

MISSION STATEMENT

Project MANA aims to drastically reduce the incidence of hunger and its detrimental effects upon individuals, families, the community and the region.

February 1, 2019

Truckee Tahoe Airport District Attn: Kevin Smith 10356 Truckee Airport Rd Truckee, CA 96161

Dear Kevin and the Truckee Tahoe Airport District Board,

# **Board of Trustees**

Karen Barchas

Thomas Conk

Coralin Glerum

Barbara Kay

Jim Martini

Ted McDowell

Len Simon

Deirdre Toner

Craig Werner

# **Executive Director**

Deidre Ledford

Project MANA is pleased to submit our proposal to the Truckee Tahoe Airport District for the 4,000 square feet warehouse space available for non-profit, community benefit use.

Attached you will find a one-page narrative on how Project MANA benefits the constituents of the Truckee Tahoe Airport District, a copy of our current balance sheet, Profit Loss statement, a Form 990 for our previous operating year, and a one-page narrative on how and why Project MANA complies with Policy Instruction #507, Section 2, Criteria for Selection of Appropriate Community Benefit Uses.

Thank you for the opportunity to apply. If you have any questions or need additional items, please do not hesitate to contact me at 775-298-4161 ext. 101 or at deidrel@projectmana.org.

Sincerely,

Deidre Ledford Executive Director

# Project MANA's Benefit to the Constituents of the Truckee Tahoe Airport District

Project MANA (Making Adequate Nutrition Accessible) is the primary regional provider of hunger relief services to low-income, food insecure children, individuals and families who are unsure where their next meal may be coming from. Our mission is to reduce the incidence of hunger and its detrimental effects upon individuals, families, the community and the region. Project MANA distributes and delivers food four times per week, every week of the year, rain, snow or shine. Our food programs aim to mitigate the adverse health outcomes that can result from food insecurity-related malnutrition and nutrient deficiency by providing adequate and nutritious food choices (e.g. nutrient-packed fresh fruits and vegetables) that our clients otherwise cannot afford to purchase for themselves.

Food insecurity does exist in our community. According to Feeding America, 12.2% of Placer and Nevada county residents are food insecure, compared to the national average of 12.9%. Our local food insecure residents struggle to put food on the table and make ends meet, primarily due to low paying and unstable employment within tourism-related industries, and housing and food costs that are higher than both California state and national averages (North Tahoe Truckee Community Report Card 2016). Food insecurity and poor nutrition can lead to a number of health issues, including obesity, diabetes, heart disease, depression and even premature mortality. Hungry children--who represent 30% of the individuals Project MANA serves--are sick more often and struggle in school, and those under 5 can have developmental delays that impact the rest of their lives. Project MANA has become part of many households' long term strategies to supplement monthly shortfalls in food and is one of the only food resources in the region for those who fall between earning a living wage and qualifying for public assistance.

Project MANA distributed 148,358 meals to 2,267 food insecure North Lake Tahoe/Truckee residents in FY 2017-18, and 85% of all Project MANA services are provided within the Truckee Tahoe Airport District (TTAD). Project MANA also utilized 130,000 pounds of donated food that would otherwise have gone into the trash and \$110,000 worth of donated volunteer time from TTAD constituents in FY 17-18. Project MANA not only contributes to the health of our community by improving access to nutritious food, but also by diverting food waste from landfills and by strengthening social connections and enhancing civic engagement through volunteerism. We provide much more than meals--with our volunteers, we bring hope to people in need.

In securing the available warehouse space, Project MANA will increase our food storage capacity, provide an open work space for warehouse volunteers, and expand our office space to include a conference room that can be shared with community partners. Project MANA will provide additional benefit to TTAD constituents through synergy with the Tahoe Food Hub, as co-location will streamline Tahoe Food Hub's weekly food donations to Project MANA and enable Project MANA to receive and distribute those donations more quickly into the community.

Project MANA's services are critical to positioning struggling families and individuals to help themselves and become self-sufficient. As Project MANA engages in the final stages of a merger with Tahoe SAFE Alliance, the North Tahoe Family Resource Center and the Family Resource Center of Truckee, providing adequate nutrition will remain our first priority in getting the community members we work with to the start line on all the tasks they need to complete to succeed.

# Project MANA

# BALANCE SHEET

As of December 31, 2018

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Cash at Schwab	3,059.14
Checking - 7604 WF	3,261.05
Petty Cash	100.00
Savings - 3543 WF	110,346.84
Total Bank Accounts	\$116,767.03
Accounts Receivable	
Accounts Receivable	16,894.68
Total Accounts Receivable	\$16,894.68
Other Current Assets	
Inventory Asset	40,427.81
Prepaid Expenses	2,758.99
Undeposited Funds	15,443.94
Total Other Current Assets	\$58,630.74
Total Current Assets	\$192,292.45
Fixed Assets	
Accumulated Depreciation	-37,645.86
Chevy Van	7,000.00
Computers & Equipment	5,883.88
Freezer	5,014.76
Refridgerated Truck	23,547.00
Walk-In Refrigerator	13,274.00
Total Fixed Assets	\$17,073.78
Other Assets	
Security Deposits	
Security Deposit - Rent	2,695.93
Security Deposits - St. Pat's	200.00
Security Deposits - TTSD	28.00
Total Security Deposits	2,923.93
Total Other Assets	\$2,923.93
TOTAL ASSETS	\$212,290.16
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	834.75
Total Accounts Payable	\$834.75
Credit Cards	
Chase Ink Visa	1,497.00
Total Credit Cards	\$1,497.00

	TOTAL
Other Current Liabilities	
Placer County Homeless Outreach	20,836.67
Total Other Current Liabilities	\$20,836.67
Total Current Liabilities	\$23,168.42
Long-Term Liabilities	
Accrued Vacation	7,310.75
Total Long-Term Liabilities	\$7,310.75
Total Liabilities	\$30,479.17
Equity	
Unrestricted Net Assets	117,904.30
Net Income	63,906.69
Total Equity	\$181,810.99
TOTAL LIABILITIES AND EQUITY	\$212,290.16

# Project MANA

# PROFIT AND LOSS

July - December, 2018

	TOTAL
Income	
Contributions - Restricted	
Restricted Foundations	17,000.00
Restricted Grants	39,008.81
Total Contributions - Restricted	56,008.81
Contributions - Unrestricted	
Appeal - Year End Appeal	82,620.78
Donor Cultivation - General Don	54,059.60
Unrestricted Foundations	26,000.00
Total Contributions - Unrestricted	162,680.38
Events	
Bahn Mi & Beer Event Income	2,519.00
Banh Mi & Beer Event Expense	-969.67
NTBA Passport to Dining Income	2,500.00
Pho Foodie Event Income	420.00
Stella Event Expense	-7,027.05
Stella Event Income	44,290.00
Total Events	41,732.28
Other Types of Income	
Interest Income	14.60
Total Other Types of Income	14.60
Total Income	\$260,436.07
GROSS PROFIT	\$260,436.07
Expenses	
Food Purchased	9,854.52
Office	27,508.46
Operations	5,248.90
Overhead	12,865.58
Personnel	138,608.13
Travel	1,323.28
Total Expenses	\$195,408.87
NET OPERATING INCOME	\$65,027.20
Other Income	
Non-Cash Income	
In-Kind Food Donations	122,009.92
Purchased Food @ \$1.72	22,845.04
Total Non-Cash Income	144,854.96
Total Other Income	\$144,854.96
Other Expenses	
Non-Cash Expense	145,975.47
Total Other Expenses	\$145,975.47
NET OTHER INCOME	\$ -1,120.51

	TOTAL
NET INCOME	\$63,906.69

Form <b>990</b>
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# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Α	For the	2017 calendar year, or tax year beginning $JUL 1$ , $2017$ and $c$	ending J	UN 30, 2018	
	Check if applicable			D Employer identific	ation number
	Addres change	PROJECT M.A.N.A			
	Name change			94-31	149718
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	PO BOX 3824		775-2	298-4161
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	725,904.
	Amend	INCLINE VILLAGE, NV 09430		H(a) Is this a group re	
	Applica tion pendin	F Name and address of principal officer: DETDICE TEDICORD		for subordinates	
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	cluded? Yes No
		mpt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) c	or 🛄 527	,	list. (see instructions)
-		e: WWW.PROJECTMANA.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	<b>L</b> Year (	of formation: 1991 M	State of legal domicile: ${ m NV}$
Pa		Summary			
e	1 8	Briefly describe the organization's mission or most significant activities: $\begin{array}{c} {f RESPG} \\ {f NEEDS} & {f OF} & {f INDIVIDUALS} & {f OR} & {f FAMILIES} & {f ON} & {f THE} \end{array}$		TO EMERGEN	
Activities & Governance	-				
veri		Check this box		1 1	sets. 10
ĝ					10
8 8		Number of independent voting members of the governing body (Part VI, line 1b)			8
itie		Fotal number of individuals employed in calendar year 2017 (Part V, line 2a)			191
ž		Fotal number of volunteers (estimate if necessary)         Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
~	8	Contributions and grants (Part VIII, line 1h)		736,611.	649,497.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
eve		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		26.	33.
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		50,233.	62,131.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		786,870.	711,661.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	<b>14</b> E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{.}$		266,196.	221,739.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
, adv	b	Fotal fundraising expenses (Part IX, column (D), line 25)	24.		
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		512,051.	466,509.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		778,247.	688,248.
	<b>19</b> F	Revenue less expenses. Subtract line 18 from line 12		8,623.	23,413.
s or			Be	ginning of Current Year	End of Year
Sset	20 1	Total assets (Part X, line 16)		123,279.	133,424.
Net Assets	21 1	Total liabilities (Part X, line 26)		28,848.	15,580.
	22	Net assets or fund balances. Subtract line 21 from line 20		94,431.	117,844.

Part II | Signature

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 DEIDRE LEDFORD, EXECU Type or print name and title	TIVE DIRECTOR		Date				
Paid	Print/Type preparer's name ELISABETH FARLEY	Preparer's signature ELISABETH FARLEY	Date 11/27	/18 check PTIN /18 self-employed P00520516				
Preparer	Firm's name 🕨 KOHN & COMPANY			Firm's EIN 46-3281627				
Use Only Firm's address 5310 KIETZKE LANE, SUITE 101								
	RENO, NV 89511 Phone no.775-828-7300							
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)							
732001 11-2	8-17 LHA For Paperwork Reduction Act No	tice, see the separate instructions.		Form <b>990</b> (2017)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2017) PROJECT M.A.N.A	94-3149718	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission: TO REDUCE THE INCIDENCE OF HUNGER AND ITS DETRIMENTAL EN- INDIVIDUALS, FAMILIES, THE COMMUNITY AND THE REGION. IN	FFECTS UPON N ADDITION T	
	PROVIDING HUNGER RELIEF, WE HAVE DEVELOPED PROGRAMS DES		0
	ALLEVIATE THE CAUSES OF HUNGER.	IGNED IO	
2	Did the organization undertake any significant program services during the year which were not listed on the		
Z	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	s
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported.	• •	
4a	(Code: ) (Expenses \$ 271,022. including grants of \$ ) (Revenue	ue \$	)
	FOOD RESCUE: CONDUCTED A FOOD RESCUE PROGRAM IN COLLABOR		,
	LOCAL SUPERMARKETS, RETAIL VENDORS, AND COMMUNITY MEMBER	RS WHICH	
	PROVIDED 175,794 LBS OF FOOD AVAILABLE FOR DISTRIBUTION.	. OUR GOAL W	AS
	TO PROVIDE QUALITY, NUTRITIOUS FOOD TO THE COMMUNITY MEN	MBERS WE SER	VE,
	BY PROVIDING FRESH PRODUCE AND DAIRY ITEMS EVERY WEEK.		
4b	(Code: ) (Expenses \$ 304,001. including grants of \$ ) (Revenue	10 ¢	)
-10	EMERGENCY FOOD DISTRIBUTION: PROJECT MANA PROVIDED FOOD		)
	INDIVIDUALS (1,225 HOUSEHOLDS) THROUGH OUR FOUR WEEKLY H	-	
	DISTRIBUTIONS AND FACE PROGRAM. OF THOSE PEOPLE SERVED,	67 HOME-BOU	
	COMMUNITY MEMBERS RECEIVED WEEKLY FOOD DELIVERY THROUGH		
	COMPANIONSHIP EXCHANGE PROGRAM OR FACE, AND NEARLY 527 (		
	SENIORS LIVING IN OUR COMMUNITY RECEIVED NUTRITIOUS FOOI		
	FAMILIES RECEIVED A DELICIOUS TURKEY AND ALL OF THE FIX		
	THANKSGIVING THROUGH OUR LET'S TALK TURKEY PROGRAM. THE		BER
	OF MEALS DISTRIBUTED ANNUALLY WAS APPROXIMATELY 148,358		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e\$	)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses <b>575</b> , 023.		
		Form <b>S</b>	<b>90</b> (2017)
	2 11-28-17 <b>2</b> 1.27 704211 260051 2017 05000 DROTHOM M A M A		
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Form	990	(201)	7

PROJECT M.A.N.A

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
9	Schedule D, Part III	-		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? 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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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

Form **990** (2017)

732003 11-28-17

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PROJECT M.A.N.A

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
<b>0</b> -	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0-		v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
	Note. All Form 990 filers are required to complete Schedule O	38	<b>4</b> 7	1

Form **990** (2017)

732004 11-28-17

Form	990 (2017) PROJECT M.A.N.A 94-3149	718	F	age 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
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 services provided 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 was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
a	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       Enter the amount of reserves on hand     13c			
		140		X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a 14b		
<u>u</u>		- 140	000	<u> </u>

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Form 990 (2017)	Form	990	(2017)
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PROJECT M.A.N.A

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

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
		1 1 4		Yes	N
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year		_ 0		
	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 0.	1	0		
	Enter the number of voting members included in line 1a, above, who are independent		_ U		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	hip with any other			
_	officer, director, trustee, or key employee?		. 2		
3	Did the organization delegate control over management duties customarily performed by or under				
	of officers, directors, or trustees, or key employees to a management company or other person?				
4	Did the organization make any significant changes to its governing documents since the prior Form				
5	Did the organization become aware during the year of a significant diversion of the organization's a				
6	Did the organization have members or stockholders?		. 6		2
7a	Did the organization have members, stockholders, or other persons who had the power to elect or				
	more members of the governing body?		. 7a		2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	, stockholders, or			
	persons other than the governing body?		. 7b		Σ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by the following:			
а	The governing body?		. 8a	X	
b	Each committee with authority to act on behalf of the governing body?		. 8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		. 9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Code.)			
				Yes	
l0a	Did the organization have local chapters, branches, or affiliates?		. 10a		2
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters, affiliates,			
	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 bo	ody before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	se to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?			Х	
14	Did the organization have a written document retention and destruction policy?			X	
15	Did the process for determining compensation of the following persons include a review and appro				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				
а	The organization's CEO, Executive Director, or top management official		15a	X	
	Other officers or key employees of the organization			X	$\vdash$
N N	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with a			
100			16a		2
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				-
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org				
			16b		
200	exempt status with respect to such arrangements?				
17 10	List the states with which a copy of this Form 990 is required to be filed CA	T (Pootion 501/-)/0)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 for public inspection. Indicate how you made these qualitable. Check all that apply	-1 (3ection 301(C)(3)S 001	y) avallat	JIE	
	for public inspection. Indicate how you made these available. Check all that apply.           X         Own website         X         Another's website         X         Upon request         Other (expla)	in in Cabadula ()			
10		in in Schedule O)	nnd fir		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest policy, a	and finar	icial	
~	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's to THE ORGANIZATION - 775-298-4161	DOOKS and records:			
	PO BOX 3824, INCLINE VILLAGE, NV 89450				
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~ 4		-			
21	127 794311 269951 2017.05000 PROJECT M.A.N.	• A	26	995	1

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

Check if Schedule O contains a response or note to any line 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		<u>- 9</u>	ai 1120							(E)
<b>(A)</b> Name and Title	(B) (C) Average Constition (do not check more than one							(D)	(E) Bapartabla	<b>(F)</b> Estimated
Name and Title	Average hours per			heck	more	than		Reportable compensation	Reportable compensation	amount of
	week		cer an					from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	ır dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			en sa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		loyee	comp se				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JIM MARTINI	1.00	드	드	đ	Ke	포동	오			
TRUSTEE	1.00	x						0.	0.	0.
(2) CORALIN GLERUM	1.00									
SECRETARY		x		x				0.	0.	0.
(3) CRAIG WERNER	1.00									
VICE PRESIDENT OF THE BOAR		x		x				0.	0.	0.
(4) BARBARA KAY	4.00									
PRESIDENT OF THE BOARD		x		x				0.	0.	0.
(5) TED MCDOWELL	1.00									
TRUSTEE		X						0.	0.	0.
(6) TOM CONK	1.00									
TREASURER		Х		Х				0.	0.	0.
(7) LEONARD SIMON	1.00									
TRUSTEE		Х						0.	0.	0.
(8) DEIRDRE TONER	1.00									_
TRUSTEE		х						0.	0.	0.
(9) ENRIQUE CARMONA	1.00									
TRUSTEE		Х						0.	0.	0.
(10) KAREN BARCHAS	1.00									•
TRUSTEE		X						0.	0.	0.
(11) DEIDRE LEDFORD	40.00									0
EXECUTIVE DIRECTOR				X				58,769.	0.	0.
		<u> </u>								
		1								
		1								
		1								
732007 11-28-17	-									Form <b>990</b> (2017)

