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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.

Open to Public Inspection

| A I | or the | 2011 calendar year, or tax year beginning OCT 1, 2011 and ending | SEP 30, 2012 | |
|-----------------------------|------------------|--|--|-----------------------------|
| В | Check if | C Name of organization | D Employer identifica | ition number |
| | Addres Change | TAHOE YACHT CLUB FOUNDATION, INC. | | |
| | Name Change | 5 | 88-03 | 17781 |
| | Initial | Number and street (or P O box if mail is not delivered to street address) Room/si | ute E Telephone number | |
| | Termin ated | PO BOX 3216 | 775-8 | 46-8460 |
| | Amend return | City of town, state of country, and 21P + 4 | G Gross receipts \$ | 294,091. |
| | Applica | RENO, NV 03300 | H(a) Is this a group retu | |
| | Pendin | F Name and address of principal officer: G • DOUGLAS BALL | for affiliates? | Yes X No |
| | | 1630 ZOLEZZI LANE, RENO, NV 89511 | H(b) Are all affiliates inclu | |
| | | | | st. (see instructions) |
| | | e: > WWW.LAKETAHOECONCOURS.COM | H(c) Group exemption | |
| | | | ear of formation: 1999 M | State of legal domicile CA |
| P | art I | Summary Briefly describe the organization's mission or most significant activities: THE FOUN | DATION IS FOCI | SED ON |
| 9 | 1 1 | PURSUING PROJECTS WHICH PROVIDE EDUCATIONAL | AND CHARTTARLE | SED ON |
| nar | - | Check this box I fi the organization discontinued its operations or disposed of n | | |
| Activities & Governance | 1 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 3 |
| ğ | 1 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 3 |
| Se | | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 5 | 0 |
| Ě | | Total number of volunteers (estimate if necessary) | 6 | 50 |
| Ç | 7a | Total unrelated business revenue from Part VIII, column O Hine 12 D | . 7a | 6,319. |
| _ | | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |
| (ب | | Contributions and grants (Part VIII line 1b) $=$ DEC 2 7 2012 | Prior Year | Current Year |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 350. | 0. |
| | | Program service revenue (Part VIII, line 2g) | 261,011. | 255,605. |
| 6 | | Investment income (Part VIII, column (A), lines 3, 4 and DEN, UT | 139. | 89. |
| | 1 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 14,310. | 28,234. |
| <u> </u> | 1 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 275,810. | 283,928. |
| ~ | 1 | Grants and similar amounts paid (Part'IX, column (A), lines 1-3) | 15,000. | 15,000. |
| Expenses | l . | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 1 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | $\frac{0}{0}$ | 0. |
| | 1 | Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 7,478. | | |
| ޤ. | 1 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 243,972. | 258,510. |
| ď | 1 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 258,972. | 273,510. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 16,838. | 10,418. |
| Net Assets or Fund Balances | | | Beginning of Current Year | End of Year |
| sets | 20 | Total assets (Part X, line 16) | 97,483. | 106,158. |
| t As | 21 | Total liabilities (Part X, line 26) | 9,648. | 7,599. |
| 캺 | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 87,835. | 98,559. |
| _ | art # | Signature Block | | |
| | - | ities of perjury, I declare that I have examined this return, including accompanying schedules and sta | | knowledge and belief, it is |
| true | , correc | t, and complete Declaration of presenter (other than officer) is based on all information of which pre- | | 7. – |
| | | Signature of officer | Date IZ(12 | 112 |
| Sig | | , · · · · · · · · · · · · · · · · · · · | Date | |
| He | re | G. DOUGLAS BALL, TREASURER Type or print name and title | | |
| | | | Date Check | PTIN |
| Pai | d | Print/Type preparer's name DAVID THOMPSON Preparer's signature | PEC 0 4 2012 Check Check self-employed | P01066719 |
| | parer | Firm's name BARNARD, VOGLER & CO., CPA'S | Firm's EIN | 88-0118801 |
| | Only | Firm's address 100 W LIBERTY STREET, SUITE 1100 | , illii v Ent | == |
| | , | RENO, NV 89501-1959 | Phone no. (7 | 75) 786-6141 |
| Ma | y the If | RS discuss this return with the preparer shown above? (see instructions) | | X Yes No |
| - | 001 01-2 | | | Form 990 (2011) |

| | ···· | YACHT CLUB FOUNDATION, INC | . 88-031//81 Page 2 |
|-----|--|--|--|
| Par | t 班 Statement of Program S | • | |
| | Check if Schedule O contains a | response to any question in this Part III | |
| 1 | Briefly describe the organization's miss | | |
| | THE FOUNDATION IS F | OCUSED ON PURSUING PROJECT | S WHICH PROVIDE |
| | EDUCATIONAL AND CHA | RITABLE OPPORTUNITIES ORIG | SINATING IN THE LAKE TAHOE |
| | AREA THAT ENHANCE E | XPERTISE OR UNDERSTANDING | OF MARITIME SKILLS. |
| | | | |
| 2 | Did the organization undertake any sig | nificant program services during the year which wer | re not listed on |
| _ | the prior Form 990 or 990-EZ? | milicant program services during the year which wer | Yes X No |
| | • | | |
| _ | If "Yes," describe these new services of | | . D. V. |
| 3 | _ | , or make significant changes in how it conducts, ar | ny program services? Yes X No |
| | If "Yes," describe these changes on Se | chedule O. | |
| 4 | Describe the organization's program se | ervice accomplishments for each of its three largest | program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organiz | ations and section 4947(a)(1) trusts are required to | report the amount of grants and allocations to |
| | others, the total expenses, and revenu | e, if any, for each program service reported | |
| 4a | (Code) (Expenses \$ | 248,231 . including grants of \$ |) (Revenue \$ 277,520.) |
| | | D'ELEGANCE AND WOODEN BOA | |
| | | ND ENHANCE EXPERTISE AND U | |
| | | ARITABLE FUNDS FOR DONATION | |
| | | | |
| | | S IN THE LAKE TAHOE COMMUN | TILL THAT SHAKE THE SAME |
| | MISSION. | | |
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| 46 | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| 4b | (Code) (Expenses \$ | including grants of \$ |) (Revenue \$) |
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| 4c | (Code) (Expenses \$ | including grants of \$ |) (Revenue \$ |
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| - | | |) (Revenue \$) |
| 4c | (Code) (Expenses \$ | |) (Revenue \$) |
| | | chedule O.) |) (Revenue \$) Revenue \$) |

