200.	0.			ENVIRONMENTAL CONSERVATION AND ANIMAL WELFARE
CALIFORNIA TROUT 870 MARKET STREET, SUITE 528 SAN FRANCISCO, CA 94102		501(C)(3)	9,500.	0.			ENVIRONMENTAL CONSERVATION AND ANIMAL WELFARE
COUNTY OF PLACER 145 FULWEILER AVENUE, SUITE 200 AUBURN, CA 95603		501(C)(3)	10,000.	0.			ENVIRONMENTAL CONSERVATION AND ANIMAL WELFARE
HUMANE SOCIETY OF TRUCKEE-TAHOE 10382 DONNER PASS RD # 3 TRUCKEE, CA 96161		501(C)(3)	10,700.	0.			ENVIRONMENTAL CONSERVATION AND ANIMAL WELFARE
MOUNTAIN AREA PRESERVATION FOUNDATION - P.O. BOX 971 - TRUCKEE, CA 96160		501(C)(3)	8,660.	0.			ENVIRONMENTAL CONSERVATION AND ANIMAL WELFARE
PET NETWORK 401 VILLAGE BOULEVARD INCLINE VILLAGE, NV 89451		501(C)(3)	5,000.	0.			ENVIRONMENTAL CONSERVATION AND ANIMAL WELFARE

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							Schedule I (Form 990)
(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) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
SIERRA STATE PARKS FOUNDATION 351 NORTH LAKE BOULEVARD TAHOE CITY, CA 96145		501(C)(3)	5,300.	0.			ENVIRONMENTAL CONSERVATION AND ANIMAL WELFARE	
SIERRA WATCH 408 BROAD STREET, #12 TAHOE CITY, NV 95959		501(C)(3)	10,000.	0.			ENVIRONMENTAL CONSERVATION AND ANIMAL WELFARE	
SIERRA WATERSHED EDUCATION PARTNERSHIPS - P.O. BOX 1602 - TAHOE CITY, CA 96145		501(C)(3)	22,777.	0.			ENVIRONMENTAL CONSERVATION AND ANIMAL WELFARE	
SUGAR PINE FOUNDATION 1458 MOUNT RAINIER DRIVE SOUTH LAKE TAHOE, CA 96150		501(C)(3)	9,500.	0.			ENVIRONMENTAL CONSERVATION AND ANIMAL WELFARE	
THUNDERBIRD LODGE PRESERVATION SOCIETY - 5000 HIGHWAY 28 - INCLINE VILLAGE, NV 89451		501(C)(3)	40,000.	0.			ENVIRONMENTAL CONSERVATION AND ANIMAL WELFARE	
TRUCKEE DONNER LAND TRUST 10069 W RIVER ST # C1 TRUCKEE, CA 96161		501(C)(3)	9,000.	0.			ENVIRONMENTAL CONSERVATION AND ANIMAL WELFARE	
TRUCKEE RIVER WATERSHED COUNCIL P.O. BOX 8568 TRUCKEE, CA 91662		501(C)(3)	80,500.	0.			ENVIRONMENTAL CONSERVATION AND ANIMAL WELFARE	
WYLIE ANIMAL RESCUE FOUNDATION (WARF) - P.O. BOX 5364 - INCLINE VILLAGE, NV 89450		501(C)(3)	5,000.	0.			ENVIRONMENTAL CONSERVATION AND ANIMAL WELFARE	
TAHOE FOREST CANCER CENTER P.O. BOX 2508 TRUCKEE, CA 96160		501(C)(3)	62,835.	0.			ENVIRONMENTAL CONSERVATION AND ANIMAL WELFARE	
LHA								