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Form 990 (2017)

	990 (2017) PROJECT 1	M.A.N.A								94-3	149'	718	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	Average Position Reportable compensation					Reportable compensation	<b>(E)</b> Reportable compensatio from related	tion		<b>(F)</b> Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fro orga and	oensa om the anizati I relate nizatio	e ion ed
с	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							58,769. 0. 58,769.		0.0.0.			0. 0. 0.
2	Total number of individuals (including but n compensation from the organization							no re	-	0,000 of reportab	le		Yes	0 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s								highest compensated e			3	103	X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	e J f	for such individual			4		X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	eJf	or s	uch	pers	son .	<u></u>			<u></u>	5		Х
1	Complete this table for your five highest co the organization. Report compensation for										npensa	ation f	rom	
	(A) Name and business	address	N	ONI	Ξ				(B) Description of s	ervices	C	(C omper		ı
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	iot li	mite	d to		se lis )	stec	d above) who received m	nore than				
											ļ	Form <b>S</b>	<b>390</b> (2	2017)

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Pa	rt VII							
		Check if Schedule O cont	ains a response	e or note to any lin	<u>e in this Part VIII …</u> ( <b>A</b> ) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abov Noncash contributions included in lines	1b           1c           1d           ions)         1e           ts, and         If	649,497. 283,530.				
äδ	h	Total. Add lines 1a-1f			649,497.			
Program Service Revenue	2 a b c d e f	All other program service reve	nue					
	g	Total. Add lines 2a-2f						
	3 4	Investment income (including other similar amounts) Income from investment of tax	x-exempt bond	proceeds	33.			33.
	5	Royalties	(i) Real	(ii) Personal				
Other Revenue	b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other				
		and sales expenses Gain or (loss) Net gain or (loss)						
	8 a	Gross income from fundraising including \$ contributions reported on line Part IV, line 18 Less: direct expenses	g events (not of 1c). See ء					
đ		Net income or (loss) from func			62,131.			62,131
U	9 a	Gross income from gaming ac Part IV, line 19	tivities. See	a	02/1011			
		Less: direct expenses Net income or (loss) from gam						
	10 a b	Gross sales of inventory, less and allowances Less: cost of goods sold	returns a					
	c	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11 a							
	b							
	c d	All other revenue						
	е 12	Total. Add lines 11a-11d Total revenue. See instructions.			711,661.	0.	0.	62,164.
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Form 990 (2017)

PROJECT M.A.N.A

PROJECT M.A.N.A

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		this Part IX	·····	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	58,769.	40,808.	16 042	1 010
-	trustees, and key employees	50,709.	40,000.	16,942.	1,019.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
-	persons described in section 4958(c)(3)(B)	143,051.	99,332.	41,239.	2,480.
7	Other salaries and wages	143,031.	<u> </u>	41,239.	2,400
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	4 927	2,169.	2,758.	
9 10	Other employee benefits	4,927. 14,992.	10,436.	4,288.	268.
10 11	Payroll taxes Fees for services (non-employees):	11,552.	10,430.	4,2001	2004
	Management				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
5	column (A) amount, list line 11g expenses on Sch O.)	36,911.	9,050.	3,700.	24,161.
12	Advertising and promotion	36,911. 1,175.	31.	12.	24,161. 1,132.
13	Office expenses	48,247.	38,055.	5,226.	4,966.
14	Information technology	-	-		
15	Royalties				
16	Occupancy	33,563.	33,563.		
17	Travel	10,046.	9,800.	199.	47.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	821.	10.	360.	451.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,789.	1,789.		
23	Insurance	6,020.	2,043.	3,977.	
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 0.)				
а	CONTRIBUTED FOOD DISTRI	304,001.	304,001.		
b	PURCHASED FOOD FOR DIST	22,069.	22,069.		
С	STAFF AND VOLUNTEER REC	1,867.	1,867.		
d					
е	All other expenses	<u> </u>			
25	Total functional expenses. Add lines 1 through 24e	688,248.	575,023.	78,701.	34,524.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Eorm <b>990</b> (2017

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Form 990 (2017) PROJECT M.A.N.A Part X Balance Sheet 94-3149718 Page **11** 

		ormer office ated employ fied person n 4958(c)(3) tion 501(c)(9 . Complete 10a 10b	s, directors, ees. Complete s (as defined under B), and contributing ) voluntary Part II of Sch L 54,720.	(A) Beginning of year 35,664. 1,609. 62,001. 10,158.	1 2 3 4 5 5 6 7 8 9	(B) End of year 67,159. 1,460. 41,548. 6,183.		
2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and for trustees, key employees, and highest compense Part II of Schedule L Loans and other receivables from other disqual section 4958(f)(1)), persons described in section employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	ified person 1 4958(c)(3) 1 complete 10a 10b	s, directors, ees. Complete (as defined under B), and contributing voluntary Part II of Sch L 54,720.	Beginning of year 35,664. 1,609. 62,001.	2 3 4 5 5 6 7 8	End of year 67,159. 1,460. 41,548.		
2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and for trustees, key employees, and highest compense Part II of Schedule L Loans and other receivables from other disqual section 4958(f)(1)), persons described in section employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	ified person 1 4958(c)(3) 1 complete 10a 10b	s, directors, ees. Complete (as defined under B), and contributing voluntary Part II of Sch L 54,720.	35,664. 1,609. 62,001.	2 3 4 5 5 6 7 8	67,159. 1,460. 41,548.		
2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and for trustees, key employees, and highest compense Part II of Schedule L Loans and other receivables from other disqual section 4958(f)(1)), persons described in section employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	ified person 1 4958(c)(3) 1 complete 10a 10b	s, directors, ees. Complete (as defined under B), and contributing voluntary Part II of Sch L 54,720.	1,609.	2 3 4 5 5 6 7 8	1,460.		
Stass Stass	Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and for trustees, key employees, and highest compense Part II of Schedule L Loans and other receivables from other disquali section 4958(f)(1)), persons described in section employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	fied person 1 4958(c)(3) 1 tion 501(c)(9 . Complete	s, directors, rees. Complete (as defined under B), and contributing voluntary Part II of Sch L 54,720.	1,609.	3 4 5 6 7 8	1,460.		
4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18	Accounts receivable, net Loans and other receivables from current and for trustees, key employees, and highest compense Part II of Schedule L Loans and other receivables from other disqual section 4958(f)(1)), persons described in sectior employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	fied person 4958(c)(3) tion 501(c)(s . Complete	s, directors, ees. Complete s (as defined under B), and contributing ) voluntary Part II of Sch L 54,720.	62,001.	4 5 6 7 8	41,548.		
5 stass 7 8 9 10a b 11 12 13 14 15 16 17 18	Loans and other receivables from current and for trustees, key employees, and highest compensa- Part II of Schedule L Loans and other receivables from other disqual section 4958(f)(1)), persons described in section employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	ormer office ated employ fied person n 4958(c)(3) tion 501(c)(9 . Complete 10a 10b	s, directors, ees. Complete s (as defined under B), and contributing voluntary Part II of Sch L		5 6 7 8			
51 57 7 8 9 10a 10 11 12 13 14 15 16 17 18	trustees, key employees, and highest compensations Part II of Schedule L Loans and other receivables from other disqualities section 4958(f)(1)), persons described in section employers and sponsoring organizations of section employees' beneficiary organizations (see instri- Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	ated employ ified person n 4958(c)(3) tion 501(c)(s . Complete 10a 10b	ees. Complete s (as defined under B), and contributing ) voluntary Part II of Sch L 54,720.		6 7 8			
\$1 8 9 10a b 11 12 13 14 15 16 17 18	Part II of Schedule L Loans and other receivables from other disqual section 4958(f)(1)), persons described in sectior employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	ified person n 4958(c)(3) tion 501(c)(5 . Complete 10a 10b	5 (as defined under B), and contributing I) voluntary Part II of Sch L 54 , 720 .		6 7 8			
\$1 8 9 10a b 11 12 13 14 15 16 17 18	Loans and other receivables from other disqual section 4958(f)(1)), persons described in sectior employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	ified person 1 4958(c)(3) tion 501(c)(9 . Complete 10a 10b	s (as defined under B), and contributing ) voluntary Part II of Sch L 54,720.		6 7 8			
\$1 8 9 10a b 11 12 13 14 15 16 17 18	section 4958(f)(1)), persons described in section employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	1 4958(c)(3) tion 501(c)(9 . Complete 10a 10b	B), and contributing ) voluntary Part II of Sch L		7 8			
8 9 10a 11 12 13 14 15 16 17 18	employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	tion 501(c)(s . Complete 10a 10b	) voluntary Part II of Sch L		7 8			
8 9 10a 11 12 13 14 15 16 17 18	employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	Complete	2art II of Sch L		7 8			
8 9 10a 11 12 13 14 15 16 17 18	Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	10a 10b	54,720.		7 8			
8 9 10a 11 12 13 14 15 16 17 18	Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	10a 10b	54,720.		8			
8 9 10a 11 12 13 14 15 16 17 18	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	10a 10b	54,720.					
10a b 11 12 13 14 15 16 17 18	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	10a 10b	54,720.	10,158.	9	6 1 8 3		
b 11 12 13 14 15 16 17 18	basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	10b	54,720.					
11 12 13 14 15 16 17 18	Less: accumulated depreciation	10b	54,720.					
11 12 13 14 15 16 17 18	Less: accumulated depreciation	10b		13,847.		17,074.		
12 13 14 15 16 17 18		b Less: accumulated depreciation 10b 37,646.						
13 14 15 16 17 18	Investments - other securities. See Part IV. line	Investments - publicly traded securities						
14 15 16 17 18	,			12				
15 16 17 18	Investments - program-related. See Part IV, line	11			13			
16 17 18	Intangible assets				14			
17 18	Other assets. See Part IV, line 11				15			
18	Total assets. Add lines 1 through 15 (must equ	al line 34) .		123,279.	16	133,424.		
	Accounts payable and accrued expenses		8,166.	17	13,069.			
19	Grants payable		18					
	Deferred revenue		20,682.	19	2,511.			
20	Tax-exempt bond liabilities			20				
21	Escrow or custodial account liability. Complete	hedule D		21				
ທ 22	Loans and other payables to current and forme	r officers, di	rectors, trustees,					
i <u>H</u>	key employees, highest compensated employee	es, and disc	ualified persons.					
Liabilities	Complete Part II of Schedule L				22			
<b>-</b> 23	Secured mortgages and notes payable to unrela				23			
24	Unsecured notes and loans payable to unrelate	d third parti	es		24			
25	Other liabilities (including federal income tax, pa	yables to re	lated third					
	parties, and other liabilities not included on lines	s 17-24). Co	nplete Part X of					
	Schedule D			00.040	25			
26				28,848.	26	15,580.		
	Organizations that follow SFAS 117 (ASC 958		re▶ 🔽 and					
Sec	complete lines 27 through 29, and lines 33 ar			04 421		117 044		
ŭ 27	Unrestricted net assets			94,431.	27	117,844.		
Fund Balances 52 53 54 54 55 55 56 56 57 57 57 57 57 57 57 57 57 57 57 57 57	Temporarily restricted net assets		······ _		28			
p 29			······		29			
E	Organizations that do not follow SFAS 117 (A	SC 958), cl	eck here					
کر د	and complete lines 30 through 34.							
si 30	Capital stock or trust principal, or current funds				30			
∛ ∀ 31	Paid-in or capital surplus, or land, building, or ed				31			
Net Assets or 25 15 05 26 15 05	Retained earnings, endowment, accumulated in			01 121	32	117 0//		
33				94,431.	33	117,844.		
34	Total net assets or fund balances Total liabilities and net assets/fund balances			123,279.	34	133,424.		

Form **990** (2017)

269951\_1

Form	1990 (2017) PROJECT M.A.N.A	94-314	9718	Pag	je <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	Total revenue (must actual Dart )/III. column (A) line 10)		711	6	61.
1 2			688		
2					$\frac{10}{13}$ .
4	Check if Schedule O contains a response or note to any line in this Part XI         Total revenue (must equal Part VIII, column (A), line 12)       1         Total expenses (must equal Part IX, column (A), line 25)       2         Revenue less expenses. Subtract line 2 from line 1       3         Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4         Net unrealized gains (losses) on investments       5         Donated services and use of facilities       6         Investment expenses       7         Prior period adjustments       8         Other changes in net assets or fund balances (explain in Schedule O)       9         Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10         Image: Check if Schedule O contains a response or note to any line in this Part XII       9         Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       9         Were the organization's financial statements compiled or reviewed by an independent accountant?       11         If 'Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Separate basis       Consolidated basis       Both consolidated and				$\frac{13}{31}$ .
5				.,_	<u> </u>
6		-			
7		-			
8		-			
9					0.
10					
10		10	117	. 8	44.
Pa				/ -	
					X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
		0.			
2a			2a	x	
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b			2b		Х
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  4 unrealized gains (losses) on investments ated services and use of facilities 5 of 7 r period adjustments 6 r changes in net assets or fund balances (explain in Schedule O) 7 assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 9 10 Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 0 ounting method used to prepare the Form 990: Cash X Accrual Other e organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. e the organization s' financial statements compiled or reviewed by an independent accountant? es," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a arate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis e the organization's financial statements audited by an independent accountant? es," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Solidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis e the organization's financial statements audited by an independent accountant? es," totek a box below to indicate whether the financial statements for the year were audited on a separate basis, solidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, ew, or compilation of its financial statements and selection of an independent accountant? e organization changed either its oversight process or selection process during the tax year, explain in Schedule O. result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit and OMB Circular A-133? es," did the organizat		3a		Х
b					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зb		
			Form		0017

Form **990** (2017)

732012 11-28-17

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ	'n
	330	UI.	330-LZ	•

# 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

Name of	the organization							identification number			
David		ECT M.A.N.						4-3149718			
Part I	Reason for Public						S.				
The organ	ization is not a private found	dation because it is: (	(For lines 1 through 12, o	check only	one box.)						
1 🖂	A church, convention of ch				• • •	1)(A)(i).					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
3 🛄	A hospital or a cooperative	hospital service org	anization described in <b>s</b>	ection 170	)(b)(1)(A)(i	ii).					
4	A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in <b>sectio</b>	on 170(b)(1)(A	<b>)(iii).</b> Enter	the hospital's name,			
	city, and state:										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6	A federal, state, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).					
7 X	An organization that norma	ally receives a substa	intial part of its support t	from a gov	rernmental	unit or from	the general	public described in			
	section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(	(ix) operate	ed in conju	unction with a	land-grant	college			
	or university or a non-land-g	grant college of agric	ulture (see instructions)	. Enter the	name, cit	y, and state c	of the colleg	le or			
	university:										
10	An organization that norma	ally receives: (1) more	e than 33 1/3% of its sup	oport from	contributi	ons, member	ship fees, a	and gross receipts from			
	activities related to its exen	npt functions - subje	ct to certain exceptions,	, and (2) no	o more tha	in 33 1/3% of	its suppor	t from gross investment			
	income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.			
	See section 509(a)(2). (Cor	mplete Part III.)									
11 🗌	An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).					
12	An organization organized a	and operated exclus	ively for the benefit of, t	o perform	the function	ons of, or to c	arry out the	e purposes of one or			
	more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> d	r section	509(a)(2).	See section	509(a)(3). 🤇	Check the box in			
	lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete line	s 12e, 12f, ar	d 12g.				
a 🗌	<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	/ giving			
	the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting			
	organization. You must o	complete Part IV, Se	ections A and B.								
b 🗌	<b>Type II.</b> A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	aving			
	control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported			
	organization(s). You mus	t complete Part IV,	Sections A and C.								
c 🗌	Type III functionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functiona	ally integrat	ed with,			
	its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.					
d 🗌	Type III non-functionally						orted organi	ization(s)			
	that is not functionally int										
	requirement (see instruct	tions). You must cor	nplete Part IV, Sections	s A and D	, and Part	<b>V</b> .					
e 🗌	Check this box if the orga						e II, Type III				
	functionally integrated, or										
f Ente	er the number of supported of	organizations									
g Pro	vide the following informatior	n about the supporte	ed organization(s).								
	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other			
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)			
Total											
L HA For F	Paperwork Reduction Act N	Notice, see the Instr	ructions for Form 990 c	or 990-EZ.	732021 10-	06-17 Sche	dule A (Fo	rm 990 or 990-EZ) 2017			