| | | | Yes | No |
|-----|--|----------------|-----|-------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | ., | |
| | If "Yes," complete Schedule A | 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 | | | v |
| _ | public office? If "Yes," complete Schedule C, Part I | 3 | | <u>X</u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | v |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u>X</u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | _ | | х |
| • | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | Х |
| - | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 7 | | _X |
| 8 | the 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," complete | | | |
| 0 | Schedule D, Part III | 8 | | Х |
| 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 | | | |
| 3 | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| _ | Part VI | 11a | X | |
| ь | 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 | 11b | | Х |
| С | 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 | 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? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 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)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI, XII, and XIII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | ١., |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | |
| | 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, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | l 🐷 |
| 4- | or more? If "Yes," complete Schedule F, Parts I and IV | 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 | 15 | | х |
| 46 | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | 16 | | x |
| 17 | located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | · · · · | | |
| 17 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | ''' | | |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | x |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| | | | 990 | 2011) |

Х Form **990** (2011)

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

| - 141 | 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 | 1a | 12 | | | - |
| ь | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and r | eportal | ole gaming | | | ĺ |
| | (gambling) winnings to prize winners? | | | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | 1 |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 0 | | | 1 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns | ms? | | 2b | | <u> </u> |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | s) | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | 3ь | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | author | ty over, a | | . ! | 1 |
| | $finan\underline{cial}\ \underline{a}ccount_in_a\ for eign_country\ (such_as\ a\ bank\ account,\ securities\ account,\ or\ other\ financial$ | accour | nt)? | -4a- | - | -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 | Accour | nts. | | | İ |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | action? | | 5b | | Х |
| C | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | L |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did to | he orga | ınizatıon solıcıt | | | |
| | any contributions that were not tax deductible? | | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribute | tions o | r gifts | | | |
| | were not tax deductible? | | | 6b | | ļ |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se | rvices p | rovided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | as req | ured | _ | | v |
| | to file Form 8282? | 1 1 | | 7с | | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | _ | | ĺ |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | | t? | 7e | \vdash | |
| Ť | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont | | | 7f | | |
| 9 | If the organization received a contribution of qualified intellectual property, did the organization file F | | | 7g | | |
| _ | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations projections required funds and contributions of cars, boats, airplanes, or other vehicles, did the organizations. | | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D | | | 8 | į 1 | 1 |
| 9 | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at Sponsoring organizations maintaining donor advised funds. | any un | e during the year? | | | - |
| | Did the organization make any taxable distributions under section 4966? | | | 9a | į 1 | 1 |
| a b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | 30 | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | 1 | | |
| а | Gross income from members or shareholders | 11a | | | 1 | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | - | İ | | |
| | amounts due or received from them.) | 11b | | | | |
| 12a | | | | 12a | [] | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | 1 | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | <u> </u> |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | • | | | |
| ь | 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 | 13b | |] | | |
| С | Enter the amount of reserves on hand | 13c | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu. | le O | | 14b | <u> </u> | |
| | | | | Form | 990 | (2011) |

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.

| | to line 6a, 6b, 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 | | | X | | | | | | | |
| <u>Sec</u> | tion A. Governing Body and Management | | | | | | | | | | |
| | | | Yes | No | | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year . 1a 3 | | | | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | | | | | | | | |
| 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? | 2 | | <u> </u> | | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | w | | | | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X | | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X | | | | | | | |
| _ 5 | | 5 6 | | = X — X | | | | | | | |
| | 6 Did the organization have members or stockholders? | | | | | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | Х | | | | | | | |
| | more members of the governing body? | 7a | _ | | | | | | | | |
| D | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | 76 | | х | | | | | | | |
| | persons other than the governing body? | 7b | | | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | 0. | X | | | | | | | | |
| a | The governing body? | 8a 8b | | X | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | OD | | | | | | | | | |
| 9 | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | х | | | | | | | |
| 200 | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | 9 | | | | | | | | | |
| <u>Jec</u> | TION D. Folicies (This Section B requests information about policies not required by the internal nevertide Code.) | | Yes | No | | | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | 103 | X | | | | | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 100 | | | | | | | | | |
| _ | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | | | | | | | | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | Х | | | | | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | | | | | | | | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | | | | | | |
| | In Schedule O how this was done | 12c | | | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | X | | | | | | | |
| 14 | Did 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 approval by independent | | | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | X | | | | | | | |
| b | Other officers or key employees of the organization | 15b | | Х | | | | | | | |
| | 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? | 16a | | X | | | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | | | | | | | | |
| | In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | 400 | | | | | | | | | |
| <u></u> | exempt status with respect to such arrangements? | 16b | | <u> </u> | | | | | | | |
| | tion C. Disclosure | | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed CA | wed-t | lo. | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and section for public inspection, legislate how you made those excelled. Check all that explic | avaliac | ie | | | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request | | | | | | | | | | |
| 40 | · · · · | d fina- | orol | | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an | u iinar | icidi | | | | | | | | |
| 20 | statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organiza | tion: | • | | | | | | | | |
| ٤U | G. DOUGLAS BALL - 775-846-8460 | uon. Þ | | | | | | | | | |
| | 1630 ZOLEZZI LANE, RENO, NV 89511 | | - | | | | | | | | |
| | | | | | | | | | | | |