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY RECOVERY RESOURCES 10015 PALISADES DR # 1 TRUCKEE, CA 96161		501(C)(3)	5,500.	0.			HEALTH AND HUMAN SERVICES
FOOD BANK OF NEVADA COUNTY 310 RAILROAD AVE GRASS VALLEY, CA 95945		501(C)(3)	6,000.	0.			HEALTH AND HUMAN SERVICES
NORTH TAHOE FAMILY RESOURCE CENTER P.O. BOX 2810 KINGS BEACH, CA 96143		501(C)(3)	15,200.	0.			HEALTH AND HUMAN SERVICES
PROJECT MANA 948 INCLINE WAY INCLINE VILLAGE, NV 89451		501(C)(3)	55,350.	0.			HEALTH AND HUMAN SERVICES
SEQUOIA HOSPITAL FOUNDATION 170 ALAMEDA DE LAS PULGAS REDWOOD CITY, CA 94062		501(C)(3)	100,000.	0.			HEALTH AND HUMAN SERVICES
SIERRA AGAPE CENTER FOR SOUL-TENDING - 10157 DONNER PASS ROAD - TRUCKEE, CA 96161		501(C)(3)	20,000.	0.			HEALTH AND HUMAN SERVICES
SIERRA FAMILY SERVICES-TAHOE 2690 LAKE FOREST RD. STE. B TAHOE CITY, CA 96145		501(C)(3)	15,800.	0.			HEALTH AND HUMAN SERVICES
SIERRA SENIOR SERVICES 10040 ESTATES DR # A TRUCKEE, CA 96161		501(C)(3)	28,907.	0.			HEALTH AND HUMAN SERVICES
SPIRIT PEERS FOR INDEPENDENCE & RECOVERY, INC. - 276 GATES PLACE - GRASS VALLEY, CA 95945		501(C)(3)	5,000.	0.			HEALTH AND HUMAN SERVICES

LHA

Schedule I (Form 990)

Schedule I (Form 990) **TAHOE TRUCKEE COMMUNITY FOUNDATION**

68-0416404

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAHOE FOREST HOSPITAL FOUNDATION P.O. BOX 2508 TRUCKEE, CA 96160		501(C)(3)	19,400.	0.			HEALTH AND HUMAN SERVICES
TAHOE SAFE ALLIANCE P.O. BOX 1105 TRUCKEE, CA 96161		501(C)(3)	31,050.	0.			HEALTH AND HUMAN SERVICES
TRUCKEE FAMILY RESOURCE CENTER 11695 DONNER PASS ROAD TRUCKEE, CA 96161		501(C)(3)	72,325.	0.			HEALTH AND HUMAN SERVICES
CHILD ABUSE PREVENTION COUNCILS 2120 DIAMOND BLVD. #120 CONCORD, CA 94520		501(C)(3)	17,840.	0.			HEALTH AND HUMAN SERVICES
ENVIRONMENTAL TRAVELING COMPANIONS FORT MASON CENTER, LANDMARK BLDG. C SAN FRANCISCO, CA 94123		501(C)(3)	5,000.	0.			RECREATION
SUGAR BOWL SKI TEAM FOUNDATION 629 SUGAR BOWL ROAD TRUCKEE, CA 96161		501(C)(3)	31,000.	0.			RECREATION
BIG BROTHERS BIG SISTERS 731 MARKET STREET SIXTH FLOOR SAN FRANCISCO, CA 94103		501(C)(3)	28,200.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUB OF NORTH LAKE TAHOE - 8125 STEELHEAD AVENUE - KINGS BEACH, CA 96143		501(C)(3)	40,850.	0.			YOUTH DEVELOPMENT
SIERRA NEVADA CHILDREN'S MUSEUM DBA KIDZONE - 11711 DONNER PASS ROAD - TRUCKEE, CA 96161 LHA		501(C)(3)	29,800.	0.			YOUTH DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GATEWAY MOUNTAIN CENTER P.O. BOX 995 SODA SPRINGS, CA 95728		501(C)(3)	20,250.	0.			YOUTH DEVELOPMENT
UC REGENTS 1111 FRANKLIN ST., 12FLOOR OAKLAND, CA 94607		501(C)(3)	15,500.	0.			YOUTH DEVELOPMENT
YOUNGLIFE TRUCKEE P.O. BOX 103 TRUCKEE, CA 96160		501(C)(3)	10,050.	0.			YOUTH DEVELOPMENT

LHA

Schedule I (Form 990)

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANTS ARE MADE PRIMARILY LOCAL TO THE REGION.