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# Schedule A (Form 990 or 990 EZ) 2017 PROJECT M.A.N.A

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

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	710,702.	703,121.	732,890.	732,543.	639,497.	3,518,753.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	710,702.	703,121.	732,890.	732,543.	639,497.	3,518,753.
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)						
6	Public support. Subtract line 5 from line 4.						3,518,753.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	710,702.	703,121.	732,890.	732,543.	639,497.	3,518,753.
	Gross income from interest,	-		-		-	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	98.	39.	27.	26.	33.	223.
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	52,103.	31,083.	60,595.	67,737.		211,518.
11	Total support. Add lines 7 through 10		-	-			3,730,494.
	Gross receipts from related activities,	etc. (see instructi	ons)			12	, ,
	First five years. If the Form 990 is for		,				
	organization, check this box and <b>stop</b>	-			-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (I			olumn (f))		14	94.32 %
	Public support percentage from 2016					15	94.08 %
	33 1/3% support test - 2017. If the c					nore, check this bo	
	stop here. The organization qualifies	•					
b	33 1/3% support test - 2016. If the c						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"		•	•	•	•	
h	10% -facts-and-circumstances tes						
~	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						
				a, 100, 17a, 01 17k			

Schedule A (Form 990 or 990-EZ) 2017

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# Schedule A (Form 990 or 990 EZ) 2017 PROJECT M.A.N.A

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

94-3149718 Page 3

(Complete only if you checked the box on line 10 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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness 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						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	<b>First five years.</b> If the Form 990 is fo	r the organization's	s first, second. thi	rd, fourth. or fifth	tax year as a section	on 501(c)(3) or	ganization.
		····· ··· ··· ··· ··· ··· ··· ··· ···			-		
Sec	ction C. Computation of Publ						······
	Public support percentage for 2017 (			column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inve					1 1	
	Investment income percentage for 20					17	%
	Investment income percentage from		B	, ("		18	%
	<b>33 1/3% support tests - 2017.</b> If the						
-	more than 33 1/3%, check this box a	-					
b	<b>33 1/3% support tests - 2016.</b> If the						3%, and
	line 18 is not more than 33 1/3%, che	•					
20	<b>Private foundation.</b> If the organization			•		•	
	23 10-06-17			,			n 990 or 990-EZ) 2017
0				15			

<sup>2017.05000</sup> PROJECT M.A.N.A

Yes No

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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16 2017.05000 PROJECT M.A.N.A

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2017

	Cupperting organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
0	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	3		
<u>Soc</u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions	\		
1				
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		- )	
c	L The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see ins	Iructions	ŕ – – –	N1 -
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
732025	5 10-06-17 Schedule A (Form S	90 or 99	90-EZ	2017

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13321127 794311 269951

Schedule A (Form 990 or 990-EZ) 2017 PROJECT M.A.N.A

1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	vintearate	d Type III supporting or	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			(F

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17


SCHEDUL	E D
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Department of the Treasury

Internal Revenue Service

(Form 9	<del>9</del> 90)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

# PROJECT M.A.N.A

Employer identification number 94 - 3149718

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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	exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose o	conferring
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation)	rically important land area
	Protection of natural habitat	Preservation of a certit	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
-	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		Yes No
6	violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting,		
0	Stan and volunteer hours devoted to monitoring, inspecting,	fianding of violations, and emorcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
•	S	and choicing conservat	ion casements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(	h)(4)(B)(i)
-	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organizat	-	
	conservation easements.		5
Pa	t III Organizations Maintaining Collections or	f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on 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 tre	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
I HA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2017

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Sche	dule D (Form 990) 2017 PROJECT	M.A.N.A					ç	94-31	4971	8 Pa	age <b>2</b>
Par	t III Organizations Maintaining C	<b>Collections of A</b>	rt, His	torical Tr	easures, o	or Othe	er Simila	ır Asse	<b>ts</b> (contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at are a s	ignificant u	ise of its	collectio	n item	IS
	(check all that apply):		_								
а	Public exhibition	c	ı 🛄	Loan or exc	hange progra	ams					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how t	hey further t	he organizati	ion's exe	mpt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	asures, or oth	er simila	r assets		-		_
	to be sold to raise funds rather than to be m		<u> </u>						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered	"Yes" on	Form 990	, Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
t	Ending balance										
	Did the organization include an amount on F								Yes		_ No □
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete it										<u></u>
1 41		(a) Current year		Prior year	(c) Two year		(d) Three ye	are back	(e) Fou	voare	hack
10	Paginning of year balance	(a) Current year		-nor year		IS DACK	<b>(u)</b> Thee ye	ais Dauk	(e) i ou	years	Dack
1a b	Beginning of year balance										
0	Contributions Net investment earnings, gains, and losses										
с А	Grants or scholarships										
	Other expenditures for facilities										
C	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end balance	re (line 1	1 a. column (	a)) held as:						
_ 	Board designated or quasi-endowment		%	, oolanni (							
b	Permanent endowment	%									
c	Temporarily restricted endowment	%									
-	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation th	at are held a	and administe	ered for t	he organiza	ation			
	by:	0					Ū			Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?	)				3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	0, Part l'	V, line 11a. S	See Form 990	), Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr			t or other (other)		ccumulate preciation	d	( <b>d)</b> Boo	k value	Ð
1a	Land	· · · · ·		1							
	Buildings										
	Leasehold improvements										
	Equipment			5	64,720.		37,64	6.	1	7,0	74.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colui	mn (B), line 1	10c.)				1	7,0	74.

Schedule D (Form 990) 2017

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Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market valu
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
		line 11 - 0 France 000	Deat M. Kerne 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		valuation: Cost or en	d-of-vear market valu
			valuation. Cost of en	u-or-year market valu
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d. See Form 990	), Part X, line 15.	
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(7)				
(8)				
(9)				
otal. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		<b>&gt;</b>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV,		rm 990, Part X, line 25	5.
(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)			-	
(4)				
(5)				
(5) (6)			-	
(5) (6) (7)			-	
(5) (6) (7) (8)				
(5) (6) (7)				

Schedule D (Form 990) 2017

Sche	dule D	(Form 990) 2017 PROJECT M.A.N.A			94-	3149718	Page <b>4</b>
Par	t XI	<b>Reconciliation of Revenue per Audited Financial Statements</b>	s Wi	ith Revenue per R	eturı	າ.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total r	evenue, gains, and other support per audited financial statements			1		
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net ur	realized gains (losses) on investments	2a				

а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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 XIII.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses pe	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pa	t XIII Supplemental Information.		

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

#### PART X, LINE 2:

THE	ORGAN	IZATION	IS A	NONPE	ROFIT	ORGA	NIZAT	ION,	EXEMPT	FROM 1	FEDERAL	INCOME
TAX	UNDEF	R INTERNA	L RE	VENUE	CODE	SECI	TION 5	01(C)	(3). TH	E ORG	ANIZATIC	N HAS
ALSC	) BEEN	I GRANTED	AN	EXEMP	TION 1	FROM	CALIF	ORNIA	INCOME	TAXE	S. MANA	GEMENT
ANNU	JALLY	REVIEWS	ITS	TAX PO	OSITI	ONS,	WHICH	ARE	SUMMARI	ZED A	S FOLLOW	IS :

#### "IT HAS NOT ENGAGED IN ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX EXEMPT

### STATUS

# "IT HAS NOT ENGAGED IN ANY ACTIVITIES THAT WOULD RESULT IN UNRELATED

## BUSINESS INCOME TAX

# "IT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS

## THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS

732054 10-09-17

ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE. IN ADDITION, THE

# ORGANIZATION DOES NOT EXPECT ANY MATERIAL CHANGE IN UNCERTAIN TAX

POSITIONS WITHIN THE NEXT TWELVE MONTHS.

Schedule D (Form 990) 2017

732055 10-09-17

SCHEDULE G	Suppleme	ntal Information Regarding	. Fun	drais	ing or Gaming	Activ	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	e organization answered "Yes" on	Form	990, F	Part IV, line 17, 18, o			2017
Department of the Treasury Internal Revenue Service	a	organization entered more than \$1 Attach to Form 990 Go to www.irs.gov/Form990	) or Fo	rm 99	0-EZ.			Open to Public Inspection
Name of the organization		M.A.N.A					Employer i 94-314	dentification number 9718
	complete this par	Complete if the organization answe	ered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-	EZ filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	ions email solicitations tations vlicitations on have a written o red in Form 990, P ) highest paid indiv	f Solicita g Special or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra l (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	<b>Y</b>	es 🗌 No o be
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	trol of	(iv) Gross receipts from activity	tò (c	Amount paic or retained by fundraiser ted in col. <b>(i)</b>	
			Yes	No				
3 List all states in white or licensing.	ich the organizatio	n is registered or licensed to solicit	contrik	outions	s or has been notified	d it is	exempt from	n registration
HA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 or	990-1	EZ. 9	Scher	dule G (Form	n 990 or 990-EZ) 2017

732081 09-13-17

 

 Schedule G (Form 990 or 990-EZ) 2017
 PROJECT M.A.N.A
 94-3149718
 Page 2

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

 ome on Form 990-F7 lines 1 and 6h. List events with .... . اند اند ا n+--nd c **.**+. o inc

- 1			oss income on Form 990 (a) Event #1	(b) Event #2	(c) Other events	
- 1			(-,	PHO FOODIE	(-)	(d) Total events
			STELLA	EVENT	4	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
	1	Gross receipts	54,121.	14,576.	7,677.	76,374
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	54,121.	14,576.	7,677.	76,374
	4	Cash prizes				
3	5	Noncash prizes				
	6	Rent/facility costs		750.		750
חוובתו דעתבווזבי	7	Food and beverages	6,729.	2,425.	854.	10,008
ונ		Entertainment		912.	331.	2 495
	9	Other direct expenses		I		3,485 14,243
- 1		Direct expense summary. Add lines 4 throug			🟲	62,131
_	irt I	Net income summary. Subtract line 10 from I III Gaming. Complete if the organization		000 Part IV line 10 or r		02/101
-		\$15,000 on Form 990-EZ, line 6a.		1 550, 1 art 10, into 15, of 1	cported more than	
		\$13,000 OIT FOITT 990-EZ, IIITE 6a.		(b) Pull tabs/instant		
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
-	1	Gross revenue				
3	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses	No.	No.	N <sub>1</sub>	
			│	└── Yes %   └── No	└── Yes % └── No	
	6	Volunteer labor				
	6 7					
			h 5 in column (d)		►	
•	7 8	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	7 8 En	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _	·	<b>&gt;</b>	YesN
а	7 8 Ent	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization cond	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ctivities in each of these	·	<b>&gt;</b>	YesN
a b	7 En: Is t	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming a	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ctivities in each of these	states?	▶ ►	
a b Da	7 En: 1 Is t 1 If "	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain:	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or t	states?	▶ ►	
a b	7 En: 1 Is t 1 If "	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming a [No," explain: ere any of the organization's gaming licenses re [No = ] explain:	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or t	states?	▶ ►	

Sch	edule G (Form 990 or 990-EZ) 2017 PROJECT M.A.N.A 9	4-32	149718	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	
13	Indicate the percentage of gaming activity conducted in:			
		1	13a	%
	The organization's facility			
	An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		└── Yes	└── No
b	If "Yes," enter the amount of gaming revenue received by the organization $\blacktriangleright$ \$ and the amoun	ıt		
	of gaming revenue retained by the third party $\blacktriangleright$ \$			
с	If "Yes," enter name and address of the third party:			
	Name 🕨			
	Address			
16	Gaming manager information:			
10				
	Nama			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in			
	organization's own exempt activities during the tax year <b>&gt;</b> \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I	rt III, lin	es 9, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,		, ,
7320	83 09-13-17 Schedule G	(Form	990 or 990	D-EZ) 2017
	32			,

732084 04-01-17		Schedule G (Form 990 or 990-EZ)

13321127 794311 269951

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

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

OMB No. 1545-0047

**Open To Public** 

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.
 Go to www.irs.gov/Form990 for the latest information.

Inspection Employer identification number 94-3149718

20

## PROJECT M.A.N.A

Pa	rt I Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	•	s
1	Art - Works of art			, , , ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х		304,001.	AVERAGE PRI	CE	PER	PO
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 ( )							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	83, Part IV, I	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive by					l		
	must hold for at least three years from the date		,					
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p					31	$\mid$	X
32a	Does the organization hire or use third parties of	or related or	rganizations to soli	icit, process, or sell noncash				37
	contributions?					32a		X
b	If "Yes," describe in Part II.							

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2017

732141 09-07-17

13321127 794311 269951

269951\_1

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

732142 09-07-17		Schedule M (Form 990) 2017
	35	

2017.05000 PROJECT M.A.N.A

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization 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

Go to www.irs.gov/Form990 for the latest information.

PROJECT M.A.N.A

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LAKE TAHOE AND THE TOWN OF TRUCKEE, CA BY DISTRIBUTING FOOD OBTAINED

THROUGH FOOD COLLECTION FROM LOCAL BUSINESSESS.

FORM 990, PART VI, SECTION B, LINE 11B:

AN ELECTRONIC COPY OF FORM 990 IS PROVIDED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD REVIEWS THE EMPLOYEE HANDBOOK AND CONFLICT OF INTEREST POLICY ANNUALLY. THE BOARD IS REMINDED OF THE IMPORTANCE OF DISCLOSING ANY AND ALL POSSIBLE CONFLICTS OF INTEREST. FOLLOWING THE BOARD'S REVIEW, THE STAFF ALSO REVIEW THE EMPLOYEE HANDBOOK CONTAINING THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

AN EVALUATION TEAM FROM THE BOARD, TYPICALLY THREE MEMBERS, EVALUATES THE ACCOMPLISHMENTS OF THE EXECUTIVE DIRECTOR FOR THE YEAR. THE ONLY COMPARATIVE DATA IS THAT PROVIDED IN THE ANNUAL REPORT AND THE YEARLY GOALS OF THE ORGANIZATION, PLUS THE FINANCIAL RECORDS OF FUNDRAISING ACTIVITIES AND RESULTS. THE RECORD OF DELIBERATION AND DECISION IS CONTAINED WITHIN THE BOARD MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST THESE ITEMS WOULD BE PROVIDED TO THE PUBLIC.

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

13321127 794311 269951

36 2017.05000 PROJECT M.A.N.A OMB No 1545-0047

Open to Public

Inspection

Employer identification number

94-3149718

PROJECT M FORM 990, X1, LINE 2C:	• A • N • A	94-3149718
FORM 990, X1, LINE 2C:		
THERE HAVE BEEN NO CHAN	GES SINCE THE PRIOR YEAR.	
732212 09-07-17	37	Schedule O (Form 990 or 990-EZ) (2

### Project MANA Compliance with Policy Instruction #507, Section 2, Criteria for Selection of Appropriate Community Benefit

Project MANA complies with each component of Policy Instruction #507, Section 2, Criteria for Selection of Appropriate Community Benefit Uses. Please see details below on how and why Project MANA complies with Criteria A through D.

Per Criteria A, Project MANA operation and service offering will not exceed a maximum of 25 persons aside from occasional special events. Project MANA currently operates with 4 full time and 3 part time staff, and has a maximum of 5 volunteers working within the warehouse space on any given weekday. On occasion, approximately 2-3 times per year, we will accommodate larger school, business and service club groups of a maximum of 20 individuals per event.

Per Criteria B, the operation and service offering of Project MANA does not primarily serve those listed as prohibited use within the Truckee Tahoe Airport Land Use Compatibility Plan including but not limited to children's schools or training centers, libraries, nursing care facilities, or medical centers. Project MANA's operation and service offering is limited to administrative office work, supply storage, and food sorting, packing and storage.

Per Criteria C, Project MANA will work with a Licensed General Contractor and/or Architect to ensure the use of the space is not prohibited by local building code, regulations, fire code, or the Truckee Tahoe Airport Land Use Compatibility Plan.

Per Criteria D, the use of the space by Project MANA does not require significant modification, structural improvement, or capital investment on the part of the District. Project MANA intends to use the space for administrative office workspaces with a private conference room, volunteer food sorting and packing workspaces, and food and supply storage. Modifications for these intended uses include an office build-out with carpeted floors and HVAC system, a modest kitchenette with sink, counter and cabinets, one mop sink, one utility sink, one condensate drain for a walk-in refrigerator, and epoxied floors with coved baseboards.

