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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 07-01-2011, and ending 06-30-2012

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: DONNER TRACT IMPROVEMENT ASSOCIATION. Number and street (or P O box, if mail is not delivered to street address) Room/suite: 13954 DONNER PASS ROAD. City or town, state or country, and ZIP + 4: TRUCKEE, CA 96162

D Employer identification number: 94-2203540. E Telephone number: (530) 305-3591. F Group Exemption Number

G Accounting method: [x] Cash [ ] Accrual [ ] Other (specify)

H Check [x] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-Exempt status (check only one): [ ] 501(c)(3) [x] 501(c)(4) (insert no ) [ ] 4947(a)(1) or [ ] 527

K Check [x] if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 20,919

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [x]

Table with 21 rows and 3 columns: Description, Sub-row, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 20,919 and total expenses is 11,662.

**Part II Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II )

|  | (A) Beginning of year |           | (B) End of year |
|--|-----------------------|-----------|-----------------|
| <b>22</b> Cash, savings, and investments . . . . .   | 53,229                | <b>22</b> | 62,486          |
| <b>23</b> Land and buildings . . . . .   |                       | <b>23</b> |                 |
| <b>24</b> Other assets (describe in Schedule O) . . . . .  |                       | <b>24</b> |                 |
| <b>25 Total assets</b> . . . . .   | 53,229                | <b>25</b> | 62,486          |
| <b>26 Total liabilities</b> (describe in Schedule O) . . . . .   |                       | <b>26</b> |                 |
| <b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . . | 53,229                | <b>27</b> | 62,486          |

**Part III Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

What is the organization's primary exempt purpose?

ENVIRONMENTAL PRESERVATION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

|  |            |        |
|--|------------|--------|
| <b>28</b> MAINTENANCE OF ENVIRONMENTAL SENSITIVE FOREST AND BEACH LANDS COVERING 15 PARCELS OF LAND ADJACENT TO DONNER LAKE, CA PURSUANT TO 1967 AGREEMENT WITH THE UNITED STATES FOREST SERVICE<br>(Grants \$ 10,338) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>28a</b> |        |
| <b>29</b><br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | <b>29a</b> |        |
| <b>30</b><br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | <b>30a</b> |        |
| <b>31</b> Other program services (describe in Schedule O) . . . . .<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | <b>31a</b> |        |
| <b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .   | <b>32</b>  | 10,338 |

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and address      | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---------------------------|--|--|---|--|
| See Additional Data Table |  |  |   |  |
|                           |  |  |   |  |
|                           |  |  |   |  |
|                           |  |  |   |  |

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2011) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities.

**Yes** **No**

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

|           |  |    |
|-----------|--|----|
| <b>46</b> |  | No |
|-----------|--|----|

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

**Yes** **No**

**47** 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

|           |  |  |
|-----------|--|--|
| <b>47</b> |  |  |
|-----------|--|--|

**48** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

|           |  |  |
|-----------|--|--|
| <b>48</b> |  |  |
|-----------|--|--|

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

|            |  |  |
|------------|--|--|
| <b>49a</b> |  |  |
|------------|--|--|

**b** If "Yes," was the related organization a section 527 organization?

|            |  |  |
|------------|--|--|
| <b>49b</b> |  |  |
|------------|--|--|

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE   |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |

**f** Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

**d** Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

**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.**

|                  |   |                    |
|------------------|---|--------------------|
| <b>Sign Here</b> | *****<br>Signature of officer                         | 2012-12-14<br>Date |
|                  | TOM BENNETT Treasurer<br>Type or print name and title |                    |

|                                 |  |      |   |  |
|---------------------------------|--|------|---|--|
| <b>Paid Preparer's Use Only</b> | Preparer's signature ▶ JEFFREY BORN  | Date | Check if self-employed <input type="checkbox"/> | Preparer's taxpayer identification number (See instructions) |
|                                 | Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ JEFFREY BORN CPA INC<br>3465 AMERICAN RIVER DR STE C<br>SACRAMENTO, CA 95864 |      |   | EIN ▶<br>Phone no ▶ (916) 973-0677                           |

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**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 to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization  
DONNER TRACT IMPROVEMENT ASSOCIATION

**Employer identification number**

94-2203540

| Identifier                        | Return Reference    | Explanation                    |
|-----------------------------------|---------------------|--------------------------------|
| Form 990-EZ, Part I, Line 16 3    | Other Expenses 3    | FIRE PROTECTION \$68           |
| Form 990-EZ, Part I, Line 16 2    | Other Expenses 2    | ROAD/CULVERT MAINTENANCE \$374 |
| Form 990-EZ, Part I, Line 16 1    | Other Expenses 1    | BEACH/PIER MAINTENANCE \$3002  |
| Form 990-EZ, Part I, Line 16 1012 | Other Expenses 1012 | Insurance \$6423               |
| Form 990-EZ, Part I, Line 16 1002 | Other Expenses 1002 | Office Expenses \$687          |

## Additional Data

**Software ID:** 11000144

**Software Version:** 2011v1.2

**EIN:** 94-2203540

**Name:** DONNER TRACT IMPROVEMENT ASSOCIATION

### Form 990-EZ, Special Condition Description:

| Special Condition Description |
|-------------------------------|
|-------------------------------|

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (A) Name and address   | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|--|--|--|---|--|
| BILL AVERY<br>2900 FNTASY LANE<br>SPARKS,NV 89436                | Director 1 00  | 0  |   |  |
| TOM BENNETT<br>PO BOX 10373<br>TRUCKEE,CA 96162                  | Treasurer 1 00   | 0  |   |  |
| SHERRIE MCSHERRY<br>AMERICAN HILL ROAD A<br>NEVADA CITY,CA 95959 | Director 1 00  | 0  |   |  |
| ROBERT JASPAR<br>10 FRANCES WAY<br>WALNUT CREEK,CA 94597         | Director 1 00  | 0  |   |  |
| ANDREA FISKE<br>1306 SWANSTON DRIVE<br>SACRAMENTO,CA 95818       | SECRETARY 1 00   | 0  |   |  |
| ROGER TOFFT<br>343 E STREET<br>LINCOLN,CA 95648                  | Director 1 00  | 0  |   |  |
| LARRY TOSTA<br>6124 PIRATE POINT CT<br>ELK GROVE,CA 95758        | President 1 00   | 0  |   |  |