Part VII 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

- 1a 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 n | or any related | organization_compensat | | | | | | sated any current officer, director, or trustee. | | | | | |
|--|--|--------------------------------|--|----------|--|----------------|-------------|--|-----------------|---------------|--|--|--|
| (A) | | | | | | | | | (E) | (F) | | | |
| Name and Title | Average | /40 | not c | Pos | rtion | than | one | Reportable | Reportable | Estimated | | | |
| | hours per | box | , unle | ss pe | rson | is bot | h an | compensation | compensation | amount of | | | |
| | week | - | ceran | d a d | irecto | ector/trustee) | | from | from related | other | | | |
| | (describe | Individual trustee or director | | | | | | the | organizations | compensation | | | |
| | hours for | 튱 | | | ŀ | 줥 | | organization | (W-2/1099-MISC) | from the | | | |
| | related | SE SE | 髫 | | _ | ES ES | | (W-2/1099-MISC) | | organization | | | |
| | organizations | ᆲ | Individual trustee or din Institutional trustee Officer Cey employee Highest compensated employee Former | | | | and related | | | | | | |
| | ın Schedule | ng n | at t | Officer | e d | 15 SE | mer | , | | organizations | | | |
| | 0) | 르 | Ē | ਙ | ā | ₹.₽ | For | | | | | | |
| (1) DAVID OLSON | | | | | | | | | | _ | | | |
| PRESIDENT | 0.00 | | | X | | $oxed{oxed}$ | | 0. | 0. | 0. | | | |
| (2) G. DOUGLAS BALL | | | | | | | | | _ | _ | | | |
| TREASURER | 0.00 | | | Х | | | | 0. | 0. | 0. | | | |
| (3) RICHARD STOUT | | | | | | | | | | | | | |
| SECRETARY | 0.00 | _ | | X | $ldsymbol{ld}}}}}}} $ | <u> </u> | | 0. | 0. | 0. | | | |
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| Part VII Section A. Officers, Direct (A) | (B) | | | | | | | (D) | (E) | | | (F) | |
|--|---|--|-----------------|---------------|--------|-----------------------|------|--|---|-------|--|----------------|---------------|
| Name and title | Average hours per | box, | not ch unles | heck ss pe | rson ı | than o | h an | Reportable compensation | Reportable compensation | | Esti amo | mate ount c | |
| | week (describe hours for related organizations in Schedule O) | r director | al trustee | | ployee | | | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC | 5) | compen from organiz and re organiz | | e on ed |
| | | | | | | | | _ | | - | | | |
| | | | | | | | | | | _ | | | |
| | | - 1 | - | | _ | | _ | | 1112 | | | | _ |
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| 4 Av. J a | | | | | | | | | | | | | |
| <u> </u> | | | | | | | | | | | | | |
| 1b Sub-total | | <u> </u> | | | | <u> </u> | 1 | 0. | | 0. | | | 0. |
| c Total from continuation sheets to | Part VII, Section A | | | | | \blacktriangleright | | 0. | | 0. | | | 0. |
| d Total (add lines 1b and 1c) | <u> </u> | - | | | | <u> </u> | | 0. | | 0. | | | 0. |
| 2 Total number of individuals (including | | ose | liste | ed a | bove | e) wl | no r | eceived more than \$100 | 0,000 of reportable | , | | | 0 |
| compensation from the organizatio | n 🚩 | | | | | | | · · · · · · · · · · · · · · · · · · · | - | | | Yes | No |
| 3 Did the organization list any former line 1a? If "Yes," complete Schedul | | | e, ke | ey eı | mplo | yee | , or | highest compensated e | mployee on | | 3 | | X |
| For any individual listed on line 1a, and related organizations greater th | is the sum of reportab | le co | | | | | | | the organization | • | 4 | | Х |
| 5 Did any person listed on line 1a red | ceive or accrue compe | nsati | on f | from | any | / uni | | | idual for services | | 5 | | X |
| rendered to the organization? If "Ye Section B. Independent Contractors | es, complete Scheau | <u>e J 10</u> | or se | uc <u>n</u> | pers | son | | · . | | ! | 3 | | |
| Complete this table for your five high the organization. Report compensation. | | | | | | | | | | oensa | ation fro | om | |
| | (A) ousiness address | | NI | | | <u> </u> | | (B) Description of | | C | (C) ompen | satio | n |
| | | | | - | | | | · | | | | | |
| | | - | _ | | | | | | | | | | |
| | | | | - | | | · | | | | | | |
| | | | | | | | | | | | | _ | |
| | | | | | | | | | | | | | |
| 2 Total number of independent control \$100,000 of compensation from the | | not lir | mrte | ed to | | ose li O | ste | d above) who received r | nore than | | | | |
| | | | | | | | | | | | Form 9 | 90 (| 2011) |

| Pa | nt VII | Statement of Revenue | , . | ·=• | | | | |
|--|-----------|---|---------------|---------------|----------------------|--|---|---|
| (2) :-1 | | | | | (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 | | | | | |
| S oc | b | Membership dues | 1b | | | | | |
| A, | С | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| S.E | е | Government grants (contributions) | 1e | | | | | |
| i S | f | All other contributions, gifts, grants, and | d | | | | | |
| 혈죑 | | similar amounts not included above | 1f | | | | | |
| 털 | g | Noncash contributions included in lines 1a-1f | \$ | | | | | |
| <u>8</u> | <u>h</u> | Total. Add lines 1a-1f | | • | | | | |
| | | | | Business Code | | | | |
| 8 | 2 a | WOODEN BOAT WEEK | | 900099 | 255,605. | 255,605. | | |
| اھ کَ | b | | | | | | | |
| S Z | С | | | | | | | |
| e ve | d | | | | | | | |
| Program Service Revenue | е | | | | | | | |
| م | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | • | 255,605. | | | - |
| | 3 | Investment income (including divid | lends, intere | est, and | | | | |
| | | other similar amounts) | | ▶ [| 89. | | | 89. |
| | 4 | Income from investment of tax-exe | mpt bond p | roceeds 🕨 | | | | |
| | 5 | Royalties | | ▶ [| | | | |
| | | | (i) Real | (ii) Personal | | | | |
| - 1 | 6 a | Gross rents | | | | | | |
| | b | Less: rental expenses | | | | | | |
| | c | Rental income or (loss) | | | | 1 | | |
| i | d | Net rental income or (loss) | | • | | | • | |
| | 7 a | Gross amount from sales of (i) | Securities | (ii) Other | | | , | |
| | | assets other than inventory | | | | 1 | | |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses | | | | | | |
| | С | Gain or (loss) | | | | | | |
| | d | Net gain or (loss) | | • | | | | |
| | 8 a | Gross income from fundraising eve | ents (not | | | | | |
| ᇎ | | including \$ | of | | | | | |
| 8 | | contributions reported on line 1c). | See | | | | | |
| <u>~</u> | | Part IV, line 18 | . a | | | | | |
| Other Revenue | b | Less: direct expenses | b | | | | | |
| ٦ | C | Net income or (loss) from fundraising | ng events | • | | | | |
| | | Gross income from gaming activities | | | | | | |
| | | Part IV, line 19 | . а | 11,850. | | | | |
| | b | Less: direct expenses | b | 0. | | | | |
| | С | Net income or (loss) from gaming a | activities | • | 11,850. | 11,850. | | |
| | 10 a | Gross sales of inventory, less retur | ns | | | | | |
| | | and allowances | а | | | | | |
| | b | Less: cost of goods sold . | b | 10,163. | | 1 | | |
| Ţ | с | Net income or (loss) from sales of i | nventory | • | 9,931. | 9,931. | | _ |
| 1 | | Miscellaneous Revenue | | Business Code | | | | |
| L | | ADVERTISING SALES | | 900099 | 6,319. | | 6,319. | |
| } | 11 a | | | 900099 | 134. | 134. | | · · · · · · · · · |
| ł | 11 a b | OTHER | | | | | | |
| - | | | | | | | | |
| | | | | | | | | |
| | b d | OTHER | | . ▶ | 6,453. 283,928. | 277,520. | 6,319. | 89. |