	_ (	990	ł						I	OMB No. 1545-0	047
	Form 4	550		Organization I 527, or 4947(a)(1) of the In	•					2016	•
Depa Inter	artment of th nat Revenue	ne Treasury e Service	Do not e	nter social security number n about Form 990 and its in	s on this form as i	it may be mad	e public.	,		Open to Pul Inspection	
	For the 2		year, or tax year beginn	ing 7/01	, 2016,	and ending	1 6/			, 2017	
B	Check if ap	·								tification number	
	H	1.02	ierra Senior Se	rvices					0484		
			) Box 4152 ruckee, CA 9616	n				E Telepho			
	Initial I		Luckee, an Joro	°				530	-550	-7600	
		turn/terminated					]	•		ė	000
	H	ded return alion pending F	Name and address of principa	loffiter a	1 66	·	H(a) is this a	G Gross r group return			<u>,293.</u> X No
		Sa	ame As C Above	Saran Dea	raorrr			subordinates atlach a list.			
1	Tax-exer		501(c)(3) 501(c) (	) * (insert no.)	4947(a)(1) or	527	II №O,	auach a nst.	(see m	structions) —	
1	Websit	te: 🛌 www.	sierraseniors.	org			H(c) Group	exemption n	umber I	►	
к			Corporation Trust	Association Other	L \	Year of formation	on: 2002	2 M s	State of	legal domicile: CA	Ą
Pa	irt I	Summary						·			
		efly describe	the organization's missi	on or most significant a	activities: Se	e Sched	ule O	<b></b>			
CG											·
Activities & Governance											
ver	2 Čh	eck this box	f the organization	n discontinued its oper	ations or dispo	sed of more	e than 25'	% of its n	et ass		
õ	3 Nu	mber of voting	g members of the gover	ning body (Part VI, line	e 1a)				3		6
ŝ	4 Nu	mber of indep	endent voting members	of the governing body	(Part VI, line	1b)	••••		4		6
vitie	5 101 6 Tot	tal number of	individuals employed in volunteers (estimate if i	calendar year 2016 (P	art V, line 2a).		••••		5		8
<b>Acti</b>			pusiness revenue from F						6 7a		<u>130</u> 0.
~	b Ne	t unrelated bu	siness taxable income f	rom Form 990-T, line 3	34	· · • · • · · · · · · · · · · · · · · ·			7b		0.
			····					rior Year		Current Y	
6			d grants (Part VIII, line					389,5	88.	390	,933.
Revenue			revenue (Part VIII, line								
leve			me (Part VIII, column (A							· · · · ·	
ш			Part VIII, column (A), lin add lines 8 through 11					53,0			,354.
			ar amounts paid (Part I)					442,5	91.	438	,287.
			or for members (Part IX								
			ompensation, employee					224,7	62	243	,046.
ses			draising fees (Part IX, c							230	,040.
penses			expenses (Part IX, colu								
EX		-	(Part IX, column (A), lin		<u>~</u>	1,070.	<u>la terdister</u>		01	<u>022254225225</u> 020	<u></u>
			Add lines 13-17 (must e					236,1 460,9			<u>,362.</u> ,408.
			penses. Subtract line 18					-18,3			,400. ,121.
<b>ង</b> ខ្ល			· · · · · · · · · · · · · · · · · · ·				-	g of Curren		End of Ye	
Net Assets or Fund Balancee			rt X, line 16)					180,1		· · · · · · · · · · ·	,418.
₹₽ ₽₽	<b>21</b> Tot	tal habilities (F	Part X, line 26)		• • • • • • • • • • • • • • • • • •	· • • • • • • • • • • • • • • • • • • •		23,1			,592.
			nd balances. Subtract lir	e 21 from line 20			1	156,9	47.	121	,826.
Pa	n    _ :	Signature I	Block	· · · · · · · · · · · · · · · · · · ·							
Unde comp	r penalties o dele, Decfar	f per;ury, I declare ' ration of preparer	that I have examined this return, (other than officer) is based on	ncluding accompanying schedu all information of which prepa	lesand statements, a arer has any knowle	und to line best o edge.	if my knowled	ige and behel	, it is tru	ie. correct, and	
							··· ·· [				
Sig	m	Signature of	fofficer	- · · · · · · · · · · · · · · · · · · ·			Dal	le		· · · · · · · · · · · · · · · · · · ·	
He	re	Sarah	Deardorff				Execu	tive I	Dire	ctor	
			I name and title								
		Print/Type prepa	arer's name	Preparer's signature		Dale		Check	ſ	PTIN	
Pai			Hutchens, CPA	Lisette L. Hutche				self-employe	ed	P01513142	·· ·· · · · · · · · · · · · · · · · ·
	eparer e Only	Firm's name	Jensen Smith Cer		ountants, I	nc.					
05	e Only	Firm's address	► 661 5th St, Ste					Firm's EIN			
Mar	the IPP	discuss this -	Lincoln, CA 9564		truptiona)	··· · · · · · · · · ·		Phone no.	(916	) 434-1662	<u> </u>
widy	ale ino	uiacuas triis (	eturn with the preparer	snown abover (see Ins	su actionis)					X Yes	No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 11/16/16

orm 990 (2010 Part III S	6) Sierra Senior S tatement of Program S		ments	-00	0484075	Pa
	heck if Schedule O contains a			•••••	••••	
	escribe the organization's mis		·			
See Sc	hedule_0					
	<b>_</b>		<b>-</b>			
		• • • • • • • • • • • • • • • • • • •		<b></b>		
<u>.</u>						
	rganization undertake any sig					
	) or 990-EZ?			•••••••••••••••••	📋 Yes	Х
	describe these new services of				<b>L</b>	<b>F</b>
	rganization cease conducting lescribe these changes on So		anges in now it conduc	ts, any program services?	···· Yes	X
4 Describe Section 5	the organization's program s 501(c)(3) and 501(c)(4) organ nue, if any, for each program	ervice accomplishments izations are required to	for each of its three la report the amount of gr	argest program services, as r ants and allocations to other	measured by ea is, the total exp	kpense: enses,
4 a (Code:	) (Expenses \$	318 352 inclu	iding grants of \$	) (Revenue	ŝ	
_	ssful program cont					o in
need.						=_ <u>+</u> [].
<u>Contin</u> is eve	nued providing mea er turned away due	ls at no charge to inability t	to seniors. I o contribute f	Conations are acce	pted but	noboo
<u>North</u>	a Senior Services Lake Tahoe Commun iduals needing nut	ities. This fi	scal year 35,3	heels_program_to 88 meals_were_ser	the Truck	ee_ar
			·			
	A	·	·		· · · ·	
4 b (Code:	) (Expenses \$)	inclu	iding grants of \$	) (Revenue	\$	
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		·	• •• - • • • • • • • • • • • •	<b></b>	<b>_</b> _	
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4 c (Code:	) (Expenses 💲	inclu	ding grants of \$	) (Revenue	\$	
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	gram services (Describe in S				·	
(Expenses		including grants of	\$	) (Revenue \$		)
·····	gram service expenses 🕨 🕨	318,352	•		·· ·· ·· ·· ··	
A		TEE	A0102L 11/16/16		Form	<b>990</b> (2

Form 990 (2016)Sierra Senior ServicesPart IVChecklist of Required Schedules

	Onechistor nequired occubics		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 (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account hability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9	-	x
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		x
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	x	
ł	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 в		х
C	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	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.	11 d	х	
e	Did the organization report an amount for other Itabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X,	11 e	Х	
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,	1 <b>1</b> f		х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	x	
ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ł	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 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 other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, fines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	х	
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		х
BAA	TEEA0103L 11/16/16		000	(2016)

. . . . . . ...

Page 3 68-0484075

Form 990 (2016) Sierra Senior Services
Part IV Checklist of Required Schedules (continued)

<u>.                                    </u>			Yes	No
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a	res	X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes.' complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		x
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		x
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a			 X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u> </u>
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		<u>.</u>
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	· .	
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		x
l	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25Ъ	-	x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		x
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
E	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b	i	х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		x
2 <del>9</del>	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32	· · · ·	x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part L.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<u>x</u>
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2,	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	· · · ·	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	x	
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orm 990 (2016) Sierra Senior Services	68-0484075	Pa
Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response or note to any line in this Part V		
As Ester the sumber constant of Day 2 of Fours 1995. Ester 2, for four the first	1	'es
	a 3	
	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors ar (gambling) winnings to prize winners?		X
	a 8	
<b>b</b> if at least one is reported on line 2a, did the organization file all required federal employment $tax$		X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruct		
a Did the organization have unrelated business gross income of \$1,000 or more during the year?		
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0,		
<b>4 a</b> At any time during the calendar year, did the organization have an interest in, or a signature or c financial account in a foreign country (such as a bank account, securities account, or other financial levels account in a foreign country (such as a bank account, securities account, or other financial levels account in a foreign country (such as a bank account, securities account, or other financial levels account in a foreign country (such as a bank account, securities account, or other financial levels account in a foreign country (such as a bank account, securities account, or other financial levels account in a foreign country (such as a bank account, securities account, or other financial levels account in a foreign country (such as a bank account, securities account, or other financial levels account in a foreign country (such as a bank account, securities account, or other financial levels account in a foreign country (such as a bank account, securities account, or other financial levels account in a foreign country (such as a bank account, securities account, or other financial levels account in a foreign country (such as a bank account, securities account, or other financial levels account in a foreign country (such as a bank account, securities account, or other financial levels account in a foreign country (such as a bank account, securities account, or other financial levels account in a foreign country (such as a bank account, securities accou	other authority over, a cial account)?	
b If Yes,' enter the name of the foreign country: ►		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance		
a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year		
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra		
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
a Does the organization have annual gross receipts that are normally greater than \$100,000, and d solicit any contributions that were not tax deductible as charitable contributions?		
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contril not tax deductible?	butions or gifts were 6 b	
Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly services provided to the payor?		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? $\ldots$		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which Form 8282?	····· 7c	
d If 'Yes,' indicate the number of Forms 8282 filed during the year		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of		
g If the organization received a contribution of qualified intellectual property, did the organization fil as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	anization file a	
Form 1098-C?	ed by the sponsoring	6%/S
organization have excess business holdings at any time during the year?		
Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10	a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10	b	
Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11	<u>a</u>	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).	21 I	
a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041? 12a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12	b	
Section 501(c)(29) qualified nonprofit health insurance issuers.		
a is the organization licensed to issue qualified health plans in more than one state?		
Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	b	
c Enter the amount of reserves on hand		
a Did the organization receive any payments for indoor tanning services during the tax year?		
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Sched	dule 0 14b	T
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### Form 990 (2016) Sierra Senior Services

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Part VI	Covernance	Banagament .	and Displacence Fo	r anah Waal	rooppoor to lines	2 through 7b below, and i	· · · ·
I GIL TI	Juovemance	, management, a	anu Disciosure ro	reach res	response to lines	z through /b below, and i	ior –
	o 'Na' roca	anco to lino Ra	Oh or TOh halow	deperihe th	o oiroumatanaaa	nearannan an aleannan lu	
	a no respi	Jise to mie oa,	ob, of tob below,	. describe tr	e circumstances.	processes, or changes in	1
	Schodulo	<ol> <li>See instruction</li> </ol>	une i			,	
	Schedule C	. See instructio	115.				

