

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



SCANNED FEB 1 6 2012

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements Open to Public Inspection

A	For the 20	010 calen	dar year, or tax year beginning $10/01$, 2010, and ending	9/3	30	,	2011	
В	Check if appl	licable			D Employ	er Identifi	ication Number	
	Address	change	TAHOE YACHT CLUB FOUNDATION		88-	03177	81	
	Name c	•	PO BOX 3216	ľ	E Telepho			
	\vdash	-	RENO, NV 89506		775.	-846-	-8460	
	Initial re		,	ŀ	- 113	040	0400	
	Termina	ated						240
	Amende	ed return			G Gross re			342.
	Applicat	tion pending			group retur		ates? Yes	X No
			SAME AS C ABOVE		affiliates incl		Yes	No
$\overline{}$	Tax-exem	nt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	II NO, a	attach a list	(see msu	ructions)	
J	Website	<u> </u>		(c) Group e	exemption nu	ımher ►		
							gal domicile CA	
K		rganization	<u> </u>	on 1993	7 IVI S	tate or le	gar domicile CA	
Pa		Summai					D ON DUDG	
			be the organization's mission or most significant activities $\ \ \ \ \ \ \ \ \ \ \ \ \ $					
ė			<u> WHICH PROVIDE EDUCATIONAL AND CHARITABLE OPPO</u>					
ä	_LA	KE TAH	<u>OE_AREA_THAT_ENHANCE_EXPERTISE_OR_UNDERSTANDIN</u> (G_OF_M	ARITI	Æ_SK	ILLS	
E			<u></u>					
ŏ			ox 🕨 🔛 if the organization discontinued its operations or disposed of mor	e than 25	5% of its	net ass	ets	_
9			oting members of the governing body (Part VI, line 1a)			3		3
S			dependent voting members of the governing body (Part VI, line 1b)			4		
Ę	l		of individuals employed in calendar year 2010 (Part V, line 2a)			5		0
Activities & Governance			of volunteers (estimate if necessary)			6		50
⋖	i		ed business revenue from Part VIII, column (C), line 12			7a	3	,316.
	b Net	unrelated	business taxable income from Form 990-T, line 34			7 b		0.
				Р	rior Year		Current Y	
	8 Cor	ntributions	and grants (Part VIII, line 1h)		66,8			350.
Revenue	9 Pro	gram serv	rice revenue (Part VIII, line 2g)		297,6	544.	261	,011.
Ver	10 Inve	estment ır	ncome (Part VIII, column (A), lines 3,4, and 7d)		1,1	88.		139.
æ			e (Part VIII, column (A), Imes, 5, 6d, 8c, 9c, 10c, and 11e)		-1,5	93.	14	,310.
			e – add lines 8 through (1) (must-equal Part VIII, column (A), line 12)		364,0			,810.
			imilar amounts paid (Part IX, column (A), lines 1-3)			00.		,000.
			to or top members (Part (X) (Golumn (4)), (Ine 4)			-		,
	15 C-1	ients paid	to or reparted the state of the		45,5	17		
ø			er compensation (employee benefits (Part X, column (A), lines 5-10)		40,0	7.		
ıse			fundraising rees (Part IX, column (A), line 1e)	***********		< community /		- <00 0 M22 V S
Expenses	b Tot	al fundrais	sing expenses (Part tx Rolleman (D), line 25) >8,977.	,	V 52 (400)		edille in the	
ũ	l .		ses (Part IX) column (A), lines 11a-11d, 11f-24f)		371,0	39.	243	,972.
			es Add lines 13-17 (must equal Part IX, column (A), line 25)		419,5			,972.
					-55,5			,838.
	<u> </u>	veriue less	s expenses Subtract line 18 from line 12	D				
8 Q.			D	Beginnin	g of Currer		End of Ye	
Net Assett Fund Balar			(Part X, line 16)		80,6			<u>, 483.</u>
ξÞ	21 Tot	al liabilitie	es (Part X, line 26)			L55.		,648.
žā	22 Net	t assets or	fund balances Subtract line 21 from line 20	<u> </u>	71,4	166.	87	<u>,835.</u>
Pa	art II	Signatu	re Block					
Und	ler nenalties	of periury. Lo	declare that I have examined this return, including accompanying schedules and statements, and to t	he best of n	ny knowledge	e and beli	ief, it is true, correc	ct, and
con	iplete Declar	ration of prep	declare that I have examined this return, including accompanying schedules and statements, and to tare (other than office) is based on all information of which preparer has any knowledge					
					1/27	112		
Sig	n	Signati	ure of office	Da	te			
He	re		5. Douglas Bull Director/ Treasurer					
		P	print name and title					
			Brancock Const.		Charle T	1, 1	PTIN	
		1	Day 27.	- /2	Check _	"		,
Pa		MICHAI	IL R. GRIESMER	, ≪	self-employ	ed .	P00006468	
Pr	eparer	Firm s nam	. "					
Us	e Only	Firm s addr	ess ► P.O. BOX 2468		Firm's EIN		-2617724	
			TRUCKEE, CA 96160-2468		Phone no	(530)) 587-922	21
Ma	v the IRS	discuss th	nis return with the preparer shown above? (see instructions)				X Yes	No
				A0113L 12	/21/10			(2010)