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).

| | Check if Schedule O contains a response not include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|----------|--|--------------------|---------------------|-----------------------|--------------------|
| _ | 8b, 9b, and 10b of Part VIII. | Total expenses | expenses | general expenses | expenses |
| 1 | Grants and other assistance to governments and | 15,000. | 15,000. | | |
| _ | organizations in the United States See Part IV, line 21 | 13,000. | 13,000. | | |
| 2 | Grants and other assistance to individuals in | | | | |
| _ | the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | | | | |
| | Benefits paid to or for members | | | | |
| <u> </u> | Compensation of current officers, directors, | | | | |
| _ | trustees, and key employees | | | _ | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | | | - | |
| _ | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| _ | section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 1 | Fees for services (non-employees): | | | | |
| | Management | | | | |
| þ | Legal | 8,654. | + | 8,654. | |
| | Accounting | 0,034. | | 0,034. | |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| T | Investment management fees | 66,100. | 66,100. | | |
| 9 | Other | 17,490. | 17,490. | | |
| 12 | Advertising and promotion | 542. | 17,450. | 542. | |
| 13 | Office expenses | 342. | · - | 312. | · - |
| 14 | Information technology | | | | |
| 15 | Royalties _ | | | | |
| 16 | Occupancy | | | - | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 25. | | 25. | |
| 22 | Depreciation, depletion, and amortization | 4,188. | 1,275. | 2,913. | |
| 23 | Insurance | 4,100. | 1,2/3. | 2,713. | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | EVENT FOOD, BEV & ENTER | 55,275. | 55,275. | 0. | C |
| ь | PRINTING AND PUBLICATIO | 20,580. | 16,048. | 654. | 3,878 |
| c | RENT - VENUE | 18,600. | 18,600. | 0. | <u> </u> |
| d | SPONSORSHIP - DIRECT EX | 17,063. | 17,063. | 0. | C |
| - | All other expenses SEE SCH O | 49,993. | 41,380. | 5,013. | 3,600 |
| 25 | Total functional expenses. Add lines 1 through 24e | 273,510. | 248,231. | 17,801. | 7,478 |
| 26 | Joint costs. Complete this line only if the organization | , | | | - |
| | reported in column (B) joint costs from a combined | | ļ | | |
| | | | | | |
| | educational campaign and fundraising solicitation | l l | L | | |

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-----|--------------------|
| 1 | Cash - non-interest-bearing | 26,641. | 1 | 12,626. |
| 2 | Savings and temporary cash investments | 55,530. | 2 | 74,076. |
| 3 | Pledges and grants receivable, net | | 3 | |
| 4 | Accounts receivable, net | 9,375. | 4 | 11,910. |
| 5 | Receivables from current and former officers, directors, trustees, key | 7 | | |
| " | 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 | |
| 2 <u>7</u> 8 | Notes and loans receivable, net | 2 016 | 7 | 2 554 |
| 8 3 | Inventories for sale or use | 2,816. | 8 | 2,554. 2,226. |
| 9 | Prepaid expenses and deferred charges | 2,154. | 9 | 2,226 |
| 10a | Land, buildings, and equipment: cost or other | | | |
| | basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 7,074 6,599 | | | |
| b | Less: accumulated depreciation 10b 6,599 | 0. | 10c | 475 |
| 11 | Investments - publicly traded securities | | 11 | <u></u> |
| 12 | Investments - other securities. See Part IV, line 11 | 967. | 12 | 2,291 |
| 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| 14 | Intangible assets | | 14 | _ |
| 15 | Other assets. See Part IV, line 11 | | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 97,483. | 16 | 106,158 |
| 17 | Accounts payable and accrued expenses | 9,648. | 17 | 7,599 |
| 18 | Grants payable | | 18 | |
| 19 | Deferred revenue | | 19 | |
| 20 | Tax-exempt bond liabilities | | 20 | |
| | 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 | | | |
| 21 22 | of Schedule L | | 22 | |
| 00 | • • • | | 23 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | | | |
| 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | parties, and other liabilities not included on lines 17-24). Complete Part X of | | | |
| | Schedule D | 0.649 | 25 | 7 500 |
| 26 | Total liabilities. Add lines 17 through 25 | 9,648. | 26 | 7,599 |
| | Organizations that follow SFAS 117, check here 🕨 🔀 and complete | | | |
| 27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32 | lines 27 through 29, and lines 33 and 34. | 2 210 | | 12 024 |
| 27 | Unrestricted net assets | 2,310. | 27 | 13,034 |
| 28 | Temporarily restricted net assets | 525. | 28 | 525 |
| 29 | Permanently restricted net assets | 85,000. | 29 | 85,000 |
| 2 | Organizations that do not follow SFAS 117, check here and | | | |
| 5 | 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 | 87,835. | 33 | 98,559 |
| 34 | Total liabilities and net assets/fund balances | 97,483. | 34 | 106,158 |

Form **990** (2011)

| Form | 990 (2011) TAHOE YACHT CLUB FOUNDATION, INC. | 88- | 031778 | 1 | Page | e 12 |
|------|---|-----------|----------|----------|------|------|
| Pai | TXI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | <u> </u> | | | X |
| | | | <u> </u> | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2 | 83, | 28. | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2 | 73, | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 10, | , 41 | .8. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 87, | , 83 | 35. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | | 30 | 6. |
| _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 | | 98, | , 55 | 9. |
| Pa | t XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | - | | | [| |
| | | | | Y | es | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | [| | Т | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul | ∍ O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 | a} | ζ | |
| b | Were the organization's financial statements audited by an independent accountant? | | _ 2 | ь | | X |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t | ne audıt, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | _ 2 | c | | X |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sc | nedule O. | | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issu | ed on a | İ | Ì | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S | ıngle Aud | rt | | | |
| | Act and OMB Circular A-133? | - | 3 | a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | uired aud | t 🗀 | | | |
| | or audite explain why in Schedule O and describe any steps taken to undergo such audits | | | <u>.</u> | - 1 | |