1 a Enter the number of voting members of the governing body at the end of the tax year 1a	c Distant	Yes	No
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>b</b> Enter the number of voting members included in line 1a, above, who are independent <b>1</b> b	6		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any oth	er		
officer, director, trustee, or key employee?			Х
3 Did the organization delegate control over management duties customarily performed by or under the direct supervior of officers, directors, or trustees, or key employees to a management company or other person?	ISION 3		Х
4 Did the organization make any significant changes to its governing documents			
since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			Х
<ul> <li>6 Did the organization have members or stockholders?</li></ul>	6		Х
members of the governing body?	1ore <b>7</b> a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7ь		Х
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by		
the following:			
a The governing body?	····· 8a	X	
<ul> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>9 Is there any officer, director, trustee, or key employee listed in Part VIJ, Section A, who cannot be reached at the</li> </ul>	85		X
organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х
Section B. Policies (This Section B requests information about policies not required by the Interna	l Revenue	Code	.)
20 - Did the exercise transfer to the standard standard standard standard standard standard standard standard st		Yes	No
10 a Did the organization have local chapters, branches, or affiliates?	10a		Х
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their			
operations are consistent with the organization's exempt purposes?	10 b	ł	
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	x	
<ul> <li>11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?</li> <li>b Describe in Schedule O the process, if any, used by the organization to review this Form 990.</li> </ul>	11a e 0		
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19	Describe in Schedule O whether (and if s the public during the tax year.	o, how) the organiz See S	ation made its governin Schedule O	documents, conflict	of interest policy, and financial stateme	its available to
20	State the name, address, and te	lephone numb	er of the person wh	o possesses the	organization's books and record	ds: >

~~~			priorio na	inder of and p	ACLOCH MILLO	hossesses rue	e organizado	ITS DOOKS AND RECORDS:
	Sarah Hall	Deardorff	10040	Estates	Drive	Truckee	CA 96161	530-550-7600

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Form 990 (2016) Sierra Senior Services	;								68-04840	
Part VII Compensation of Officers, Directors	s, Truste	es,	Ke	ey E	mp	loye	es,	Highest Comp	ensated Employ	rees, and
Independent Contractors Check if Schedule O contains a response o	r noto to :	anu l		un th	vic E		41			П
Section A. Officers, Directors, Trustees, K										·····
<b>1a</b> Complete this table for all persons required to be lis				<u> </u>			_			
organization's tax year.	·		•					-	2	
<ul> <li>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.</li> </ul>										
<ul> <li>List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'</li> </ul>										
<ul> <li>List the organization's five current highest competition who received reportable compensation (Box 5 of Form V organization and any related organizations.</li> </ul>	insated er N-2 and/c	nploy or Bo	yee x 7	s (ot of F	her orm	than 1099	an }-MI	officer, director, to ISC) of more than	ustee, or key emplo \$100,000 from the	yee)
· List all of the organization's former officers, key e						mpe	nsa	ted employees wh	to received more that	an \$100,000
of reportable compensation from the organization and a • List all of the organization's former directors or tr	-					<b>10</b> C 3		utu ag a formar du	actor or truston of t	ha
organization, more than \$10,000 of reportable compens										ne.
List persons in the following order: individual trustees o employees; and former such persons.	r directors	ះ; កេន្	stite	itiona	al tru	ustee	5; 0	fficers; key emplo	yees; highest comp	ensated
Check this box if neither the organization nor any re	lated org	aniza	atio	n co	mpe	nsate	ed a	iny current officer.	director, or trustee	
		-		(C)	ŀ					
(A) Name and Title	(B) Average hours	than Is	i one i bot di	e box,	unie: Afficei Arust		ion I	(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	or d	ไวรูก	Officer	5	Highest compensated	For	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	hours for related	irect.	1 de la	<b>1Q</b>	n n	loye	her			and related organizations
	organiza- tions	ຊ = [ ຊີ	131		Key employee	e Count				-
	dotled	Sice	Institutional trustee		Ĉ	ense				
······································	line)		õ			licd				
(1) Jim Dykstra	1							-		
Treasurer	0	X		X	ļ	1		0.	0.	<u> </u>
(2) Allan Marshall	1									
Board Member	0	X		+		i		0.	0.	0.
(3) Sue Klabunde	<u>-</u>	x		x	1			0.	o.	0
Secretary (4) Tammy Krasne	1	<u> </u>		<u> </u>						0.
Board Member	0	x			1			0.	ο.	0.
(5) Susan Duffy Smith	1				-				· · · · · · · · · · · · · · · · · · ·	
Board Member	0	X			1			Ο.	ο.	0.
(6) John Manocchio	1	]								
President	0	X		X				0.	0.	0.
(7) Mary Anderson	1									
Board Member	0	X			<u> </u>			0.	0.	0.
(8) Sarah Deardorff	_40_									
Executive Dir.	0	- · ·	<u> </u>	X		<b> </b>		63,681.	0.	0.
		1		ł						
(10)		-	-				· · ·			
				1						
(11)	<b></b>									
(12)										·····
(13)								······························		<u> </u>
(14)								[		

## Form 990 (2016) Sierra Senior Services Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Co

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rate and occuon A. Officers, Directors, Th		They have been seen as the second sec					dI	iu mynest co	npensated Em	pioyees (continued
	(B)	1		•	C)					
(A)	Average	(do	not c	Po: heck	sition more	e than	one	(D)	(E)	(F)
Name and little	hours per	DOX.	. unle	55 D6	erson durect	is bot or/trus	h an iteel	Reportable	Reportable	Estimated
	in anti-			· ···	5	Highest compensated employee	Π	the organization	compensation from related organizations (W-2/1099-MISC)	amount of other compensation
	hours	Individual trustee or director	nstitutional trustee	Officer	Key employee	문 문	3	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	for related	E G	盲	q	l and	oy is	ব্			organization and related organizations
	organiza tions	9 5	흔		ğ	ľ ĝ				
	below dolled	aste	<u>S</u>		ö	۲ ۲		]		
	line)	6	8		[					
		<u> </u>					<b></b>			
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(22)		<b> -</b>					[		· · · ·	
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(0.0)	<b>.</b> <u>-</u>									
(24)	<u> </u>			F						
		-								
(25)				1			ł		··· · · -	
	·									
1 b Sub-total	• • • • • • • • • •				• • • •	, <sup>1</sup>	•	63,681.	0.	0.
c Total from continuation sheets to Part VII, Section							•	0.	0.	0.
d Total (add lines 1b and 1c)						'		63,681.	<u>A</u>	O
2 Total number of individuals (including but not limit	led to thos	se lis	ted a	apor	ve) v	vho r	rece	ived more than \$1	00.000 of reportab	le compensation
from the organization 🕨 🛛 👔								•		is compensation
		·· ·							• • • • • • • • • • • • • • • • • •	Yes No
3 Did the organization list any former officer, direct	or or true!				lovo	• •	. <b>b</b> .a		a	
on line 1a? If 'Yes,' complete Schedule J for such	individua	lee, r [		unp	ouye	e, or	nıç 	gnest compensate	a employee	. <u>3</u> X
the organization and related organizations oreater	than \$15	0 00C	17 If	'Ye	e ' c	'omno	ther lete	Compensation fro	สก	
such Individual										. 4 X
5 Did any person listed on line 1a receive or accrue	compensi	ation	from	n ar	1V LI	nrela	ied	organization or in	dividual	
for services rendered to the organization? If res,	' complete	Sch	edul	le J	for .	such	per	son		5 X
Section B. Independent Contractors										
<ol> <li>Complete this table for your five highest compense companyation from the amonipulation.</li> </ol>	ated indep	ende	ent c	onti	racte	ors th	nati	received more tha	n \$100,000 of	•••••••••••••••••••••••••••••
compensation from the organization. Report comp		or th	e ca	lenc	dar <u>y</u>	/ear	end		the organization's t	ax year.
(A) Name and business addr	255							(B)	f comisso	(C)
		<u>-</u>						Description of	Jervices	Compensation
										· · · · · · · · · · · · · · · · · · ·
····										
							1	· · · · · · · · ·		
2 Total number of independent contractors (includin	g but not l	imite	d to	tho	se li	sted	abo	ove) who received	more than	
\$100,000 of compensation from the organization	<b>•</b> 0									
BAA		FFAO1	A01 -	11/10		•••••				

Form 990 (2016)

### Form 990 (2016) Sierra Senior Services

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII..... (A) (B) (C) (D) Total revenue Related or Unrelated Revenue exempt business excluded from tax function revenue under sections revenue 512-514 1 a Federated campaigns ..... Contributions, Gifts, Grants and Other Similar Amounts 1 a b Membership dues..... 1b c Fundraising events..... 1c d Related organizations ..... 1 d e Government grants (contributions). . . . 1 e 230,336 f All other contributions, gifts, grants, and similar amounts not included above. . . . 1 f <u>160,597</u> g Noncash contributions included in lines 1a-1f: S h Total. Add lines 1a-1f. 390,933 . . . . . . . . . . . . . Program Service Revenue Business Code 2 a b c e f All other program service revenue .... g Total. Add lines 2a-2f. Investment income (including dividends, interest and 3 other similar amounts). Income from investment of tax-exempt bond proceeds ... \* 4 5 Royalties..... (i) Real (ii) Personal 6 a Gross rents...... b Less: rental expenses c Rental income or (loss) . . . d Net rental income or (loss)..... (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . . . . . c Gain or (loss)..... d Net gain or (loss) ..... 8a Gross income from fundraising events Other Revenue (not including.. \$ of contributions reported on line 1c). See Part IV, line 18..... a 68,244 b Less: direct expenses ..... b 22,006 c Net income or (toss) from fundraising events. ..... 46,238 9 a Gross income from gaming activities. See Part IV, line 19..... a b Less: direct expenses ..... b c Net income or (loss) from gaming activities ...... 10 a Gross sales of inventory, less returns and allowances ..... a b Less: cost of goods sold. . . . . . b c Net income or (loss) from sales of inventory..... Miscellaneous Revenue Business Code N1a Miscellaneous Income 1,116 1,116 b C d All other revenue..... e Total. Add lines 11a-11d. 1,116. 2 Total revenue. See instructions..... Þ 438,287 0 0. 1 .116.

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 Form 990 (2016)
 Sierra Senior Services
 68-04840

 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).

	Check if Schedule O contains a re		(B)	(C)	
Do . 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals, See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members,				
5	Compensation of current officers, directors, trustees, and key employees	63,681.	1,019.	49,034.	13,628
6	Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7	Other salaries and wages,	160,726.	101,733.	53,257.	5,736.
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	100,720.	101,735.	55,257.	5,736.
9	Other employee benefits				
10	Payroll taxes	18,639.	8,487.	8,446.	1,706.
11	Fees for services (non-employees):			0,1101	
a	Management				
ł	• Legal			·····	
(	Accounting		· · · · · ·		
	Lobbying		· · · · · · · · · · · · · · · · · · ·		
e	Professional fundraising services. See Part IV, line 17				· · · ·
f	Investment management fees			<u>adeus electro per trado manencia de pere</u>	· · · · ·
	t Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0,),	34,225.	34,225.		·
12	Advertising and promotion	7,695.	7,585.	110.	
13	Office expenses	4,931.	4,832.	99.	
14	Information technology				
15	Royalties				······
16	Occupancy				
17	Travel	4,326.	4,326.		- · · · · · · · · · · ·
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				
22	Depreciation, depletion, and amortization	21,014.		21,014.	
23	Insurance	14,110.	14,110.		
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.)				
a	Raw Food	68,605.	68,605.	<u>aan ahaa ahaa yoo taa ahaa ahaa ahaa ahaa ahaa ahaa aha</u>	<u>a sanangan di pisa</u> n katalah k
	Supplies	16,687.	16,687.	· · · · · · · · · · · · · · · · · · ·	
	Grant Expenses	14,700.	14,700.		
d	Vehicle Operations	10,285.	10,285.	i	
	All other expenses	33,784.	31,758.	2,026.	···· · ·
25		473,408.	318,352.	133,986.	21,070.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here. ► if following SOP 98-2 (ASC 958-720)				

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## Form 990 (2016) Sierra Senior Services Part X Balance Sheet

				(A)		(B)
				Beginning of year		<b>(B)</b> End of year
1	Cash non-interest-bearing			3,728.	1	19,125
2	Savings and temporary cash investments.	· · · · · · · · · · ·		96,597.	2	79,723
3	Pledges and grants receivable, net			21,416.	3	30,814
4	Accounts receivable, net		· · · · · · · · · · · · · · · · · · ·		4	
5	Loans and other receivables from current and former of trustees, key employees, and highest compensated er Part II of Schedule L	officers, d nployees.	rectors, Complete		5	
6	section 4958(f)(1)), persons described in section 4958( employers and sponsoring organizations of section 50 beneficiary organizations (see instructions). Complete	c)(3)(8), i I(c)(9) vol Part II of	and contributing untary employees' Schedule L		6	
g   7					7	
	Inventories for sale or use				8	
ť 9	Prepaid expenses and deferred charges	•••••••••	• • • • • • • • • • • • • • • • • • • •		9	
10	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	215,713.			
	b Less: accumulated depreciation	10b	185,033.	50,124.	10 c	30,680
11					11	
12					12	
13					13	· · · · · · · · · · · · · · · · · · ·
14	Intangible assets.				14	
15					15	9,076
16					16	169,418
17	Total assets. Add lines 1 through 15 (must equal line 3 Accounts payable and accrued expenses			23,163.	17	27,591
18					18	
19	Deferred revenue			····	19	20,000
20	Tax-exempt bond liabilities		· · · · · · · · · · · · · · · · · · ·	····	20	·····
8 21	Escrow or custodial account liability. Complète Part N				21	
21 22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part It of Schedule L	rs, directo disqualifi	rs, trustees, ed persons.		22	
23	•				23	
24					24	
25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp					····
26					25	1
	Organizations that follow SFAS 117 (ASC 958), check			23,165.	26	47,592
2	lines 27 through 29, and lines 33 and 34.		and complete			
	Unrestricted net assets			135,226.	27	109,679
28	Temporarily restricted net assets				28	
29				21,721.	20	12,147
3	Organizations that do not follow SFAS 117 (ASC 958),				23	
-	and complete lines 30 through 34.	oneek ne.				
27 28 29 30 30 31 32 33	Capital stock or trust principal, or current funds			nage magenta arresta de tente da esta da é I	30	a sa kata ng katalok (Katalok I
31	Paid-in or capital surplus, or land, building, or equipmi				31	<u> </u>
32					32	· · · · · · · · · · · · · · · · · · ·
33	Total net assets or fund balances			156,947.	33	101 000
34				136,947.	34	121,826
AA		••••		TOU, ±12.		169,418 Form 990 (2016

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Form 990 (2016)

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Part XI Reconciliation of Net Assets		
Check if Schedule O contains a response or note to any line in this Part XI		
1 Total revenue (must equal Part VIII, column (A), line 12)	1	438,287.
2 Total expenses (must equal Part IX, column (A), line 25)	2	473,408.
3 Revenue less expenses. Subtract line 2 from line 1	3	-35,121.
4 Net assets or fund balances at beginning of year (must equal Part.X, line 33, column (A))	4	156,947.
5 Net unrealized gains (losses) on investments	5	·····
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
	10	121,826.
Part XII Financial Statements and Reporting		_
Check if Schedule O contains a response or note to any line in this Part XII.		·····
	_	Yes No
1 Accounting method used to prepare the Form 990: Cash XAccrual Other		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain	4 2	
in Schedule O.	2	
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a 🛛	
separate basis, consolidated basis, or both:	:	
b Were the organization's financial statements audited by an independent accountant?	· • • • • • • • • • • • • •	2b X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
X Separate basis Consolidated basis Both consolidated and separate basis		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit	eser dense server
review, or compilation of its financial statements and selection of an independent accountant?	auun,	2 c X
If the organization changed either its oversight process or selection process during the tax year, explain	5	
in Schedule O.	e.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36
BAA	······································	Form 990 (2016)

### Sierra Senior Services Profit & Loss December 2018

	Dec 18
Ordinary Income/Expense	
Income	
Fundraising	5,500.00
Government Support	17,238.73
Grant Income	3,396.37
In-Kind Revenue and Support.	2,206.50
Interest Income	4.96
Public Donations	24,566.11
Total Income	52,912.67
Gross Profit	52,912.67
Expense	
Bank/Credit Card Charges	92.94
Bookkeeping Services	1,782.00
Event Expense	145.93
Grant Expense	0.00
In-Kind revenue and Support	2,206.50
Other Fixed Costs	938.08
Personnell Costs	21,839.64
Raw Food	5,969.20
Supplies	1,559.02
Vehicle Operations	430.86
Total Expense	34,964.17
Net Ordinary Income	17,948.50
Net Income	17,948.50

### Sierra Senior Services Balance Sheet As of December 31, 2018

Dec 31, 18 ASSETS **Current Assets Checking/Savings Plumas Checking** 14,142.91 In-House Banks/PancakeBreakfast 150.00 Pay Pal Checking 151015766 28.15 Petty Cash 150.00 **Plumas Money Market** 30,247.68 **Plumas TTCF Reserved Money Mkt** 13,071.59 **SSS Endowment Fund** 9,076.02 **Total Checking/Savings** 66,866.35 **Accounts Receivable Accounts Receivable** 17,135.40 17,135.40 **Total Accounts Receivable Total Current Assets** 84,001.75 **Fixed Assets** Accumulated Depreciation-Restri -110,696.84 **Accumulated Depreciation-unrest** -88,137.63 **Equipment and Vehicles** 78,032.37 **Office Equipment** 13,307.98 **Restricted Equipment** 117,199.03 **Total Fixed Assets** 9,704.91 TOTAL ASSETS 93,706.66 LIABILITIES & EQUITY Liabilities **Current Liabilities Accounts Payable Accounts Payable** 15,912.09 **Total Accounts Payable** 15,912.09 **Credit Cards** Mastercard 1802-Sharon 145.93 **Total Credit Cards** 145.93 **Other Current Liabilities Deferred Income Parasol/CarFood** 18,000.00 Accrued Vacation 9,824.57 **Total Other Current Liabilities** 27,824.57 **Total Current Liabilities** 43,882.59 **Total Liabilities** 43,882.59 Equity **Restricted Net Assets** 12,147.00 **Retained Earnings** 57,061.00 **Net Income** -19,383.93 **Total Equity** 49,824.07 **TOTAL LIABILITIES & EQUITY** 93,706.66 Sierra Senior Services provides home-delivered meals, community dining, and social connection to empower seniors to continue living independently in the Truckee/North Lake Tahoe community. We have been serving at-risk individuals 60 years of age or older since 2001. Each weekday our caring and dedicated community volunteers bring food and friendship along with a daily wellness check to isolated seniors.