88-0317781

Page 2

Form **990** (2010)

TAHOE YACHT CLUB FOUNDATION

TAHOE YACHT CLUB FOUNDATION 88-0317781 Form 990 (2010) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 1 Х Schedule A Х Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Х for public office? If 'Yes,' complete Schedule C, Part I 3 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? If 'Yes,' complete Schedule C, Part II Х 4 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? If 'Yes,' complete Schedule C, Part III 5 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? If 'Yes,' complete Schedule D, Х 6 Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the 7 environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV 9 Х Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V 10 Х If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, 11 s. (% or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a D. Part VI b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 11_b Х 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? If 'Yes,' complete Schedule D, Part VIII Х 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Х 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11 e Χ f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and Х if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a

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? If 'Yes,' complete Schedule F, Parts I and IV 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Х 19 complete Schedule G, Part III Х 20 20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 20 b filers that operate one or more hospitals must attach audited financial statements (see instructions)

Part V Checklist of Required Schedules (continued) No Yes 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? If 'Yes,' complete Schedule I, Parts I and II 21 Х 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° If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х Schedule J 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 Х 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I Х 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Х 25b Schedule L, Part I 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? If 'Yes,' complete Schedule L, Part II 26 X 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? If 'Yes,' complete Х 27 Schedule L. Part III 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? If 'Yes,' complete Schedule L. Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b Schedule L, Part IV 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? If 'Yes,' complete Schedule L, Part IV 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If 'Yes,' complete Schedule M Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, X 34 Х 35 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 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)? If 'Yes,' complete Schedule R, Part V, line 2 X No Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O

BAA

Form **990** (2010)

Statements Regarding Other IRS Filings and Tax Compliance Check 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 1 a 0 1b b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2_b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a 3h b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х 4a financial account in a foreign country (such as a bank account, securities account, or other financial account) **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 5 a Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b Х 5с 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 X solicit any contributions that were not tax deductible? 6a **b** If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b 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 7 a services provided to the payor? 7 b 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 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d 7 e 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 7 g as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C3 7h 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 8 holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? 9b b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10 a 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 10b Section 501(c)(12) organizations. Enter 11 a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 11 b 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? 12 a 12b 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. 13 a 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 13b which the organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand Х 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q