Form **990** (2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

| Nam | e of t | he organizati | on | | | | • | | E | mployer i | dentification | on nu | mber |
|------|--------|------------------|------------------------------|--|--------------|------------------------------|-------------------|--------------------|--------------------|--|---------------|----------|------|
| | | | TAHOE Y | ACHT CLUB FO | UNDAT | ION, | INC. | | | 88 | 3-0317 | 781 | _ |
| Pa | rt I | Reason | for Public Char | ity Status (All organiz | ations mu | st complet | e this part | .) See ınst | ructions. | | | | |
| The | organ | ization is not a | private foundation | because it is: (For lines | 1 through | 11, check | only one b | ox.) | | | | | |
| 1 | | A church, co. | nvention of churche | s, or association of chur | ches desc | nbed in se | ction 170 | (b)(1)(A)(i) | | | | | |
| 2 | | A school des | cribed in section 17 | '0(b)(1)(A)(ii). (Attach Sc | hedule E.) | | | | | | | | |
| 3 | | A hospital or | a cooperative hospi | tal service organization o | described | ın section | 170(b)(1)(| A)(iii). | | | | | |
| 4 | | A medical res | search organization | operated in conjunction | with a hos | prtal descr | 1bed in se | ction 170 | (b)(1)(A)(ii | ii). Enter th | ne hospital' | s nam | e, |
| | | city, and stat | e: | | | | | | _ | | | | |
| 5 | | An organizati | on operated for the | benefit of a college or ur | niversity ov | wned or op | erated by | a governr | nental uni | t describe | d in | | |
| | | _section_170 | (b)(1)(A)(iv)(Comple | ete Part II.) | | | | | | | | | |
| 6 | | A federal, sta | te, or local governm | ent or governmental uni | t described | d in sectio | n 170(b)(1 |)(A)(v). | | | | | |
| 7 | | An organizati | on that normally rec | eives a substantial part | of its supp | ort from a | governme | ntal unit o | r from the | general p | ublic desci | ıbed ı | n |
| | | section 170 | b)(1)(A)(vi). (Comple | te Part II.) | | | | | | | | | |
| 8 | | A community | trust described in s | section 170(b)(1)(A)(vi). | (Complete | Part II.) | | | | | | | |
| 9 | X | An organizati | on that normally rec | eives: (1) more than 33 ° | 1/3% of its | support fi | rom contri | butions, m | nembershi | ip fees, an | d gross rec | eipts | from |
| | | activities rela | ted to its exempt fui | nctions - subject to certa | an excepti | ons, and (2 | 2) no more | than 33 1 | /3% of its | support f | rom gross | ınvest | ment |
| | | Income and t | unrelated business t | axable income (less sect | tion 511 ta | x) from bu | sinesses a | cquired b | y the orga | anization a | fter June 3 | 0, 197 | 5. |
| | | See section | 509(a)(2). (Complete | e Part III.) | | | | | | | | | |
| 10 | 닏 | An organizat | on organized and op | perated exclusively to te | st for publ | ıc safety. S | See sectio | n 509(a)(4 | l). | | | | |
| 11 | Ш | An organizat | on organized and op | perated exclusively for the | ne benefit (| of, to perfo | orm the fur | etions of, | or to carr | y out the p | purposes o | f one | or |
| | | more publicly | supported organiza | ations described in secti | on 509(a)(| 1) or section | on 509(a)(2 |). See se c | tion 509(| (a)(3). Che | ck the box | that | |
| | | | · · · · · · · · | organization and compl | | _ | | | | | | | |
| | | а 📖 Туре | | | | e III - Func | • | _ | | | Type III - C | | |
| е | Ш | | | at the organization is not | | - | | | | | | | n |
| | | | | han one or more publicly | | | | | | 9(a)(1) or s | ection 509 | (a)(2). | |
| f | | | | tten determination from t | the IRS tha | at it is a Ty | pe I, Type | II, or Type | e III | | | | _ |
| | | | rganization, check th | | | | | • | | | | - | |
| g | | | | organization accepted ar | | | | | | | | | |
| | | | | lirectly controls, either al | one or tog | ether with | persons o | lescribed i | in (ii) and (| (iii) below, | | Yes | No |
| | | _ | | upported organization? | | | | | - | | 11g(i) | | |
| | | • | • | n described in (i) above? | | | | | - | | 11g(ii) | | |
| | | | | person described in (i) | | | | | | | 11g(iii) | | |
| h | | Provide the f | ollowing information | about the supported or | ganization | (S). | | | | | | | |
| | | | | (iii) Type of | 6:-> 1- 45- | | (-) D.d | | (vi) Is | e the | | | _ |
| (i) | | of supported | (ii) EIN | organization | | organization sted in your | | | Lorganizati. | on in cal | (vii) Am | | f |
| | orga | anization | | (described on lines 1-9 | governing | sted in your document? | (i) of you | support? | (I) organiz U S | ted in the | sup | port | |
| | | | | above or IRC section (see instructions)) | Yes | No | Yes | No | Yes | No | | | |
| | | | | (coc monutanent) | 1.00 | | 100 | | 1.55 | + + + | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