Meals are prepared in our kitchen and provide 1/3 of the minimum daily requirements for older adults. All are low in sodium, cholesterol and fat and are approved by a Registered Dietician. Our delivery area is approximately 860 square miles. From Donner summit up Highway 89 to Hirschdale and from Incline Village to Tahoma on the West Shore. Two-thirds of our seniors are home bound, 83% live alone, 68% are renters, 52% are disabled, 75% are over the age of 75.

The program is run from a former storage area in the Truckee Donner Senior Apartments. There is barely room for the administrative staff of two full time and two part time people to do their work. Luckily, the three full time staff that run the kitchen don't need to be in the administration office, too. Supplies for the meals (both food and paper goods) are stacked along the hallway and additional storage space would help us to more easily identify our inventory. By moving items that are not used on a daily basis to off site storage we could run our day-to-day operations more efficiently.

Sierra Senior Services is a 501 (c) 3 organization whose funding is provided from Federal, State and County grants; fundraising and general contributions; private foundation grants and miscellaneous in kind and volunteer contributions. Our budget is very limited and the great majority of it is used for food costs, delivery vehicle upkeep and administration of the program.

Our needs for storage space fit in with policy instruction #507 since our services widely benefit the constituents of the Truckee Tahoe Airport District. We would not be housing people or having meetings in the space so no improvements would be needed and the use is not prohibited in the Truckee Tahoe Airport Land Use Compatibility Plan. No significant modification, structural improvement, or capital investment is needed on the part of the District.

Truckee Tahoe Airport district 10356 Truckee Airport Rd Truckee Ca. 96161 Tahoe Cross Country Ski Education Assoc. 925 Country Club Drive P.O. Box 7260 Tahoe City Ca. 96145 530-583-5475

Mr. Hardy Bullock,

My name is Jim Robins. I am the President of the Non -profit organization Tahoe Cross country Ski Education Assoc. I am interested in applying for a portion of the community benefit warehouse space available at the Truckee Tahoe Airport.

TCCSEA has been a community organization in the North Tahoe Truckee Area for 20 years. Our organization has had a positive impact on Hundreds ,if not thousands of young people and adults through our programs and free introductions to the outdoor lifestyles and activities.

Our Mission statement is to promote a healthy outdoor-oriented lifestyle for children and adults through education, cross country skiing and other self powered recreation.

We operate on lands owned and in partnership with the TCPUD, Calif. State Parks and The Calif. State Conservancy. TCCSEA is 501 c3 non profit Corporation in good standing. We provide programs for children of all ages. After school programs, Free skiing for schools during school hours, biatholon program, and a place based winter discovery science program for 4th and 5th graders.

TCCSEA operates an additional non tax exempt non profit organization and business, Tahoe Cross Country Ski Area. TXC operates on the same lands on the North shore of Lake Tahoe. We offer our community services to all residents and visitors to the Truckee/lake Tahoe Area. We offer free skiing to all individuals under the age of 18 and over the age of 70. We offer free ski lessons at specific times and promote self powered activities to ensure a healthy and active community. TCCSEA works in partnership with the Truckee Tahoe Community Foundation to provide a College scholarship fund for graduating high school seniors in North Lake Tahoe.

TCCSEA has embarked on capital improvement project at out current site. It is our intention fund and build a new Ski Lodge and community gathering facility on the TCPUD and Calif. Tahoe Conservancy lands. We are going to resurrect a historical building acquired from the Rubicon Bay area of Lake Tahoe. We are currently storing the 4000 sq. ft historical building in Verdi Nv. The storage facility the building is in has been sold. The new owner has indicated that we will have to vacate the building.

Our Storage needs are approx. 2000 sq. ft of open space indoors, with fork lift accessibility. We do not need daily access to the storage and anticipate a 18 to 24 month duration until we can commence construction of the building.

We at TCCSEA greatly appreciate consideration for use of the Truckee Tahoe Airport community benefit storage use. I look forward to meeting you on Jan 18th for a warehouse walk through. My Phone is 530 412 2991

Sincerely :

Jim Robins

TCCSEA/TXC compliance with Truckee Tahoe Airport policy # 507

A. TCCSEA widely benefits the Airport district constituents through providing an easy, safe accessible, trailhead facility with full public facilities. All residents and visitors to the Truckee lake Tahoe region can access and enjoy the services TCCSEA provides.B. The mission of TCCSEA is in alignment with the Truckee Tahoe airport mission to provide comprehensive services for the enjoyment of Truckee Tahoe residents and

visitors

C. Our Storage needs pose no threat or hazard to the airport district facilities ,personnel or visitors. Our storage needs are for reclaimed building materials for our Schilling Lodge capital improvement project.

D.TCCSEA is ready to move our stored items. Our current storage arrangement is being terminated due to sale of the property.

E.TCCSEA is financially capable of any tenant improvements needed. Although our needs are for static storage of building materials currently crated and labeled for reuse and may not require improvement to the space.

2. A. Our storage needs will not require any occupancy by any staff, nor will anyt special events take place on Airport property.

B. There would be no operation of the organization held on airport property C. Storage of building materials is compliant with building codes and airport compatibility plan.

## TAHOE CROSS COUNTRY SKI EDUCATION ASSOCIATION, INC. Balance Sheet Prev Year Comparison As of December 31, 2018

	Dec 31, 18	Dec 31, 17	\$ Change	% Change
ASSETS				
Current Assets				
Checking/Savings				
Plumas Bank-Reserve	10,416.00	488.00	9,928.00	2,034.4%
Plumas Bank-Checking	44,318.23 840.40	94,173.69 984.40	-49,855.46 -144.00	-52.9% -14.6%
Plumas Bank-Schilling	040.40	904.40	-144.00	-14.0%
Total Checking/Savings	55,574.63	95,646.09	-40,071.46	-41.9%
Total Current Assets	55,574.63	95,646.09	-40,071.46	-41.9%
Fixed Assets				
Building	3,372,417.16	3,344,608.58	27,808.58	0.8%
Accumulated Depreciation	-1,132.00	-34,658.00	33,526.00	96.7%
Equipment	11,122.15	44,952.84	-33,830.69	-75.3%
Equipment - Rental	7,462.31	40,903.92	-33,441.61	-81.8%
Total Fixed Assets	3,389,869.62	3,395,807.34	-5,937.72	-0.2%
Other Assets				
TCCSA, INC.	9,487.29	-4,621.76	14,109.05	305.3%
Total Other Assets	9,487.29	-4,621.76	14,109.05	305.3%
TOTAL ASSETS	3,454,931.54	3,486,831.67	-31,900.13	-0.9%
LIABILITIES & EQUITY				
Equity Opening Bal Equity	-45.00	-45.00	0.00	0.0%
Retained Earnings	3,439,353.66	3,477,359.21	-38,005.55	-1.1%
Net Income	15,622.88	9,517.46	6,105.42	64.2%
Total Equity	3,454,931.54	3,486,831.67	-31,900.13	-0.9%

7:06 PM

01/07/19

Accrual Basis

	Jul - Dec 18	Jul - Dec 17	\$ Change	% Change
Ordinary Income/Expense				
Income				
Fundraising	0.00	197.00	-197.00	-100.0%
Contributions-Restricted	3,888.38	5,250.00	-1,361.62	-25.9%
Contributions - Unrestricted	18,174.80	2,192.66	15,982.14	728.9%
		-	-	
Grants	0.00	0.00	0.00	0.0%
Program Fees	15,315.00	16,545.00	-1,230.00	-7.4%
Raffles	4,705.00	1,003.00	3,702.00	369.1%
Ski Swap	30,065.41	24,424.73	5,640.68	23.1%
Facilities Rent	2,297.63	2,375.00	-77.37	-3.3%
Total Income	74,446.22	51,987.39	22,458.83	43.2%
Cost of Goods Sold				
Ski Swap-Cost of Sales	21,172.81	20,723.13	449.68	2.2%
Total COGS	21,172.81	20,723.13	449.68	2.2%
Gross Profit	53,273.41	31,264.26	22,009.15	70.4%
Expense				
Advertising	2,792.88	106.92	2,685.96	2,512.1%
Bank Service Charges	573.28	767.52	-194.24	-25.3%
Conferences/Training	0.00	300.00	-300.00	-100.0%
Dues and Subscriptions	380.00	533.99	-153.99	-28.8%
Equipment Maintenance	0.00	403.98	-403.98	-100.0%
Event Expenses	248.04	178.37	69.67	39.1%
Fuel	0.00	114.77	-114.77	-100.0%
Insurance			100 - 1	07.00/
Workers' Comp Liability Insurance	1,091.43 0.00	1,501.14 572.00	-409.71 -572.00	-27.3% -100.0%
Total Insurance	1,091.43	2,073.14	-981.71	-47.4%
Licenses and Permits	20.00	40.00	-20.00	-50.0%
Payroll Expenses	20.00	40.00	-20.00	-30.070
Devo Payroll	0.00	2,317.61	-2,317.61	-100.0%
TCCSEA Admin Payroll	15,569.09	10,733.89	4,835.20	45.1%
Strider Gliders Payroll	955.12	1,635.63	-680.51	-41.6%
Payroll Expenses - Other	1.75	0.00	1.75	100.0%
Total Payroll Expenses	16,525.96	14,687.13	1,838.83	12.5%
Printing and Reproduction	32.18	0.00	32.18	100.0%
Professional Fees				
Accounting	1,750.00	1,750.00	0.00	0.0%
Total Professional Fees	1,750.00	1,750.00	0.00	0.0%
Program Expense	6,233.46	176.97	6,056.49	3,422.3%
Supplies	895.22	2.03	893.19	43,999.5%
Taxes	35.00	1,342.44	-1,307.44	-97.4%
Travel	0.00	397.78	-397.78	-100.0%
Total Expense	30,577.45	22,875.04	7,702.41	33.7%
Net Ordinary Income	22,695.96	8,389.22	14,306.74	170.5%
Other Income/Expense Other Income Schilling Income Schilling - Grants	15,319.48	5,000.00	10,319.48	206.4%
Schilling - Unrestricted	0.00	2,980.48	-2,980.48	-100.0%
Total Schilling Income	15,319.48	7,980.48	7,339.00	92.0%
Total Other Income	15,319.48	7,980.48	7,339.00	92.0%

	Jul - Dec 18	Jul - Dec 17	\$ Change	% Change
Other Expense				
Schilling Expenses				
Schilling - Office	112.50	0.00	112.50	100.0%
Schilling Advertising	157.50	0.00	157.50	100.0%
Schilling Construction	18,487.71	6,852.24	11,635.47	169.8%
Schilling Storage	3,634.85	0.00	3,634.85	100.0%
Total Schilling Expenses	22,392.56	6,852.24	15,540.32	226.8%
Total Other Expense	22,392.56	6,852.24	15,540.32	226.8%
Net Other Income	-7,073.08	1,128.24	-8,201.32	-726.9%
Net Income	15,622.88	9,517.46	6,105.42	64.2%

01/07/19 Accrual Basis

	% of Income
Ordinary Income/Expense	
Income Fundraising	0.0%
Contributions-Restricted	5.2%
<b>Contributions - Unrestricted</b>	24.4%
Grants	0.0%
Program Fees	20.6%
Raffles Ski Swap	6.3% 40.4%
Facilities Rent	3.1%
Total Income	100.0%
Cost of Goods Sold Ski Swap-Cost of Sales	28.4%
Total COGS	28.4%
Gross Profit	71.6%
Expense	
Advertising	3.8%
Bank Service Charges	0.8%
Conferences/Training	0.0%
Dues and Subscriptions	0.5%
Equipment Maintenance	0.0%
Event Expenses Fuel	0.3% 0.0%
Insurance	0.0%
Workers' Comp	1.5%
Liability Insurance	0.0%
Total Insurance	1.5%
Licenses and Permits	0.0%
Payroll Expenses	
Devo Payroll	0.0%
TCCSEA Admin Payroll	20.9%
Strider Gliders Payroll	1.3%
Payroll Expenses - Other	0.0%
Total Payroll Expenses	22.2%
Printing and Reproduction Professional Fees	0.0%
Accounting	2.4%
Total Professional Fees	2.4%
Program Expense	8.4%
Supplies	1.2%
Taxes	0.0%
Travel	0.0%
Total Expense	41.1%
Net Ordinary Income	30.5%
Other Income/Expense	
Other Income	
Schilling Income	
Schilling - Grants	20.6%
Schilling - Unrestricted	0.0%
Total Schilling Income	20.6%
Total Other Income	20.6%

	% of Income
Other Expense	
Schilling Expenses	
Schilling - Office	0.2%
Schilling Advertising	0.2%
Schilling Construction	24.8%
Schilling Storage	4.9%
Total Schilling Expenses	30.1%
Total Other Expense	30.1%
Net Other Income	-9.5%
Net Income	21.0%

### TAHOE CROSS COUNTRY SKI AREA, INC. Balance Sheet As of December 31, 2018

	Dec 31, 18	Dec 31, 17	% Change
ASSETS Current Assets Checking/Savings			
Plumas Bank-Reserve Plumas Bank-Checking Petty Cash	60,002.04 181,410.17 600.00	46,002.04 195,409.70 0.00	30.4% -7.2% 100.0%
Total Checking/Savings	242,012.21	241,411.74	0.3%
Other Current Assets Retail Inventory-TCWSP Retail Inventory-TXC	0.00 11,915.98	167.25 11,748.73	-100.0% 1.4%
Total Other Current Assets	11,915.98	11,915.98	0.0%
Total Current Assets	253,928.19	253,327.72	0.2%
Fixed Assets Leasehold Improvements Accumulated Depreciation Equipment Equipment - Rental Furniture	13,657.60 -201,793.00 233,240.85 30,139.55 1,841.02	13,657.60 -257,085.00 186,187.94 73,205.78 1,841.02	0.0% 21.5% 25.3% -58.8% 0.0%
Total Fixed Assets	77,086.02	17,807.34	332.9%
Other Assets Security Deposits Asset	1,718.72	1,718.72	0.0%
Total Other Assets	1,718.72	1,718.72	0.0%
TOTAL ASSETS	332,732.93	272,853.78	22.0%
LIABILITIES & EQUITY Liabilities Current Liabilities Other Current Liabilities Gift Cards Payable Loans from Officers, Direct	81.00 33,683.81	0.00 50,000.00	100.0% -32.6%
Accrued Expenses	3,057.06	0.00	100.0%
Payroll Liabilities Sales Tax Payable	-0.54 4,016.38	5,582.32 59.45	-100.0% 6,655.9%
Total Other Current Liabilities	40,837.71	55,641.77	-26.6%
Total Current Liabilities	40,837.71	55,641.77	-26.6%
Long Term Liabilities TCCSEA Loan- Equipment TCCSEA,INC.	0.00 9,487.30	40,000.00 -3,801.75	-100.0% 349.6%
Total Long Term Liabilities	9,487.30	36,198.25	-73.8%
Total Liabilities	50,325.01	91,840.02	-45.2%
Equity Opening Bal Equity Retained Earnings	38.66 169,998.90	38.66 180,957.59	0.0% -6.1%

### TAHOE CROSS COUNTRY SKI AREA, INC. Balance Sheet As of December 31, 2018

	Dec 31, 18	Dec 31, 17	% Change
Net Income	112,370.36	17.51	641,649.6%
Total Equity	282,407.92	181,013.76	56.0%
TOTAL LIABILITIES & EQUITY	332,732.93	272,853.78	22.0%

6:48 PM 01/07/19 Accrual Basis

### TAHOE CROSS COUNTRY SKI AREA, INC.

### Profit & Loss

July through December 2018
----------------------------

	Jul - Dec 18	Jul - Dec 17	\$ Change	% Change	% of Inco
Ordinary Income/Expense					
Income SEASON PASSES	83,898.32	82,826.00	1,072.32	1.3%	41.6%
DAY PASSES	47,647.00	232.00	47,415.00	20,437.5%	23.6%
RENTAL INCOME	35,064.00	142.00	34,922.00	24,593.0%	17.4%
RETAIL SALES	12,939.38	4,500.19	8,439.19	187.5%	6.4%
TIPS IN FOOD & BEVERAGE	2,224.81 1,611.27	0.00 0.00	2,224.81 1,611.27	100.0% 100.0%	1.1% 0.8%
SKI TUNING SKI SCHOOL CONTRIBUTIONS	2,015.00 15,091.92 0.00	20.00 0.00 100.00	1,995.00 15,091.92 -100.00	9,975.0% 100.0% -100.0%	1.0% 7.5% 0.0%
MISCELLANEOUS INCOME	1,192.69	-0.80	1,193.49	149,186.3%	0.6%
Total Income	201,684.39	87,819.39	113,865.00	129.7%	100.0%
Cost of Goods Sold Credit Card Charges - COGS Food & Beverage -COGS Payroll - COGS	1,779.56 340.52 32,111.02	2,277.65 0.00 29,393.69	-498.09 340.52 2,717.33	-21.9% 100.0% 9.2%	0.9% 0.2% 15.9%
Retail-New - COGS Retail-Used - COGS Ski Swap - COGS	7,226.36 186.01 6.90	5,428.68 0.00 0.00	1,797.68 186.01 6.90	33.1% 100.0% 100.0%	3.6% 0.1% 0.0%
Total COGS	41,650.37	37,100.02	4,550.35	12.3%	20.7%
Gross Profit	160,034.02	50,719.37	109,314.65	215.5%	79.3%
Expense Advertising & Marketing Automobile Expense	5,807.25 92.59	10,964.96 990.40	-5,157.71 -897.81	-47.0% -90.7%	2.9% 0.0%
Bank Charges Dues and Subscriptions Employee Training & Uniforms Insurance	3.50 340.00 120.12 3,984.11	12.00 421.00 60.00 2,278.97	-8.50 -81.00 60.12 1,705.14	-70.8% -19.2% 100.2% 74.8%	0.0% 0.2% 0.1% 2.0%
Lodge Occupancy & Maintenan	7,954.93	12,007.36	-4,052.43	-33.8%	3.9%
Meetings & Conferences Office Expense	411.50 3,417.38	2,558.60 3,385.79	-2,147.10 31.59	-83.9% 0.9%	0.2% 1.7%
Payroll Expenses	1,671.75	0.00	1,671.75	100.0%	0.8%
Professional Fees	6,628.88	8,408.75	-1,779.87	-21.2%	3.3%
Supplies & Small Tools Taxes & Licenses Trail Expenses	1,073.37 -6,466.94 6,419.54	429.83 14,514.21 11,624.37	643.54 -20,981.15 -5,204.83	149.7% -144.6% -44.8%	0.5% -3.2% 3.2%
Total Expense	31,457.98	67,656.24	-36,198.26	-53.5%	15.6%

6:48 PM 01/07/19 Accrual Basis	TAHOE CROSS COUN Profit & July through D	& Loss	A, INC.		
	Jul - Dec 18	Jul - Dec 17	\$ Change	% Change	% of Inco
Net Ordinary Income	128,576.04	-16,936.87	145,512.91	859.2%	63.8%
Other Income/Expense Other Income INTEREST EARNED	0.00	4.47	-4.47	-100.0%	0.0%
Total Other Income	0.00	4.47	-4.47	-100.0%	0.0%
Other Expense Trail Fees Schilling Expenses	16,205.68 0.00	-17,309.91 360.00	33,515.59 -360.00	193.6% 00.0%	8.0% 0.0%
Total Other Expense	16,205.68	-16,949.91	33,155.59	195.6%	8.0%
Net Other Income	-16,205.68	16,954.38	-33,160.06	-195.6%	-8.0%
Net Income	112,370.36	17.51	112,352.85	641,649.6%	55.7%

Form **990** 

Department of the Treasury

Open to Public

OMB No. 1545-0047 2016

Inter	nal Revenu	ie Service			mormatio				11.11 S.gov	//0////000	•		inspect	
Α	For the	2016 calen		year, or tax	year begir	ning 7/0	)1	, 2016, a	nd endin	<b>g</b> 6/			2017	
В	Check if ap	pplicable:	С								D Employ	er identif	fication numbe	:r
	Addre	ess change	Ta	hoe Cros	ss Coun	try Ski	Educatio	n			68-	04312	295	
	Name	e change		sociatio		•					E Telepho	one numb	er	
	Initial	return		O. Box							(53	0) 58	33-5475	
	Final re	eturn/terminated	Ta.	hoe City	y, CA 9	6145-726	50				(	.,		
		nded return									<b>G</b> Gross r	eceints \$	5 10	03,081.
		cation pending	F	Name and addr	ess of principa	al officer: To a	es Robina	_		H(a) Is this	a group retur			Yes X No
	, the second sec	cation perioding	C at	me As C	Aborro	Jaii	les Robina	S		H(b) Are al	l subordinates attach a list.	s included		Yes No
	Tax ava	mot status		501(c)(3)	501(c) (	) <b>&lt;</b> (ir	nsert no.)	4947(a)(1) or	527	lf 'No,	attach a list.	(see inst	ructions)	
<u>-</u>		mpt status	_		.,,,	) • (1	isert no.)	4947(a)(1) 01						
J	Webs		1 1	tahoexc.						••	exemption n			~ ~
ĸ		organization:		Corporation	Trust	Association	Other ►	L Ye	ar of formati	on: 199	9 M S	State of le	egal domicile:	CA
Pa	art I	Summar	у											
	<b>1</b> Br	rietly descri	be ti	ne organizat	tion's miss	ion or most s	significant act	tivities: <u>See</u>	Schee	<u>lule O</u>				
ø														
Activities & Governance	_													
en														
õ	2 Ch	heck this bo		if the o	organizatio	n discontinu	ed its operation	ons or dispos	sed of mo	ore than 2	25% of its	net ass	sets.	
ঁ	3 Nu 4 Nu	umber of vo	oting	members c	of the gove	rning body (i	Part VI, line 1 erning body (F	a) Dort VI. lino 1	16)			3		11
Se												4		0
viţi	5 To						ear 2016 (Par					5 6		0
cti	<b>7a</b> To						umn (C), line					ь 7а		30
A							990-T, line 34.					7a 7b		0.
	DING		i bus				, JO-1, IIIe J4.				Prior Year	70	Curren	
	<b>8</b> Co	ontributions	and	t grants (Pa	rt VIII line	16)						100		
ne						•					3,425,7			<u>13,725.</u> 54,751.
Revenue		-				<b>.</b>	, and 7d)				28,2	284.		54,751.
Эе́				•			c, 9c, 10c, and				12,5	CA.		12,868.
							Part VIII, col				3,466,5			81,344.
							A), lines 1-3).						(	51,544.
							A), line 4)				10,0	.000		
											F 2 4			-1
ŝ	15 Sa						Part IX, colum				53,4	1/4.		71,757.
Expenses	<b>16a</b> Pr	rotessional	tund	iraising tees	(Part IX,	column (A),	line 11e)							
- d	<b>b</b> To	otal fundrais	sing	expenses (F	⊃art IX, co	lumn (D), lin	e 25) 🕨							
Ш	17 O	ther expens	ses (	Part IX, col	umn (A), li	nes 11a-11d	, 11f-24e)				32,7	743.		36,970.
	<b>18</b> To	otal expens	es. A	Add lines 13	-17 (must	equal Part I)	K, column (A)	, line 25)			96,2			08,727.
	<b>19</b> Re	evenue less	s exp	benses. Sub	tract line 1	8 from line 1	12				3,370,3			27,383.
r 8											ng of Currer		End of	