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. X

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

Sec	tion A. Governing Body and Management				
			[announcement	Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a3			
t	Enter the number of voting members included in line 1a, above, who are independent	1b 3	124		A de
2	Did any officer, director, trustee, or key employee have a family relationship or a business re officer, director, trustee or key employee?	elationship with any other	2	7, 111.00	X
3	Did the organization delegate control over management duties customarily performed by or of officers, directors or trustees, or key employees to a management company or other pers	under the direct supervision on?	3		Х
4	Did the organization make any significant changes to its governing documents		4		X
_	since the prior Form 990 was filed?	tionle passin?	5		х
5,	Did the organization become aware during the year of a significant diversion of the organiza	tion's assets?	6		X X
6	Does the organization have members or stockholders?		-		
	Does the organization have members, stockholders, or other persons who may elect one or governing body?		7 a		X
t	Are any decisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7 b	minar. L	X
8	Did the organization contemporaneously document the meetings held or written actions under the following	ertaken during the year by			
а	The governing body?		8a	X	<u> </u>
t	Each committee with authority to act on behalf of the governing body?		8b		X_
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot be reached at the	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal Revenue Code.)			
				Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?		10 a		X
t	off 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	10 b		
11 a	Has the organization provided a copy of this Form 990 to all members of its governing body	before filing the form?	11 a	_X_	
t	Describe in Schedule O the process, if any, used by the organization to review this Form 990	SEE SCHEDULE O			T
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a		X
Ł	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	that could give rise	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the posterior of the po	olicy? If 'Yes,' describe in	12c		
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent			
ā	The organization's CEO, Executive Director, or top management official		15a		X
ŧ	Other officers of key employees of the organization		15 b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		9.3		200
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar taxable entity during the year?	r arrangement with a	16 a		X
	olf 'Yes,' has the organization adopted a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and taken steps organization's exempt status with respect to such arrangements?	n to evaluate its s to safeguard the	16 b		
Sec	tion 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, a inspection. Indicate how you make these available. Check all that apply	and 990-T (501(c)(3)s only) a	vaılab	le for	public
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents available to the public SEE SCHEDULE O	ments, conflict of interest po	licy, a	nd fina	ancial
	State the name, physical address, and telephone number of the person who possesses the DOUG BALL 1630 ZOLEZZI LANE RENO NV 89511 775-846-8460	books and records of the org	anızat	ion	

BAA

Form 990 (2010)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
(A)	(B)		(C)				(D)	(E)	(F)	
Name and title	Average hours per week (describe hours for related organizations in Schedule O)	or director	Institutional trustee		Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) DAVID OLSON PRESIDENT	0							0.	0.	0.
(2) G. DOUGLAS BALL TREASURER	0		-			-		0.	0.	0.
(3) RICHARD STOUT SECRETARY	0							0.	0.	0.
								0.		
(10)										
(11)	1				,					,
(12)				_						
(13)				-						
(14)	1		-							· <u>-</u>
(15)				-						
(16)										
(17)										
		Ь								

TEEA0107L 12/21/10

· (A)	(B)				c)		u.i.	(D)	(E)	(F)
Name and title	Average hours				k all t			Reportable	Reportable	Estimated
	per week (describe hours for related organi- zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
(29)										
1 b Sub-total		-					>	0.	0.	0.
c Total from continuation sheets to Part VII, Section	A						>	0.	0.	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limite	d to the	ا می	ctor	d ah	OVA,	wh	O re	L		
from the organization • 0		36 11	3100			, ****				
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such i	or trust	tee, al	key	em	ploy	ee,	or h	ighest compensat	ed employee	Yes No
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater to such individual	portable han \$15	e coi 50,00	mpe 00?	ensa If 'Y	tion ′es′	and com	l oth	ner compensation te Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'	ompens complet	satio e Sc	n fre	om . Iule	any <i>J fo</i>	unre r su	elate ch p	ed organization or person	ındıvıdual	5 X
Section B. Independent Contractors			-11		- 4		- 41-	7	h #100 000 -f	
Complete this table for your five highest compensa- compensation from the organization	tea inae	pen	aen	t cor	ntrac	ctors	s tna			
Name and business addres	ss							Description	of services	(C) Compensation
2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶	_	lımı	ited	to t	hose	e list	ted a	above) who receiv	ed more than	•

	t viii Statement of Revenue	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events. d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1 a 1 b 1 c 1 d 1 d 1 d 1 d 1 d 1 d 1 d		revenue		512, 513, or 514
AND C	g Noncash contributions included in lns 1a-1f \$	* ► 350.	-	ž.	
	Business Code	330.		42	
PROGRAM SERVICE REVENUE	2a WOODEN BOAT WEEK b c d	261,011.	261,011.		
RAM	f All other program service revenue				
PROC		261,011.		*	
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 	139.			139.
	(i) Real (ii) Personal 6 a Gross Rents 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		ॐ €2	3, 4 & 3	daga
	b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)	·***			
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b			· •	gar.
6	c Net income or (loss) from fundraising events	-	*		
,	9a Gross income from gaming activities See Part IV, line 19 a 9,336		^**		:
	b Less direct expenses c Net income or (loss) from gaming activities	9,336.	9,336.		
	10a Gross sales of inventory, less returns and allowances b Less cost of goods sold b 16,532		5,330.		
]	c Net income or (loss) from sales of inventory	1,274.	1,274.		
	Miscellaneous Revenue Business Code 11 a ADVERTISING INCOME b OTHER	3,316. 384.	384.	3,316.	
j	d All other revenue	 			
	e Total. Add lines 11a-11d	3,700.			
	12 Total revenue. See instructions	275,810.	272,005.	3,316.	139.

