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**Short Form  
Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except private foundations)

**2013**

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.  
Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A For the 2013 calendar year, or tax year beginning** , 2013, and ending ,

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

**C** **NORTHSTAR COMMUNITY FOUNDATION**  
 P.O. BOX 2537  
 TRUCKEE, CA 96160

**D** Employer identification number  
 20-0501277

**E** Telephone number  
 530-587-2222

**F** Group Exemption Number

**G** Accounting Method  Cash  Accrual Other (specify) \_\_\_\_\_

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

**I** Website: **WWW.TMRFOUNDATION.COM**

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( 4 ) (insert no)  4947(a)(1) or  527

**K** Form of organization  Corporation  Trust  Association  Other \_\_\_\_\_

**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 96,708.**

**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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21																	
REVENUE	1	Contributions, gifts, grants, and similar amounts received															87,560.																													
	2	Program service revenue including government fees and contracts																																												
	3	Membership dues and assessments																																												
	4	Investment income															9,148.																													
	5a	Gross amount from sale of assets other than inventory																																												
	5b	Less cost or other basis and sales expenses																																												
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																												
	6	Gaming and fundraising events																																												
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																																												
	6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																																												
6c	Less direct expenses from gaming and fundraising events																																													
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																													
7a	Gross sales of inventory, less returns and allowances																																													
7b	Less cost of goods sold																																													
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																													
8	Other revenue (describe in Schedule O)																																													
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8															96,708.																														
EXPENSES	10	Grants and similar amounts paid (list in Schedule O) <b>SEE SCHEDULE O</b>															40,000.																													
	11	Benefits paid to or for members																																												
	12	Salaries, other compensation, and employee benefits																																												
	13	Professional fees and other payments to independent contractors																																												
	14	Occupancy, rent, utilities, and maintenance																																												
	15	Printing, publications, postage, and shipping																																												
	16	Other expenses (describe in Schedule O) <b>SEE SCHEDULE O</b>															9,924.																													
17	<b>Total expenses.</b> Add lines 10 through 16															49,924.																														
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															46,784.																													
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)															344,483.																													
	20	Other changes in net assets or fund balances (explain in Schedule O) <b>SEE SCHEDULE O</b>															-1,781.																													
	21	Net assets or fund balances at end of year. Combine lines 18 through 20															389,486.																													

**BAA For Paperwork Reduction Act Notice, see the separate instructions.** Form 990-EZ (2013)

95  
21

**Part II Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	315,000.	22 391,915.
23 Land and buildings		23
24 Other assets (describe in Schedule O) SEE SCHEDULE O	36,712.	24 4,800.
25 Total assets	351,712.	25 396,715.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	7,229.	26 7,229.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	344,483.	27 389,486.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

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

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

28 COMMUNITY SUPPORT OF CIVIC AND RECREATIONAL PROGRAMS IN THE NORTHSTAR AND TRUCKEE COMMUNITY.		
(Grants \$ 40,000.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	40,000.
29		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	40,000.

**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 Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JIM TELLING SECRETARY	0	0.	0.	0.
BLAKE RIVA CHAIRMAN	0	0.	0.	0.
EDWARD MORGAN TREASURER	0	0.	0.	0.
KURT KRIEG VICE CHAIRMAN	0	0.	0.	0.
JEFF BROWN DIRECTOR	0	0.	0.	0.
TERRI STONE DIRECTOR	0	0.	0.	0.
BOB HICKMAN DIRECTOR	0	0.	0.	0.
MICHAEL PARK DIRECTOR	0	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

42a The organization's books are in care of ED MORGAN Telephone no 530-587-2222
Located at P.O. BOX 2537 TRUCKEE CA ZIP + 4 96160
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42c See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts
At any time during the calendar year, did the organization maintain an office outside of the U.S?
If 'Yes,' enter the name of the foreign country

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

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

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

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

	Yes	No
47		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 business address of each independent contractor	(b) Type of service	(c) Compensation

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

Sign Here: Signature of officer: *Edward Morgan III* Date: *11/4/14*  
 Type or print name and title: *Edward Morgan Treasurer*

Paid Preparer Use Only: Print/Type preparer's name: MICHAEL R. GRIESMER Preparer's signature: *M. Griesmer* Date: 10-15-14 Check  if self-employed PTIN: P00006468  
 Firm's name: MCCLINTOCK ACCOUNTANCY CORP. Firm's EIN: 94-2617724  
 Firm's address: P.O. BOX 2468 TRUCKEE, CA 96160-2468 Phone no: (530) 587-9221

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

Yes  No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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

**2013**

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

**NORTHSTAR COMMUNITY FOUNDATION**

**20-0501277**

**FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

CIVIC BETTERMENT AND SOCIAL IMPROVEMENTS TO PROMOTE THE COMMON GOOD AND GENERAL  
WELFARE OF THE PEOPLE OF THE NORTHSTAR COMMUNITY.

## NORTHSTAR COMMUNITY FOUNDATION

20-0501277

**FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000**

CLASS OF ACTIVITY:	AUTUMN FOOD & WINE FESTIV	
DONEE'S NAME:	NORTHSTAR CALIFORNIA	
DONEE'S ADDRESS:	BOX 129 TRUCKEE, CA 96160	
CASH AMOUNT GIVEN:		\$ 10,000.
CLASS OF ACTIVITY:	FUNDING OF J-1 GONDOLA	
DONEE'S NAME:	VAIL RESORTS	
DONEE'S ADDRESS:	39 INTERLOKEN CRESCENT BROOMFIELD, CO 80021	
CASH AMOUNT GIVEN:		\$ 25,000.

**FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES**

GENERAL & ADMINISTRATION	\$ 7,229.
MISCELLANEOUS GENERAL & ADMIN	2,695.
TOTAL	<u>\$ 9,924.</u>

**FORM 990-EZ, PART I, LINE 20  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS	\$ -1,781.
TOTAL	<u>\$ -1,781.</u>

**FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 36,712.	\$ 4,800.
TOTAL	<u>\$ 36,712.</u>	<u>\$ 4,800.</u>

**FORM 990-EZ, PART II, LINE 26  
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 7,229.	\$ 7,229.
TOTAL	<u>\$ 7,229.</u>	<u>\$ 7,229.</u>

THE FOUNDATION HAS A COST SHARING AGREEMENT WITH THE TAHOE MOUNTAIN RESORT FOUNDATION. NORTHSTAR COMMUNITY FOUNDATION REIMBURSES 10% OF THE COST OF THE GENERAL AND ADMINISTRATIVE EXPENSES COMMON TO ALL RELATED FOUNDATIONS, INCLUDING COSTS SUCH AS TELEPHONE, POSTAGE, TRAVEL, WEBSITE MAINTENANCE, MARKETING AND PROMOTION.