| section A. Public Support aliesdar year (or fiscal year beginning in) | | Support Schedule for (Complete only if you checked fails to qualify under the tests | d the box on line s | 5, 7, or 8 of Part I | or if the organization | | | |
|--|-------------|---|---------------------|----------------------|--|----------------------------------|---------------------|------------|
| 1 Gifts, grants, contributions, and membraship fees received. (Do not include any "unusual grants.") 2 Tax revenues levies for the organization's benefit and either pad to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization's benefit and either pad to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) 6 Public support. Submetimes from line 4 ection B. Total Support 1 Fotal Section | on A. Public Support | | | | | | |
| membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization in benefit and either paut to or expended on its behalf grant in 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 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 25% of the amount shown on line 11, column (f) 6. Public support. Submet less from line 4. 8. Gross income from interest, dividende, 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 0. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 1. Total support had files of through 10 2. Gross receipts from related activities, etc. (see instructions) 2. Total support percentage for 2010 Schedule A, Part II, line 14. 3. First five years. If the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, sheck this box and a stop here. The organization qualifies as a publicly supported organization of the 53 173% support test - 2011. If the organization did not check a box on line 13 in 6a, and line 15 is 33 173% or more, check this box and ast op here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances test2010. If the organization qualifies as a publicly supported organization meets the "facts-and-circumstances test2010. If the organization qualifies as a publicly supported 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, check this box and stop here. Explai | Calenda | r year (or fiscal year beginning in) 🕨 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| Include any "unusual grants.") Tax revenues levide for the organization's benefit and either paut to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 4. Total, Add lines 1 through 3 | 1 Gr | ts, grants, contributions, and | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on this obhaff and either paid to or expended on this obhaff as the state of the paid to or expended on this obhaff as the state of the paid to the organization without charge 4. I 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) 5 Public support. Support lines from time 4. ection B. Total Support and the state of the amounts shown on line 11, column (f) 6 Public support state year beginning in) 7 Amounts from line 4. 6 Gross income from interest, dividends, payments received on securities beans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carned on 0. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). 1 Total support. Add films? Through 10 2 Gross receipts from related activities, etc. (see instructions) 3 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. Public support percentage from 2010 Schedule A, Part II, line 14 7 Public support percentage from 2010 Schedule A, Part II, line 14 8 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 1 3 1/3 support test - 2011. 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 qualifies as a publicly supported 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, check this box and stop here. Explain in Part IV h | me | embership fees received. (Do not | | | | | | |
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| 5 Public support percentage from 2010 Schedule A, Part II, line 14 6a 33 1/3% support test - 2011. 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 - 2010. 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 7a 10% -facts-and-circumstances test - 2011. 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 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 | | | | | | | TT | |
| 6a 33 1/3% support test - 2011. 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 - 2010. 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 7a 10% -facts-and-circumstances test - 2011. 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 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 | | | | | column (f)) | | | |
| stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2010. 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 7a 10% -facts-and-circumstances test - 2011. 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 - 2010. 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 | | | | | | | | |
| b 33 1/3% support test - 2010. 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 7a 10% -facts-and-circumstances test - 2011. 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 - 2010. 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 | | | | | | 14 is 33 1/3% or | more, check this bo | ox and |
| and stop here. The organization qualifies as a publicly supported organization 7a 10% -facts-and-circumstances test - 2011. 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 - 2010. 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 | | - · | | - | | | | . ▶∟ |
| 7a 10% -facts-and-circumstances test - 2011. 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 - 2010. 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 | | | | | | d line 15 is 33 1/3 ^o | % or more, check t | his box |
| 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 - 2010. 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 | | • • | | ., | | | | ▶∟ |
| meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2010. 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 | | | | | | | | |
| b 10% -facts-and-circumstances test - 2010. 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 | | | | | | | art IV how the orga | nization |
| more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the | | | | | | | | ▶∟ |
| | | | | | | | | |
| | | | | | | - · | | • <u> </u> |

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

Part # 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.)

| Se | ction A. Public Support | elow, please comp | olete Part II.) | | | | |
|------|--|--------------------|-----------------------|------------------------|----------------------|---------------------|-------------|
| | indar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | Gifts, grants, contributions, and membership fees received. (Do not | | | | | | |
| _ | include any "unusual grants.") | 210,058. | 163,271. | 66,836. | 350. | | 440,515. |
| | 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 | 302,580. | 183,162. | 297,644. | 261,011. | 255,605. | 1,300,002. |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| | | | | | | | |
| 4 | Tax revenues levied for the organ- ization'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 | 512,638. | 346,433. | 364,480. | 261,361. | 255,605. | 1,740,517. |
| | Amounts included on lines 1, 2, and 3 received from disqualified persons | 107,500. | | | | | 107,500. |
| t | 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. |
| (| Add lines 7a and 7b | 107,500. | | | | | 107,500. |
| 8 | Public support (Subtract line 7c from line 6) | | | | | | 1,633,017. |
| | ction B. Total Support | | | | | | · · · · · · |
| Cale | indar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 9 | Amounts from line 6 | 512,638. | 346,433. | 364,480. | 261,361. | 255,605. | 1,740,517. |
| 10a | a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 4,231. | 2,249. | 1,188. | 138. | 89. | 7,895. |
| ŧ | Unrelated business taxable income | | | , - | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | 4,231. | 2,249. | 1,188. | 138. | 89. | 7,895. |
| 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.) | 2,050. | 730. | | 384. | 134. | 3,298. |
| 13 | Total support (Add lines 9, 10c, 11, and 12) | 518,919. | 349,412. | 365,668. | 261,883. | 255,828. | 1,751,710. |
| 14 | First five years. If the Form 990 is for | the organization's | s first, second, thir | d, fourth, or fifth ta | ax year as a section | n 501(c)(3) organiz | ation, |
| _ | check this box and stop here | | | | | | ▶ |
| Se | ction C. Computation of Publ | ic Support Per | rcentage | | | | |
| 15 | Public support percentage for 2011 (| • • | • | olumn (f)) | | 15 | 93.22 % |
| 16 | Public support percentage from 2010 | | | | | 16 | 87.20 % |
| Se | ction D. Computation of Inve | | | | | | |
| 17 | | • | | ne 13, column (f)) | | 17 | .45 % |
| 18 | Investment income percentage from | | | | +- | 18 | .60 % |
| 19a | a 33 1/3% support tests - 2011. If the | - | | | | | |
| t | more than 33 1/3%, check this box a 33 1/3% support tests - 2010. If the | organization did n | ot check a box on | line 14 or line 19a | , and line 16 is mo | re than 33 1/3%, | |
| | line 18 is not more than 33 1/3%, che | | - | = | | - | |
| 20 | Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check th | ns box and see ins | tructions | |

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2011 Open to Public Inspection

Name of the organization

TAHOE YACHT CLUB FOUNDATION, INC.