Form **990** (2010)

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) (D) (A) Fundraising Program service Management and Do not include amounts reported on lines Total expenses expenses expenses general expenses 6b, 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the U.S. See Part IV, <u>15</u>,000. 15,000 line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 0. 0 0 0 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0 0. Other salaries and wages. Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits. 10 Payroll taxes 11 Fees for services (non-employees) a Management **b** Legal 5,510 5,510 c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees 66,071. 66,071 **g** Other 20,466. 20,466. 12 Advertising and promotion 1,230 1,230 13 Office expenses Information technology 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates Depreciation, depletion, and amortization 3,119 4,245. 1,126. 23 Insurance 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) 42,703 42,703 a EVENT FOOD, BEV & ENTERTAINMT 16,383 778 4,134. 21,295 b PRINTING AND PUBLICATIONS 18,000 18,000 c RENT-VENUE 15,944. 15,944. d RENTALS - EQUIPMENT 12,979 12,979. e SPONSORSHIP-DIRECT EXPENSE 4,843. 22,689. 7,997 35,529. SEE SCH. O f All other expenses 18,634 8,977. 258,972. 231,361 25 Total functional expenses Add lines 1 through 24f 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

Pa	rt X	Balance Sheet						
•	-				(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			8,031.	1	26,641.	
	2	Savings and temporary cash investments		1	60,000.	2	55,530.	
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			7,790.	4	9,375.	
	5	Receivables from current and former officers, directo and highest compensated employees. Complete Part			1	5		
	6	Receivables from other disqualified persons (as defin persons described in section 4958(c)(3)(B), and contisponsoring organizations of section 501(c)(9) volunta organizations (see instructions)	ed und	der section 4958(f)(1)), g employers and		6		
A S	7	Notes and loans receivable, net				7		
ASSETS	8	Inventories for sale or use						
T S	9	Prepaid expenses and deferred charges			2,947. 1,531.	9	2,816. 2,154.	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	13,148.	,		, ·	
	h	Less accumulated depreciation	10b			10 c	***************************************	
	11	Investments – publicly traded securities				11		
	12	Investments – other securities See Part IV, line 11			12			
	13	Investments – program-related See Part IV, line 11			13			
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11			322.	15	967.	
	16	Total assets Add lines 1 through 15 (must equal line	34)		80,621.	16	97,483.	
	17	Accounts payable and accrued expenses			9,155.	17	9,648.	
	18	Grants payable			,	18		
	19	Deferred revenue				19		
Ļ	20	Tax-exempt bond liabilities				20		
Å	21	Escrow or custodial account liability Complete Part	IV of S	Schedule D	,	21		
LIT	22	Payables to current and former officers, directors, trubighest compensated employees, and disqualified pe	ıstees,	key employees,		- '\$'	A .44	
- 1		of Schedule L			•	22		
S	23	Secured mortgages and notes payable to unrelated t	hird pa	arties		23		
	24	Unsecured notes and loans payable to unrelated third	d parti	es		24		
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			9,155.	26	9,648.	
N E T		Organizations that follow SFAS 117, check here ▶	X a	nd complete lines		1 38	, , , , , , , , , , , , , , , , , , ,	
_		27 through 29 and lines 33 and 34.						
ş	27	Unrestricted net assets			-39,336.	27	2,310.	
ASSETS	28	Temporarily restricted net assets		25,802.	28	525.		
	29	Permanently restricted net assets		85,000.	29	85,000.		
R		Organizations that do not follow SFAS 117, check here ► and complete				1.196		
FUND		lines 30 through 34.		· · · · · · · · · · · · · · · · · · ·	ļ	* *		
Ď	30	Capital stock or trust principal, or current funds				30		
B	31	Paid-in or capital surplus, or land, building, or equipr				31		
Ā	32	Retained earnings, endowment, accumulated income	, or of	her funds		32		
BALAZCES	33	Total net assets or fund balances			71,466.	33	87,835.	
_ <u>\$</u>	34	Total liabilities and net assets/fund balances	_		80,621.	34	97,483.	