DUE DILIGENCE IS PERFORMED ON ORGANIZATIONS PRIOR TO AWARDING THE GRANT TO ENSURE THAT THEY ARE ELIGIBLE. ALL GRANTS MADE THROUGH OUR COMPETITIVE GRANTMAKING PROCESS ARE REQUIRED TO FILE A GRANT EVALUATION.

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2010

Open to Public
Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

TAHOE TRUCKEE COMMUNITY FOUNDATION

Employer identification number

68-0416404

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	10	242,674.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

TAHOE TRUCKEE COMMUNITY FOUNDATION

Employer identification number
68-0416404

FORM 990, PART VI, SECTION A, LINE 4: EFFECTIVE AUGUST 31, 2011, THE
FOUNDATION'S NAME HAS BEEN AMENDED FROM "TRUCKEE TAHOE COMMUNITY
FOUNDATION" TO READ AS "TAHOE TRUCKEE COMMUNITY FOUNDATION."

FORM 990, PART VI, SECTION B, LINE 11: STAFF IS RESPONSIBLE FOR COMPLETING
AND FILING THE FORM 990, WHICH IS REVIEWED BY MANAGEMENT STAFF AND THE
EXECUTIVE DIRECTOR. PRIOR TO ITS FILING, A DRAFT IS E-MAILED TO ALL BOARD
MEMBERS. THEIR COMMENTS, QUESTIONS AND CONCERNS ARE SOLICITED AND
CONSIDERED PRIOR TO BEING COMPLETED AND SUBMITTED.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST FORMS ARE
TURNED INTO AND REVIEWED BY CEO. ANY CONFLICTS ARE DISCUSSED 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 COUNCIL 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 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:

1,714,803.

Name of the organization

TAHOE TRUCKEE COMMUNITY FOUNDATION

Employer identification number

68-0416404

CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUSTS 286,202.

CONTRIBUTIONS FROM AGENCY FUNDS -396,588.

TOTAL TO FORM 990, PART XI, LINE 5 1,604,417.

FORM 990, PART XII, LINE 2C:

THE FOUNDATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN
INDEPENDENT ACCOUNTANT AND THIS PROCESS HAS REMAINED CONSISTENT WITH
PRIOR YEAR.

A0718697

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

**CERTIFICATE OF AMENDMENT
OF ARTICLES OF INCORPORATION**

JUL 21 2011

The undersigned certify that:

1. They are the President and the Secretary, respectively, of TRUCKEE TAHOE COMMUNITY FOUNDATION, a California public benefit corporation without members.
2. Article I of the Articles of Incorporation of this corporation is amended to read as follows:

The name of this corporation is Tahoe Truckee Community Foundation.

3. The foregoing amendment has been duly approved by the Board of Directors.
4. The corporation has no members.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Date: July 15, 2011

Linda Brown
LINDA BROWN, President

Kathryn Rohlf
KATHRYN ROHLF, Secretary



I hereby certify that the foregoing
transcript of _____ page(s)
is a full, true and correct copy of the
original record in the custody of the
California Secretary of State's office.