Net Assets or Fund Balances	<b>20</b> To	otal assets	(Par	t X, line 16)							3,526,8			77,314.
Ass Bal	<b>21</b> To		•								22,1		5/1	0.
Vet	22 Ne		•				ine 20			-			2 4'	
	art II				Subliacti		IIIe 20			•	3,504,6	97.	3,4	77,314.
		Signatu												
Com	er penalties plete. Decla	s of perjury, I de aration of prepa	eclare arer (o	that I have exa	mined this ret r) is based on	all information o	companying sched f which preparer h	tules and stateme as any knowledg	ents, and to te.	the best of n	ny knowledge	and belie	et, it is true, coi	rrect, and
c:.		Signatu	ire of	officer						Da	ate			
Siq He	gn ro		_	Daladara						<b>D</b>				
пе	le			Robins						Pres	ident			
		Print/Type p				Preparer's sign	nature		Date			<b>v</b> Ir	PTIN	
						, ,			Dale		-			
Pa		Mike W				Mike We	ells				self-employ	ed ]	P003081	12
	eparer	Firm's name		► <u>Mike W</u>		CPA					1			
Us	e Only	Firm's addr	ess	► <u>PO</u> Box	6566						Firm's EIN	▶ 68-	-0388891	L
				Tahoe	City,	CA 96145	-6566				Phone no.	(530	) 581-1	.014
Ma	y the IRS	3 discuss th	nis re				ve? (see instru	uctions)					X Yes	No
BA	A For Pa	aperwork F	Redu	ction Act N	otice, see	the separate	instructions.		TEE	A0113L 11	/16/16		Form	990 (2016)

Form	n 990 (2016) Tahoe Cross Country Ski Education	68-0431295	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
I	Briefly describe the organization's mission:		
	See Schedule 0		
2	Did the organization undertake any significant program services during the year which were not listed on the pri	or	
	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O.		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices? Yes	X No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	ns to others, the total exp	penses,
4 a	a (Code: ) (Expenses \$ 55,869. including grants of \$ ) (F	Revenue \$ 30	,348.)
	Sponsorship of of the Tahoe Cross Country Junior Development (DE		
	program is an early development program for cross-country ski ra		
	excellent training program for athletes participating in other s	ports or who wai	nt to
	stay active in their "off" season. The goal of the program is to	introduce and	
	develop cross-country ski skills, promote general fitness, and c	reate a love of	the
	sport to last a lifetime.		
		<u> </u>	
41			) <u>,199.</u> )
	The Strider Gliders After-School Ski Program is an 8-week program		
	instruction, equipment use for the entire winter, and ski trail		
	nominal fee, thanks to over 2,000 hours of community support don	ated each season	<u>n.</u>
			·
4 0	c (Code: ) (Expenses \$ 6,001. including grants of \$ ) (F	Revenue \$ 2	,119.)
	Operation of the Winter Discovery Center. The Winter Discovery C		<u>,                                    </u>
	place-based science learning center for TTUSD students, launched		and
	the Sierra Watershed Education Partnerships (SWEP).		
	The Winter Discovery Center, a 30 foot Pacific Yurt is the home	to a comprehense	
	program that includes academic lessons aligned with the CA State		
	and physical activity.		<u></u>
	and physical activity.		
4 0	d Other program services (Describe in Schedule O.) See Schedule O		
	(Expenses \$ including grants of \$ ) (Revenue \$	3,085.)	1
4 e	e Total program service expenses ► 102, 462.	·	
	· · · · · · · · · · · · · · · · · · ·		000 (0010)

Form 990 (2016)Tahoe Cross Country Ski EducationPart IVChecklist of Required Schedules

	· ·		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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
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.			
ä	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
ł	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
C	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	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.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		х
ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	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 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
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		Х
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				d Schedule			-
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1 41	Checkiston Required Schedules (continued)			
~~			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ł	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ł	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		Х

Form 990 (2016)

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Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
(	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2:	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
20	ments, filed for the calendar year ending with or within the year covered by this return 2a			
ł	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O.</i>	3 b		
4 a	a 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)?	4a		Х
ł	<b>a</b> If 'Yes,' enter the name of the foreign country: ►	<b>4</b> a		
•	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
Ċ	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6.	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
0.	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ł	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
-	not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
ć	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
ł	<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	_		Х
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		л Х
	<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
ç	as required?	7 g		
ł	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
8	Form 1098-C?	7 h		
U	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
ĩ	a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
ä	a Initiation fees and capital contributions included on Part VIII, line 12 10a			
ł	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders	_		
ł	<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ć	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
ł	Denter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i>	14b		
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 Part VI
 Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

 Check if Schedule O contains a response or note to any line in this Part VI.
 X

 Х

Sec	ction A. Governing Body and Management		
		Yes	s No
1	a Enter the number of voting members of the governing body at the end of the tax year 1 a 11 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.		
I	b Enter the number of voting members included in line 1a, above, who are independent 1b		
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	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		
4	of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents	3	<u>X</u>
	since the prior Form 990 was filed?	4	Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Х
6	Did the organization have members or stockholders?	6	Х
7	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a	х
l	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
	a The governing body?	8 a	Х
l	<b>b</b> Each committee with authority to act on behalf of the governing body?	8 b	Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	9	Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	evenue (	Code.)
		Yes	
	a Did the organization have local chapters, branches, or affiliates?	10 a	Х
	<b>b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b	
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х
I	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
12	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
	c 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	Х
14	Did the organization have a written document retention and destruction policy?	14	Х
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?		
i	a The organization's CEO, Executive Director, or top management officialSee.Schedule.0	15a X	
	<b>b</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).		
16	a 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
ļ	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 exempt status with respect to such arrangements?	16 b	
Sec	ction C. Disclosure		
17	List the states with which a copy of this Form 990 is required to be filed ► _CA		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply.	s only) ava	ailable
	Own website   Another's website   Upon request   Other (explain in Schedule O)		
19	the public during the tax year. See Schedule 0	ble to	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:		
	Deena Karuna 925 Country Club Drive Tahoe City CA 96145 (530) 583-5475		
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Part VII Compensation of Officers, Director Independent Contractors		es, Highest C	ompensated En	nployees, and					
Check if Schedule O contains a response or note to any line in this Part VII									
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
<ul> <li>1 a Complete this table for all persons required to be listed organization's tax year.</li> <li>List all of the organization's current officers, direcompensation. Enter -0- in columns (D), (E), and (F) it</li> </ul>	. Report compensation for the calendatectors, trustees (whether individuals	ar year ending wit	h or within the	nount of					
<ul> <li>List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'</li> <li>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.</li> </ul>									
• List all of the organization's <b>former</b> officers, key of reportable compensation from the organization and any		ited employees v	who received more t	han \$100,000					
• List all of the organization's <b>former directors or truste</b> organization, more than \$10,000 of reportable compen									
List persons in the following order: individual trustees employees; and former such persons.	or directors; institutional trustees; o	officers; key emp	loyees; highest con	npensated					
X Check this box if neither the organization nor any relate	ed organization compensated any cur	rent officer, direct	or, or trustee.						
(A) Name and Title	(B) Average hours per week (list any fours for related organiza- tions below dotted	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations					

	below dotted line)	ustee	trustee		ee	pensated			
(1) James Robins	15	-				ä			
President	0	Х		Х			0.	0.	0.
(2) Douglas Read	5								
Vice President	0	Х		Х			0.	0.	0.
(3) Jens Legallet	5								
Sec./Treasurer	0	Х		Х			0.	0.	0.
(4) Roger Chaney	2								
Director	0	Х					0.	0.	0.
(5) Debbie Kelly-Hogan	2								
Director	0	Х					0.	0.	0.
<u>(6) Rafe Miller</u>	2								
Director	0	Х					0.	0.	0.
(7) Douglas McNair	2								
Director	0	Х					0.	0.	0.
(8) Gerald Rockwell	2								
Director	0	Х					0.	0.	0.
(9) Don Heapes	2								
Director	0	Х					0.	0.	0.
(10) Randy Berenson	2								
Director	0	Х					0.	0.	0.
(11) Gary Anderson	2								
Director	0	Х					0.	0.	0.
(12)									
(13)		-							
		-							
(14)									
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Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
			(B)			(C	•					
		(A) Name and title	Average hours per week	box,	unles	ss pe	erson direct	e than is both or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	<b>(F)</b> Estimated amount of other
			(list any hours	Indiv or di	Instit	Officer	Кеу	Highest compensated employee	Form	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
			for related organiza	Individual trustee or director	Institutional trustee	q	Key employee	ist cor oyee	er			and related organizations
			- tions below dotted	truste	trus		yee	npens				
			line)	e	66			sated				
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b	Sub-total.		 						•	0.	0.	0.
		continuation sheets to Part VII, Sec							•	0.	0.	0.
		ines 1b and 1c) r of individuals (including but not limite								0. more than \$100.00	0.	0.
		ganization ► 0		iistou t	4000	c) •	VIIO	ICCCI	vcu			
												Yes No
		anization list any <b>former</b> officer, dire If 'Yes,' complete Schedule J for su										. <b>3</b> X
4	For any ind	ividual listed on line 1a, is the sum	of reportat	le cor	nper	nsa	tion	and	oth	er compensation	from	
		ation and related organizations grea										. <b>4</b> X
5	Did any per for services	son listed on line 1a receive or accuration for a construction of the organization? If 'Ye	rue comper	nsatio	n fro	om a	any . <i>I fo</i>	unre	late	ed organization or	individual	. <b>5</b> X
		lependent Contractors										
1	Complete th compensation	nis table for your five highest compe on from the organization. Report compe	ensated ind ensation for	lepenc the ca	dent alend	cor lar y	ntrao year	ctors endi	tha ng v	t received more th vith or within the or	han \$100,000 of ganization's tax year	
(A) Name and business address (B) Description of services								of services	<b>(C)</b> Compensation			
		r of independent contractors (including f compensation from the organizatio		ited to	thos	se li	isteo	abo	ve)	who received more	than	

## Form 990 (2016) Tahoe Cross Country Ski Education Part VIII Statement of Revenue

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		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from under sectior 512-514
<b>1 a</b> Federated campaigns	1a				
<b>b</b> Membership dues	1 b				
c Fundraising events	1c				
<b>d</b> Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f 13 725				
1 a Federated campaigns         b Membership dues         c Fundraising events         d Related organizations         e Government grants (contributions)         f All other contributions, gifts, grants, and similar amounts not included above         g Noncash contributions included in lines 1a-11         h Total. Add lines 1a-1f	10/1201				
h Total. Add lines 1a-1f	·	13,725.			
	Business Code	15,725.			
2a <u>Development team</u>		30,348.	30,348.		
b <u>Striderglider ski program</u>		19,199.	19,199.		
c <u>Winter Discovery Center</u>		2,119.	2,119.		
d <u>Masters Program</u>		1,810.	1,810.		
e <u>Junior Mountain Bike prog</u> f All other program service revenue.		1,275.	1,275.		
g Total. Add lines 2a-2f		54,751.			
3 Investment income (including divid other similar amounts)					
<b>4</b> Income from investment of tax-exe					
5 Royalties					
(i) Rea					
	000.				
<b>b</b> Less: rental expenses					
	000.				
d Net rental income or (loss)		2,000.			2,00
7 a Gross amount from sales of	ies (ii) Other				
<b>b</b> Less: cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)	►				
8 a Gross income from fundraising even (not including \$					
of contributions reported on line 1	-				
See Part IV, line 18	1,000.				
<b>b</b> Less: direct expenses					
c Net income or (loss) from fundrais 9 a Gross income from gaming activiti	es.	7,650.			7,6
See Part IV, line 19					
c Net income or (loss) from gaming					
10a Gross sales of inventory, less retu and allowances	rns				
<b>b</b> Less: cost of goods sold	21/500.				
<b>c</b> Net income or (loss) from sales of		3,218.			3,23
Miscellaneous Revenue	Business Code	5,210.			5,2
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
<b>12 Total revenue.</b> See instructions		81,344.	54,751.	0.	12,8

Section	IX Statement of Functional Expension 501(c)(3) and 501(c)(4) organizations must com		per organizations must or	molete column ( $\Delta$ )	
Jecil	Check if Schedule O contains a r				
Do no 6b, 7	ot include amounts reported on lines b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
-	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
-	Grants and other assistance to domestic individuals. See Part IV, line 22				
	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	71,757.	71,757.		
U	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	,	<u>/</u>		
9	Other employee benefits				
	Payroll taxes				
	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting	1,860.		1,860.	
	Lobbying.				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	1,325.		1,325.	
	Advertising and promotion	4,556.	4,556.		
13	Office expenses	9.		9.	
14	Information technology				
15	Royalties				
16	Occupancy				
	Travel	99.	99.		
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,242.	6,242.		
		4,404.	2,202.	2,202.	
	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	Program expenses	7,446.	7,446.		
b	Event_expenses	2,287.	2,287.		
	Kevin Murnane scholarship	2,000.	2,000.		
	Equipment maintenance	1,516.	1,516.		
-	All other expenses	5,226.	4,357.	869.	
25	Total functional expenses. Add lines 1 through 24e	108,727.	102,462.	6,265.	0.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here $\blacktriangleright$ if following				
RΔΔ	SOP 98-2 (ASC 958-720)				

## Form 990 (2016) Tahoe Cross Country Ski Education Part X Balance Sheet

art X				г
	Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing.	,	1	121,50
2	Savings and temporary cash investments.		2	
3	Pledges and grants receivable, net.		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other 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). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net.		7	
7 8 9	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D10a3,390,465Less: accumulated depreciation10b34,658		-	
h	Decision         10b         34,658	. 3,335,870.	10 c	3,355,80
	Investments – publicly traded securities.	· ·	11	5,555,00
	Investments – other securities. See Part IV, line 11		12	
13	Investments – program-related. See Part IV, line 11		13	
14	Intangible assets.		14	
15	Other assets. See Part IV, line 11.		15	
16	Total assets. Add lines 1 through 15 (must equal line 34).		16	3,477,31
17	Accounts payable and accrued expenses	5,520,042.	17	5,477,51
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
21 22 23			23	
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		25	
26	Total liabilities. Add lines 17 through 25.	,	26	
	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets.	3,504,697.	27	3,477,31
28	Temporarily restricted net assets.		28	0/1//01
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances		33	3 177 21
34	Total liabilities and net assets/fund balances.		34	3,477,31
4A		3,526,842.	<b>J</b> 7	3,477,31 Form <b>990</b> (20

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Form 990 (2016) Tahoe Cross Country Ski Education 68-	0431295		Page <b>12</b>
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response or note to any line in this Part XI.			🗍
1 Total revenue (must equal Part VIII, column (A), line 12)	1	81	,344.
2 Total expenses (must equal Part IX, column (A), line 25)	2		,727.
3 Revenue less expenses. Subtract line 2 from line 1	3		,383.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,697.
5 Net unrealized gains (losses) on investments	5		
6 Donated services and use of facilities	6		
7 Investment expenses	7		
8 Prior period adjustments	8		
9 Other changes in net assets or fund balances (explain in Schedule O)	9		0.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10		01.4
	10	3,477	,314.
Part XII Financial Statements and Reporting			_
Check if Schedule O contains a response or note to any line in this Part XII			
	_	Ye	es No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain			
in Schedule O.			
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	ed on a		
separate basis, consolidated basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis			