BAA

Form **990** (2010)

Form	1 990 (2010) TAHOE YACHT CLUB FOUNDATION	88-0317781		Pa	ge 12
Par	t XI Reconciliation of Net Assets				
٠	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		75, <u>8</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		58 <u>,9</u>	
3	Revenue less expenses Subtract line 2 from line 1	3		16,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4		<u>71,4</u>	
5	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5		- 4	<u>69.</u>
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_	-	87,8	35.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		ľ	(N)	1
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		2.2	·	
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
ı	b Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi review, or compilation of its financial statements and selection of an independent accountant?	ght of the audit,	2c		_X_
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n	.e.		
•	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we separate basis, consolidated basis, or both	ere issued on a		38 0 W	
	X Separate basis Consolidated basis Both consolidated and separate basis			82 Ja	
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single	3a		Х
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits	the required audit	3 b		

BAA

Form **990** (2010)

TEEA0112L 12/21/10

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Employer identification number

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

TAH	ЭE	YACHT CLUB FO	UNDATION						88-03	17781		_	
Part		Reason for Publ	ic Charity Status	(All organizations	must c	comple	<u>te this</u>	part.)	See ir	<u>ıstructı</u>	ions.		
The o	<u></u>	•		e it is (For lines 1 thro	-		•						
1	Ш	A church, convention	of churches or assoc	ciation of churches desc	cribed in	section	170(b)((1)(A)(i).					
2	Ш			(ii). (Attach Schedule E									
3	Ш			e organization describe									
4	\bigsqcup	A medical research of	organization operated	in conjunction with a h	ospital d	describe	d in sec	tion 170)(Ь)(1)(А	.)(iii) En	iter the hos	spital's	5
_		name, city, and state											
5	Ш	170(b)(1)(A)(iv). (Co	mplete Part II)	f a college or university			_	-	nmentai	unit des	scribea in s	sectioi	n
6 7			normally receives a s	overnmental unit descri substantial part of its su rt IF)					or from	the ger	neral public	desci	rıbed
8		A community trust de	escribed in section 17	70(b)(1)(A)(vi). (Comple	te Part I	I)							
9	X	from activities related	d to its exempt function and unrelated busines) more than 33-1/3% of ons – subject to certair s taxable income (less mplete Part III)	n except	ions, an	d (2) no	more t	han 33-1	1/3% of	its support	from	aross
10	Ш	An organization orga	nized and operated e	exclusively to test for pu	ıblıc safe	ety See	section	509(a)(4).				
11		more publicly suppor	ted organizations des	exclusively for the beneful scribed in section 509(a tion and complete lines	0(1) or s	ection 5	09(a)(2)	ctions o) See s	f, or car ection 5	ry out th 609(a)(3)	ne purpose . Check th	s of or e box	ne or that
	_	a Type I	b Type II	c 🔛 Type III		-	-			d _	Type III -		r
е		By checking this box other than foundation section 509(a)(2)	, I certify that the org n managers and othe	anization is not controll r than one or more pub	led direc licly sup	tly or in ported o	directly organiza	by one tions de	or more scribed	dısqualı ın sectio	fied persor on 509(a)(1	ns) or	
f		(, (,	ceived a written dete	rmination from the IRS	that is a	a Type I,	Type II	or Type	e III sup	porting o	organizatio	n,	
g		Since August 17, 200	06, has the organizati	on accepted any gift o	r contrib	ution fro	om any o	of the fo	llowing	persons	2		
												Yes	No
		(i) A person who obelow, the gove	directly or indirectly o erning body of the su	ontrols, either alone or pported organization?	together	r with pe	ersons d	escribed	d ın (ıı) a	and (III)	11 g (i)		
		(ii) A family memb	er of a person descri	bed ın (ı) above?							11 g (ii)		
		(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) a	bove?						11 g (iii)		L
<u>h</u>		Provide the following	information about th	e supported organization	on(s)		,			·			
		(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (Is the zation in i) listed in overning ment?	the organ	ou notify lization in n (i) of ipport?	(vi) le organiza colum organiza U S	ation in	(vii) Amoui	nt of sup	port
					Yes	No	Yes	No	Yes	No			
(A)													
					<u> </u>	<u> </u>							·
(B)													
(C)													
(D)													
											_		
(E)													
Total			i]						