AUG 31 2011

Date: _____ *jm*

Debra Bowen
DEBRA BOWEN, Secretary of State

Asset Number	Description of property							
	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1	LEASEHOLD IMPROVEMENT							
	02/01/06	SL	20.00	17	219,761.		49,446.	10,988.
2	LEASEHOLD IMPROVEMENT							
	09/07/06	SL	31.50	17	822.		100.	26.
3	LEASEHOLD IMPROVEMENT							
	06/30/08	SL	20.00	17	5,880.		735.	294.
	* 990 PAGE 10 TOTAL - COMPUTERS							
					226,463.	0.	50,281.	11,308.
4	COMPUTERS							
	10/16/01	SL	5.00	17	1,126.		1,126.	0.
5	COMPUTERS							
	01/15/05	SL	5.00	17	1,178.		1,178.	0.
6	(D) COMPUTERS							
	10/15/05	SL	5.00	17	3,030.		2,727.	303.
7	COMPUTERS							
	06/01/06	SL	5.00	17	1,155.		1,038.	116.
8	COMPUTERS							
	06/15/06	SL	5.00	17	1,036.		933.	103.
9	COMPUTERS							
	08/15/06	SL	5.00	17	1,306.		915.	261.
10	COMPUTERS							
	12/15/09	SL	5.00	17	1,261.		126.	252.
11	COMPUTERS							
	03/15/10	SL	5.00	17	1,182.		118.	236.
12	COMPUTERS							
	03/15/10	SL	5.00	17	1,182.		118.	236.
13	COMPUTERS							
	02/10/11	SL	5.00	19B	1,033.			207.
14	COMPUTERS							
	03/01/11	SL	5.00	19B	1,050.			210.
15	COMPUTERS							
	03/01/11	SL	5.00	19B	1,050.			210.
16	COMPUTERS HARDWARE							
	06/22/05	SL	5.00	17	5,369.		5,369.	0.
17	(D) COMPUTERS HARDWARE							
	08/01/00	SL	5.00	17	7,097.		7,097.	0.
18	COMPUTERS HARDWARE							
	02/28/06	SL	5.00	17	6,686.		6,018.	0.
19	COMPUTERS HARDWARE							
	03/25/11	SL	5.00	19B	4,198.			420.
20	SOFTWARE							
	04/15/00	SL	3.00	17	26,490.		26,490.	0.
21	SOFTWARE							
	01/03/11	SL	3.00	19A	14,560.			2,427.
22	EQUIPMENT							
	02/15/06	SL	5.00	17	2,574.		2,317.	257.
23	EQUIPMENT							
	08/14/01	SL	3.00	17	2,591.		2,591.	0.
24	EQUIPMENT							
	12/23/08	SL	5.00	17	2,257.		1,129.	564.
25	EQUIPMENT							
	06/15/09	SL	3.00	17	1,089.		544.	363.
26	EQUIPMENT							
	01/15/11	SL	5.00	19B	5,184.			519.

Form **4562**Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return**Depreciation and Amortization** 990
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

2010Attachment
Sequence No **67**

TAHOE TRUCKEE COMMUNITY FOUNDATION

FORM 990 PAGE 10

68-0416404

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	500,000.
2	Total cost of section 179 property placed in service (see instructions)	
3	Threshold cost of section 179 property before reduction in limitation	2,000,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	
6	(a) Description of property	(b) Cost (business use only)
7	Listed property. Enter the amount from line 29	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	
9	Tentative deduction. Enter the smaller of line 5 or line 8	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	
15	Property subject to section 168(f)(1) election	
16	Other depreciation (including ACRS)	

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2010	13,999.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	☐

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		14,560.	3 YRS.	HY	SL	2,427.
b 5-year property		15,064.	5 YRS.	HY	SL	1,822.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27 5 yrs	MM	S/L	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year	/		40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	18,248.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No		24b If "Yes," is the evidence written? ☐ Yes ☐ No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use.								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L		
		%				S/L		
		%				S/L		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year					
43 Amortization of costs that began before your 2010 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

TRUCKEE

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	TAHOE TRUCKEE COMMUNITY FOUNDATION	68-0416404
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	P.O BOX 366	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	TRUCKEE, CA 96160	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

LINDA BROWN

• The books are in the care of ▶ 11071 DONNER PASS ROAD - TRUCKEE, CA 96161

Telephone No. ▶ (530) 587-1776

FAX No. ▶

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until MAY 15, 2012
- 5 For calendar year 2011, or other tax year beginning JUL 1, 2010, and ending JUN 30, 2011
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Diana Title ▶ CPA

Date ▶ 4/15/12