 $\begin{array}{c} \textbf{Employer identification number} \\ 88 - 0317781 \end{array}$

| Par | Ct I Organizations Maintaining Donor Advise | ed Funds or Other Similar Funds | or Accounts. Complete if the |
|-----|--|---|--|
| | organization answered "Yes" to Form 990, Part IV, lin | ne 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advise | ed funds |
| _ | are the organization's property, subject to the organization's | | Yes No |
| _6_ | Did the organization inform all grantees, donors, and donor- | | used only |
| - • | for charitable purposes and not for the benefit of the donor | | |
| | impermissible private benefit? | | Yes No |
| Par | | rganization answered "Yes" to Form 990, Pa | art IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organizar | | |
| • | Preservation of land for public use (e.g., recreation or | | orically important land area |
| | Protection of natural habitat | Preservation of a certif | |
| | Preservation of open space | · | |
| 2 | Complete lines 2a through 2d if the organization held a qual | Irfied conservation contribution in the form of | of a conservation easement on the last |
| _ | day of the tax year. | | |
| | ady of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| c | Number of conservation easements on a certified historic st | tructure included in (a) | 2c |
| ď | | | ire |
| _ | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, re | eleased, extinguished, or terminated by the | organization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation e | asement is located ▶ | |
| 5 | Does the organization have a written policy regarding the po | = | |
| | violations, and enforcement of the conservation easements | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting | | uring the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | | |
| 8 | Does each conservation easement reported on line 2(d) abo | | |
| • | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIV, describe how the organization reports conserva | ation easements in its revenue and expense | statement, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organiz | | |
| | conservation easements. | | |
| Pa | rt III Organizations Maintaining Collections | of Art, Historical Treasures, or O | ther Similar Assets. |
| | Complete if the organization answered "Yes" to Form | | |
| 1a | If the organization elected, as permitted under SFAS 116 (A | ASC 958), not to report in its revenue statem | nent and balance sheet works of art, |
| | historical treasures, or other similar assets held for public e. | | |
| | the text of the footnote to its financial statements that desc | | |
| ь | If the organization elected, as permitted under SFAS 116 (A | | and balance sheet works of art, historical |
| - | treasures, or other similar assets held for public exhibition, | | |
| | 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 ti | reasures, or other similar assets for financial | gain, provide |
| _ | the following amounts required to be reported under SFAS | | . • |
| а | | | ▶ \$ |
| | Assets included in Form 990, Part X | | ▶ \$ |
| D | Associa molucia m i omi aav, i ait A | | · • — — — — |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

| Sche | dule D (Form 990) 2011 TAHOE YA | ACHT CLUB | FOUN | DATION | , INC. | | 88- | -0317781 | Page 2 |
|-------|--|---------------------------------|-----------|-------------------|---------------------|--------------|---------------------|----------------|--|
| | t III Organizations Maintaining C | | | | | or Othe | | | |
| 3 | Using the organization's acquisition, accession | | | | | | | | |
| | (check all that apply): | | | | | | | | |
| а | Public exhibition | d | ı 🔲 i | Loan or excl | nange progra | ams | | | |
| b | Scholarly research | е | | Other | | | | | |
| С | Preservation for future generations | | | | | | | | - |
| 4 | Provide a description of the organization's co | llections and explain | n how th | ev further th | ne organizatio | on's exen | not purpose ir | n Part XIV. | |
| 5 | During the year, did the organization solicit or | | | | | | | | |
| • | to be sold to raise funds rather than to be ma | | | | | 01 011111103 | | Yes | ☐ No |
| Par | Escrow and Custodial Arrang reported an amount on Form 990, Par | gements. Comple | | | | "Yes" to f | Form 990, Par | | |
| 1a | Is the organization an agent, trustee, custodia | - | lary for | contribution | e or other se | eate not I | ncluded | | |
| | on Form 990, Part X? | ar or other intermed | nary ior | CONTINUENCE | 3 Of Other as | 13013 1101 1 | neidaea | Yes | No |
| h | If "Yes," explain the arrangement in Part XIV a | and complete the fo | llownoa t | able: | | • | | | |
| | ii res, explain the analyement iii i at Aiv c | and complete the lo | mowing t | labie. | | | | Amount | |
| | Beginning balance | | | | | | 1c | Amount | |
| | Additions during the year | | | | | | 1d | | |
| u | Distributions during the year | | | | | | 1e | | |
| f | Ending balance | | | | | | 1f | | |
| | Did the organization include an amount on Fo | vm 000 Part Y lina | 212 | | | | | Yes | No |
| | If "Yes," explain the arrangement in Part XIV. | nin 990, Fait A, line | 21: | | - | | | res | 140 |
| Par | | the organization an | ewered | "Vec" to For | m 000 Part | IV kao 10 | ` | | |
| | L T I L T L T L T L T L T L T L T L T L | (a) Current year | | rior year | (c) Two year | | | back (e) Four | veare back |
| 1a | Beginning of year balance | (a) Current year | (0) F | nor year | (C) IWO year | IS DACK | uj illiee years | Dack (e) Four | years back |
| _ | Contributions | | | | | | | | ······································ |
| b | | | | | | | | | |
| ی | Net investment earnings, gains, and losses | | | | | | | | |
| | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | |
| | and programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| _ | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of the curre | ent year end baland | e (line 1 | g, column (a | i)) held as: | | | | |
| а | 9 | | _% | | | | | | |
| þ | Permanent endowment ▶ | % | | | | | | | |
| C | Temporarily restricted endowment ▶ | % | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c shou | • | | | | | | | |
| За | Are there endowment funds not in the posses | ssion of the organiz | ation tha | at are held a | nd administe | ered for th | e organizatio | г | |
| | by: | | | | | | | | Yes No |
| | (i) unrelated organizations | | - | | | | | 3a(i) | |
| | (ii) related organizations | | - | | - | | ••• | 3a(ii) | |
| b | If "Yes" to 3a(ii), are the related organizations | | | | | - | - | 3b | |
| 4 | Describe in Part XIV the intended uses of the | | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | ent. See Form 990 |), Part X | , line 10. | | | | _ _Y | |
| | Description of property | (a) Cost or o basis (investr | | (b) Cost basis | or other (other) | | cumulated reciation | (d) Book | value |
| 1a | Land | | | | | | | | |
| b | Buildings | | | | | | | | |
| c | Leasehold improvements | | | | | | | <u> </u> | |
| d | Equipment | | | | 7,074. | | 6,599 | • | 475. |
| e | Other | | | | | | | | |
| Total | I. Add lines 1a through 1e. (Column (d) must ed | qual Form 990, Part | X, colun | nn (B), line 1 | 0(c).) | | | | 475. |