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

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

Sec	tion A. Public Support			·						
Cale	ndar year (or fiscal year	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010		(f) Total		
_	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants ')									
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf		•							
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	i de la companya de l			File		, Ž			
6	Public support. Subtract line 5 from line 4	•	* **	,	· ##.*\	M				
Sec	tion B. Total Support					· · · · ·				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010		(f) Total		
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)									
11	Total support. Add lines 7 through 10	*,"				4.				
12	Gross receipts from related activ	vities, etc (see ins	structions)			L	12			
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 50	1(c)(3)	▶ □		
$\overline{}$	tion C. Computation of Pu									
	Public support percentage for 20			ne 11, column (f))		-	14			
15	Public support percentage from	2009 Schedule A	, Part II, line 14			L	15	%		
16a 33-1/3% support test — 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.										
ŀ	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									
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance	s' test, check this	box and stop he	re. Explain in	ı Part I	V how		
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts- id-circumstances'	and-circumstance test The organia	s' test, check this zation qualifies as	box and stop he a publicly suppo	re. Explain in rted organiza	Part I	V how the ►		
18	Private foundation. If the organ	ization did not ch	eck a box on line	13, 16a, 16b, 17a						
BAA					So	chedule A (Fo	rm 99	0 or 990-EZ) 2010		

Partill 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)

	to qualify drider the tests in	sted below, picas	c complete r art ii	'			<u> </u>					
	tion A. Public Support				4.0.000	4 > 0010						
	dar year (or fiscal yr 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')	246,897.	210,058.	163,271.	66,836.	350.	687,412.					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's	210/03:	220,000									
	tax-exempt purpose	308,088.	302,580.	183,162.	297,644.	261,011.	1,352,485.					
	Gross receipts from activities that are not an unrelated trade or business under section 513						0.					
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.					
5	The value of services or facilities furnished by a governmental unit to the organization without charge				,		0.					
6	Total. Add lines 1 through 5	554,985.	512,638.	346,433.	364,480.	261,361.	2,039,897.					
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	130,500.	107,500.	0.	0.	0.	238,000.					
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	0.	0.	0.	0.	0.	0.					
_	Add lines 7a and 7b	130,500.	107,500.	0.	0.	0.	238,000.					
	Public support (Subtract line 7c from line 6)					714	1,801,897.					
Sec	Section B. Total Support											
Calen	llendar year (or fiscal yr beginning in) ► (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total											
9	Amounts from line 6	554,985.	512,638.	346,433.	364,480.	261,361.	2,039,897.					
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	4,770.	4,231.	2,249.	1,188.	138.	12,576.					
	acquired after June 30, 1975		4 001	0.040	1 100	120	0.					
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on	4,770.	4,231.	2,249.	1,188.	138.	12,576.					
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV	10,612.	2,050.	730.		384.	13,776.					
	Total support. (Add Ins 9, 10c, 11, and 12)		518,919.	349,412.	365,668.	261,883.	2,066,249.					
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)((3)					
_	tion C. Computation of Pu			12 (0)	 	15	07 2 %					
	15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).											
	16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage											
						12	0.6%					
	Investment income percentage t				ımn (t))	17	0.6 %					
18	Investment income percentage					18	0.7 %					
	33-1/3% support tests – 2010. I is not more than 33-1/3%, check	k this box and sto	p here. The organ	ization qualifies	as a publicly supp	iorted organization	n • 🔀					
	33-1/3% support tests — 2009. I line 18 is not more than 33-1/3%	6, check this box	and stop here. Th	e organization qu	ialifies as a public	ly supported orga	inization					
_20	Private foundation. If the organ	ization did not che	eck a box on line	14, 19a, 01 190, 0	THECK THIS DOX AND		90 or 990 E7) 2010					

Schedule A	(Form 990 o	r 990-EZ) 2	010 T <i>F</i>	AHOE	YACHT	CLUB	FOUND	ATION		:	88-031	7781	Page 4
Rant IV	Suppleme Part II, line (See instru	ntal Infor e 17a or	mation 17b; and	. Com d Part	plete th	nis part e 12. Al	to proviso com	vide the aplete t	e explanati his part fo	ons requi r any add	red by F itional in	Part II, line oformation	e 10, i.
			_										
					- -								
					. – – –								
				- -									_
				- -		. – – –							
	_ 					- -			. – – – –				
					- -				. – . – . – .				
-	 -							-					
					-		- -		· -				
	 -												
													
				<u> </u>		- 							
-													
	_ _		- -					-					
	 -												
	· 												
							 -						
						- 			- -				
	· 												
						- 	-						
	. 					-			-			-	
	. 												
_	. – – – – –	. – – – –			- -				- -	- 			
		. _		-	- 	- -							
					- 	-							

^	^	-	_
•			
•			

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

TAHOE	VACHT	CLUB	FOLIND	ATION
IANUE	IACHI	CLUD	FUUIND	AIIVI

88-0317781

PART III, LINE 12 - 0	THER INCOME
-----------------------	-------------

<u>NATURE AND SOURCE 2010 2009 2008 2007 2006</u>

INSURANCE RECOVERY AND OTHER

 384.

 TOTAL
 \$ 384.
 \$ 0.
 \$ 730.
 \$ 2,050.
 \$ 10,612.

 \$ 2,050.
 \$ 10,612.

SCHEDULE I (Form 990)

TAHOE YACHT CLUB FOUNDATION

[Ration of Grants and Assistance]

Department of the Treasury Internal Revenue Service Name of the organization

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

OMB No 1545,0047

Employer identification number 88-0317781

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?	XYes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	
Parally Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to	es' 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.	\$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
(<u>()</u>							
(2)					•		
(3)							
<u>(4)</u>							
<u>(5)</u>							
<u></u>							
(8)							
2 Enter total number of section 501(c)(3) and government organizations	(3) and government or	rganizations				•	0
3 Enter total number of other organizations	ations					A	0

Schedule I (Form 990) 2010

TEEA3901L 10/29/10

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

 Page 2 Schedule I (Form 990) 2010 TAHOE YACHT CLUB FOUNDATION

Refressible or served on answered 'Yes' to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. 88-0317781 TAHOE YACHT CLUB FOUNDATION

(f) Description of non-cash assistance							ner additional information.											
(e) Method of valuation (book, FMV, appraisal, other)							rt I, line 2, and any ot											;
(d) Amount of non-cash assistance							tion required in Par	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 			 			 	 		
(c) Amount of cash grant							provide the informa	 	1 1 1 1 1 1 1	!		 	 	 	{ 	 	 	1 1 1 1 1 1 1 1
(b) Number of recipients							plete this part to p		 		, 	 	 	! 	 	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1	
(a) Type of grant or assistance	2	en	4	ហ	9	7	Parily Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.					; ;; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

BAA

Schedule 1 (Form 990) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

TAHOE YACHT CLUB FOUNDATION	88-0317781
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
THE BOARD REVIEWED THE TAX RETURNS PRIOR TO FILING.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBL	LICLY AVAILABLE
GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS A	RE AVAILABLE UPON REQUEST.

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

TAHOE YACHT CLUB FOUNDATION

88-0317781

FORM 990, PART IX, LINE 24F OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
TROPHIES & GIFTS BANK/CREDIT CARD FEES MISCELLANEOUS EXPENSE JUDGING SECURITY MERCHANDISE	7,608. 6,239. 5,513. 4,683. 3,566. 2,690.	7,608. 2,781. 4,683. 3,566. 2,690.	1,396. 2,732.	4,843.
EQUIPMENT/FACILITIES MAINTENAN BAD DEBT EQUIPMENT MAINT & SUPPLIES	2,119. 1,750. 1,361.	1,361.	2,119. 1,750.	
TOTAL §	35,529. \$	22,689.	\$ 7,997.	\$ 4,843.

FORM 990, PART XI, LINE 5 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED LOSS ON INVESTMENTS PRIOR PERIOD ADJUSTMENT