Schedule D (Form 990) 2011

| Sche | dule D (Form 990) 2011 TAHOE YACHT CLUB FOUNDATION | ON, I | NC. | | 88-0 | 317781 | Page 4 |
|---------|---|-------------|---------------|-----------|--------------|------------|---------|
| Pai | t XI Reconciliation of Change in Net Assets from Form 990 to | o Audit | ed Finan | cial Sta | | | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | | 1 | | 283 | 928. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | _ | | 2 | | 273 | ,510. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | | 3 | | 10 | ,418. |
| 4 | Net unrealized gains (losses) on investments | | | 4 | | - | 306. |
| 5 | Donated services and use of facilities | | | 5 | | | |
| 6 | Investment expenses | | | 6 | | | |
| 7 | Prior period adjustments | | | 7 | | | |
| 8 | Other (Describe in Part XIV.) | | | 8 | | | |
| 9 | Total adjustments (net). Add lines 4 through 8 | | | 9 | | | 306. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 a | ınd 9 | | 10 | | 10 | 724. |
| Pai | TXII Reconciliation of Revenue per Audited Financial Statem | ents W | ith Reve | nue pe | r Return | | |
| 1 | Total revenue, gains, and other support per audited financial statements | _ | | | 1 | 284 | ,234. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | | |
| a | _Net unrealized gains on₌investments | 2a | | 30 | <u>6.</u> | | |
| b | Donated services and use of facilities | . 2b | | | | | |
| c | Recoveries of prior year grants | 2c | | | | | |
| d | Other (Describe in Part XIV.) | 2d | | | | | |
| е | Add lines 2a through 2d | | | | 2e | | 306. |
| 3 | Subtract line 2e from line 1 | | | | . 3 | 283 | ,928. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | | |
| b | Other (Describe in Part XIV.) | 4b | | | _ | | |
| С | Add lines 4a and 4b | | | | 4c | | 0. |
| _ 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | | . 5 | | ,928. |
| Pa | rt XIII Reconciliation of Expenses per Audited Financial Staten | nents V | Vith Expe | enses p | er Returi | <u> </u> | |
| 1 | Total expenses and losses per audited financial statements | | | | 1 | <u>273</u> | ,510. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | 1 | | | | |
| а | Donated services and use of facilities | 2a | | | | | |
| b | Prior year adjustments | 2b | | | | | |
| С | Other losses | 2c | | | _ | | |
| d | Other (Describe in Part XIV.) | 2d | | | ⊣ ∣ | | • |
| е | Add lines 2a through 2d | | ••• | | 2e | | 0. |
| 3 | Subtract line 2e from line 1 | | | | 3 | 273 | ,510. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 | l | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | | |
| b | Other (Describe in Part XIV.) | 4b | | | _ | | • |
| C | Add lines 4a and 4b | - | | - | 4c | | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | - | | | 5 | 2/3 | ,510. |
| ******* | rt XIV Supplemental Information | | | | | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part | | | | | | 4; Part |
| X, lın | e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also con | nplete this | s part to pro | ovide any | additional # | formation. | |
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Schedule I (Form 990) (2011) **≗** × Employer identification number 88-0317781 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes 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 ame and address of organization

(c) IRC section or government

or government

cash grant

assistance

or government

or government

cash grant

or government

o 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 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INC. TAHOE YACHT CLUB FOUNDATION, 3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Parti

Page 2 Schedule I (Form 990) (2011) (f) Description of non-cash assistance 88-0317781 (e) Method of valuation (book, FMV, appraisal, other) (Form 990) (2011) TAHOE YACHT CLUB FOUNDATION, INC.

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. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2011) 132102 01-27-12 Part III

SCHEDULE O (Form 990 or 990-EZ)

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

| TAHOE YACHT CLUB FOUNDATION, INC. | 88-0317781 |
|--|------------------|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS | SION: |
| OPPORTUNITIES ORIGINATING IN THE LAKE TAHOE AREA THAT ENH. | ANCE EXPERTISE |
| OR UNDERSTANDING OF MARITIME SKILLS. | |
| | |
| FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMI | TTEES, ONLY THE |
| BOARD OF DIRECTORS | |
| | |
| FORM 990, PART VI, SECTION B, LINE 11: THE BOARD REVIEWED | THE TAX RETURNS |
| PRIOR TO FILING. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: GOVERNMING DOCUMEN | TS, POLICIES AND |
| FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. | |
| | |
| FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE | S: |
| RENTALS - EQUIPMENT: | |
| PROGRAM SERVICE EXPENSES | 16,738. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 16,738. |
| | |
| TROPHIES AND GIFTS: | |
| PROGRAM SERVICE EXPENSES | 5,900. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 5,900. |
| | |

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

Schedule O (Form 990 or 990-EZ) (2011)

| Schedule O (Form 990 or 990-EZ) (2011) Name of the organization TAHOE YACHT CLUB FOUNDATION, INC. | Employer identification number 88-0317781 |
|---|---|
| BANK AND CREDIT CARD FEES: | |
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 2,295. |
| FUNDRAISING EXPENSES | 3,600. |
| TOTAL EXPENSES | 5,895. |
| JUDGING: | |
| PROGRAM SERVICE EXPENSES | 5,237. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 5,237. |
| SECURITY: | |
| PROGRAM SERVICE EXPENSES | 4,420. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 4,420. |
| MERCHANDISE: | |
| PROGRAM SERVICE EXPENSES | 3,635. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 3,635. |
| EQUIPMENT MAINTENANCE & SUPPLIES: | |
| PROGRAM SERVICE EXPENSES | 2,975. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| 132212 01-23-12 | Schedule O (Form 990 or 990-EZ) (2011) |

| Schedule O (Form 990 or 990-EZ) (2011) Name of the organization TAHOE YACHT CLUB FOUNDATION, INC. | Employer identification number 88-0317781 |
|---|---|
| TOTAL EXPENSES | 2,975. |
| MISCELLANEOUS: | |
| PROGRAM SERVICE EXPENSES | 2,475. |
| MANAGEMENT AND GENERAL EXPENSES | 348. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 2,823. |
| RENT - STORAGE UNIT: | |
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 1,620. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 1,620. |
| BAD DEBT EXPENSE: | |
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 750. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 750. |
| TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL | A 49,993. |
| FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: | |
| NET UNREALIZED GAINS ON INVESTMENTS: | 306. |
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