<b>b</b> Were the organization's financial statements audited by an independent accountant?		2 b	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	ate		
Separate basis Consolidated basis Both consolidated and separate basis			
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?		2 c	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3</b> a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud	lit		
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зb	
BAA		Form 99	<b>0</b> (2016)

		Public Chari	ort	OMB No. 1545-0047						
SCHEDULE A (Form 990 or 990-EZ)	Com	4947(a	ion is a section 501(c) (1) nonexempt charita ch to Form 990 or Form	ble trus	t.	or a section	2016			
Department of the Treasury Internal Revenue Service	► Inf	formation about Sche	edule A (Form 990 or 99 at www.irs.gov/form99	90-EZ) a		structions is	Open to Public Inspection			
Name of the organization	Tahoe Cross	s Country Ski	Education			Employer identifica				
	Association or Public Cha		rganizations must o	romnle	te this	68-043129				
			For lines 1 through 12,							
1 A church, cor	vention of church	nes, or association of cl	nurches described in sect	tion 1 <b>70(</b>	b)(1)(A)(	i).				
2 A school desc	cribed in section 1	170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-EZ)	.)					
			ization described in sec							
4 A medical re name, city, a	-	tion operated in conju	unction with a hospital o	describe	a in sec	tion 170(b)(1)(A)(III). 上	nter the hospital's			
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
	ate, or local gov	ernment or governme	ntal unit described in <b>s</b>	ection 1	70(b)(1)	(A)(v).				
in section 17	70(b)(1)(A)(vi).(	Complete Part II.)	part of its support from a	-	ental uni	t or from the general put	olic described			
			A)(vi). (Complete Part I		a miu matia					
			tion 170(b)(1)(A)(ix) oper- e (see instructions). Enter							
from activitie	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
J	tion organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	509(a)(4).				
or more pub	licly supported o ough 12d that de	rganizations describe escribes the type of s	ly for the benefit of, to d in <b>section 509(a)(1)</b> of upporting organization a	or <b>sectio</b> and corr	<b>n 509(a)</b> iplete lir	(2). See section 509(a) nes 12e, 12f, and 12g.	(3). Check the box in			
organization(	porting organizati s) the power to re art IV, Sections A	gularly appoint or elect	d, or controlled by its sup a majority of the director	oported o rs or trus	rganizati tees of t	on(s), typically by giving he supporting organization	the supported on. <b>You must</b>			
management	pporting organiz of the supporting ete Part IV, Sect	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or on(s). <b>You</b>			
			ion operated in connection olete Part IV, Sections							
functionally	integrated. The c	organization generally	anization operated in cor must satisfy a distribu <b>s A and D, and Part V.</b>	nnection tion requ	with its s uirement	supported organization(s) t and an attentiveness	that is not requirement (see			
e Check this b	ox if the organiz	ation received a writte	en determination from f supporting organizatior	the IRS t	that it is	a Type I, Type II, Type	e III functionally			
f Enter the numb	er of supported	organizations								
		n about the supported	<u> </u>			(v) Amount of monetary				
(i) Name of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organizat in your g docur	ion listed overning	support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
<u>(A)</u>										
<u>(B)</u>										
(C)										
<u>(D)</u>										
(E)										
Total										
	D		tions for Form 000 or (				m 000 or 000 EZ) 2016			

Schedule	A (Form 99	0 or 990-EZ)	2016	Tahoe	Cross	Country	Ski	Education	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

#### Section A. Public Support

Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	<b>(f)</b> Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc. (see in:	structions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	nird, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	►
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	016 (line 6, colum	n (f) divided by lii	ne 11, column (f))		14	%
15	Public support percentage from	2015 Schedule A,	Part II, line 14			15	%
16a	33-1/3% support test-2016. If t and stop here. The organization	he organization d qualifies as a pul	id not check the t blicly supported o	oox on line 13, and organization	d line 14 is 33-1/3	3% or more, check	<pre>&lt; this box</pre>
b	33-1/3% support test-2015. If the and stop here. The organization						
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as a	box and <b>stop her</b> a publicly support	e. Explain in Part ed organization.	VI how the
18	Private foundation. If the organized	zation did not che	CK a box on line	13, 16a, 16b, 17a	, or 1/b, check th	is box and see ins	structions ►
BAA					Scl	nedule A (Form 99	0 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in) ►	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any 'unusual grants.') Pt. VI	14,556.	21,648.	94,519.	130,016.	13,725.	274,464.
2	Gross receipts from admissions.	14,550.	21,040.	94,JIJ.	130,010.	15,125.	274,404.
	merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose	47,763.	52,505.	69,174.	56,409.	79,706.	305,557.
3	Gross receipts from activities	47,705.	32,303.	05,174.	50,405.	15,100.	303,331.
-	that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on its behalf						0
5	The value of services or						0.
	facilities furnished by a governmental unit to the						
	organization without charge						0.
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1,	62,319.	74,153.	163,693.	186,425.	93,431.	580,021.
7a	2, and 3 received from						
	disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line 7c from line 6.)						580,021.
	tion B. Total Support						
	dar year (or fiscal year beginning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	62,319.	74,153.	163,693.	186,425.	93,431.	580,021.
TUa	payments received on securities loans, rents, royalties and income from						
h	similar sources Unrelated business taxable						0.
5	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						0.
с	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						0
12	regularly carried on						0.
12	gain or loss from the sale of						
	capital assets (Explain in Part VI.)						0.
13	Total support. (Add lines 9,	CO 010	74 150	162 602	100 405	02 421	
14	10c, 11, and 12.) First five years. If the Form 990	62,319.	74,153.	163,693.	186,425.	93,431.	580,021.
	organization, check this box and	stop here					″▶
	tion C. Computation of Pul Public support percentage for 20			a 13 column (f)			100.00 %
	Public support percentage from 2	•	.,				100.00 % 88.12 %
	tion D. Computation of Inv						00.12 0
17	Investment income percentage f				mn (f))	17	0.00 %
18	Investment income percentage f	•		-			0.00 %
	33-1/3% support tests-2016. If t						l line 17
	is not more than 33-1/3%, check	, this box and <b>stop</b>	<b>b here.</b> The organi	zation qualifies a	s a publicly suppo	orted organization	· · · · · · · · · · · · × X
b	<b>33-1/3% support tests—2015.</b> If t line 18 is not more than 33-1/3%						
20	Private foundation. If the organiz		-				
BAA			TEEA0403L				0 or 990-EZ) 2016

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- No Yes Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was 2 described in section 509(a)(1) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below. 3a **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Δh **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes.' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document). b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(Č)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 8 complete Part I of Schedule L (Form 990 or 990-EZ). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI. 9a **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI.* 9b c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If 'Yes,' provide detail in Part VI*. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below. 10a
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b

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Yes

Voc No

No

Yes

2a

2b

3a

3h

1

2

No

 Part IV
 Supporting Organizations (continued)

 11
 Has the organization accepted a gift or contribution from any of the following persons?
 Yes
 No

 a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 Image: Controlled entity of a person described in (a) above?
 Image: Controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.
 Image: Controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.
 Image: Controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.
 Image: Controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.

### Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

#### Section C. Type II Supporting Organizations

			res	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No.' describe in <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

#### Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 1 organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played 3 in this regard.

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a The organization satisfied the Activities Test. Complete line 2 below.
  - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
  - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

#### 2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organization how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

Schedule A	(Form 990 or 990-EZ) 2016	Tahoe	Cross	Country	/ Ski	Education	
Part V	Type III Non-Functiona	lly Inte	grated 5	509(a)(3) S	Suppo	rting Organizat	ions

1	<b>D</b> ,	~~	~	c
	۲a	эα	e	6

ection A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
<b>8</b> Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for s tax year or assets held for part of year):	short		
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> Subtract line 2 from line 1d.	3		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016	Tahoe	Cross	Country	Ski	Education
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		<u>, , , , , , , , , , , , , , , , , , , </u>
		Current Year
urposes		
of supported organizatior	ns,	
supported organizations		
tion is responsive (provide	e details	
(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
	urposes of supported organization supported organizations tion is responsive (provide	tion is responsive (provide details

BAA

Schedule A (Form 990 or 990-EZ) 2016

A (Form 990 or 990-EZ) 2016Tahoe Cross Country Ski Education68-0431295Page 8Supplemental Information.Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV,<br/>Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1;<br/>Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,<br/>Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.<br/>(See instructions.) Part VI

### Part III, Line 1 - Unusual Grants

2012		2013	2014		2015	2016		Total
\$	0.\$	0.	\$	0.\$	3,295,692.	\$	0.\$	3,295,692.

501	HEDULE D	Sun	olemental Financial	Statements			OMB No.	1545-0	0047
	rm 990)								
	tment of the Treasury al Revenue Service	Open t Inspec		blic					
Name	of the organization	oss Country Ski Edu	lation			Employer id	lentification n	umber	
	Associat:	ion, Inc.				68-043	1295		
Par	t Organiza Complete	if the organization ans	or Advised Funds or Otl wered 'Yes' on Form 99	o, Part IV, line 6.	s or Ac	counts.			
			(a) Donor advised	l funds	<b>(b)</b> F	Funds and	other acco	unts	
1		end of year							
2		ntributions to (during year)							
3		ants from (during year)							
4		at end of year				1. 6. v.a. el e			
5	are the organizat	ion's property, subject to the	nor advisors in writing that the organization's exclusive lega	I control?		· · · · · · · · · L	Yes		No
6	for charitable pur	ion inform all grantees, dono poses and not for the benefit	rs, and donor advisors in writ of the donor or donor adviso	ting that grant funds o or, or for any other pu	an be us rpose co	sed only nferring	_		
							Yes		No
Par		tion Easements.							
		÷	wered 'Yes' on Form 99 ( the organization (check all t						
1		of land for public use (e.g., r		Preservation of a	historias	ully importa	nt land are	~	
		natural habitat	ecreation or education)			5		a	
		of open space		Preservation of a	centineu	THISTOLIC SU	ucture		
2			neld a qualified conservation co	ntribution in the form o	f a conse	rvation ease	ment on th	۵	
-	last day of the ta					Held at the			Year
ā	Total number of o	conservation easements			2a			, 107	i cui
t	Total acreage res	stricted by conservation ease	ments		2 b				
c	Number of conse	rvation easements on a certi	fied historic structure included	d in (a)	2 c				
c	Number of conse structure listed in	rvation easements included in the National Register.	n (c) acquired after 8/17/06, a	and not on a historic	2 d				
3		0	nsferred, released, extinguished		organizati	on during th	e		
4		where property subject to conse	ervation easement is located ►						
5			garding the periodic monitori				<b>-</b>	_	
6			nts it holds?				<b>Yes</b> Iring the yea		No
	►								
7	Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, ar	nd enforcing conservation	on easem	ents during	the year		
8	Does each conse and section 170(h	rvation easement reported on h)(4)(B)(ii)?	n line 2(d) above satisfy the r	equirements of sectio	n 170(h)	(4)(B)(i)	Yes		No
9	In Part XIII, descri include, if applica conservation eas	able, the text of the footnote	conservation easements in its to the organization's financial	revenue and expense statements that desc	statement cribes the	t, and balan e organizati	ce sheet, ar on's accou	nd Inting	g for
Par	t III Organiza	tions Maintaining Colle	ctions of Art, Historical wered 'Yes' on Form 99	I Treasures, or O 0, Part IV, line 8.	ther Sir	milar Ass	ets.		
1a	art, historical treas	sures, or other similar assets he	r SFAS 116 (ASC 958), not to eld for public exhibition, education ncial statements that describe	on, or research in furth	e stateme erance of	ent and bala public servi	ance sheet ce, provide	worł	ks of
ł	historical treasures following amount	s, or other similar assets held for s relating to these items:	r SFAS 116 (ASC 958), to report public exhibition, education, o	or research in furtherar	ice of pub	olic service,	sheet wor provide the	rks of	f art,
			line 1						
2			historical treasures or other sim				owing		
2	amounts required	to be reported under SFAS	historical treasures, or other sim 116 (ASC 958) relating to the 1	ese items:	yanı, pro	svide the foi	owing		
			·····						
			Instructions for Form 990.				ule <b>D</b> (Forr	n 990	0) 2016
	•	,					•		·

BAA For Paperwork Reduction Act Notice, s	see the	Instructions <sup>•</sup>	for Form	99
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Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)         3       Liden the regarization sequences, and other records, check any of the following that are a significant use of its collection <ul> <li>a   </li></ul>	Schedule D (Form 990) 2016 Tahoe					68-0433		
all	Part III Organizations Mainta	ining Colle	ctions of Art,	Historica	I Treasures, or (	Other Similar Ass	ets (continued)	
b	<b>3</b> Using the organization's acquisition items (check all that apply):	, accession, a	nd other records,	check any of	the following that are	a significant use of its of	ollection	
c   Preservation for future generations Pert XIII. Provide a discription of the organization's collections and explain how they further the organization's exempt purpose in Pert XIII. During they are, did the organization solicit or receive dovations of art, historical treasures, or other similar assets be solid brase funds rather than to be maintained as part of the organization's collection? Pert XIII. Pert Pert Pert Pert Pert Pert Pert Pert	a Public exhibition		d	Loan or exc	change programs			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part IV.     Provide the arganization solicit or receive donations of art, historical treasures, or other similar assets     No Part IV Encore and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV,     Ine 9, or reported an amount on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X 2.     I a is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X 2.     I a is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X 2.     I a is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes     No     Distributions during the year.     I a is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes     No     Distributions during the year.     (b) Prior year     (c) Tore years back     (c) Four years back     (c) Four years back     (c) Four years back     (d) Current year     (b) Prior year     (c) Tore years back     (d) Orner year balance.     (d) Current year     (b) Prior year     (d) Orner year balance.     (d) Current year     (d) Prior year     (d) Current year     (d) Prior years back     (e) Tore years back     (e) Four years back     (e) Tore years back     (e) Four years back     (e) There years back     (e) Tore years back     (e) Tore years back     (e) Tore years back     (e) There years back     (e) Tore years back     (e) Tore years back     (e) Tore years back     (e) Tore years back     (forms or scholarships     (forms or schola	<b>b</b> Scholarly research		e	Other				
Part XIII.       5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets       yes       No         Part IV       Escowa and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 21.       1       a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 390, Part X.       Image: State S	c Preservation for future gener	ations						
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 91.         1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       ves       No         bl 'Yes,' explain the arrangement in Part XIII and complete the following table:		ation's collecti	ons and explain h	low they furth	er the organization's	exempt purpose in		
line 9, or reported an amount on Form 990, Part X, line 21.         1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included in or 60m 990, Part X, line 21, for escreta and the escreta and the year.         c Beginning balance.       1d         d Additions during the year.       1e         2 Did the organization include an amount on Form 990, Part X, line 21, for escreta or custodial account liability?       Ves         2 Did the organization include an amount on Form 990, Part X, line 21, for escreta or custodial account liability?       Ves         Part V       Endowment Funds, Complete if the organization answered 'Yes' on Form 990, Part X!       No         b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII.       In 10.         Part V       Endowment Funds, Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a Beginning of year balance.       (a) Current year       (b) Prior year         b Contributions.       (a) Current year end balance (line 1g, column (a)) held as:       and losses         and foregrams.								
on Form 990, Part X2.	Part IV Escrow and Custodia line 9, or reported an	<b>I Arranger</b> amount on	<b>ients.</b> Comple Form 990, Pa	ete if the o art X, line	rganization ansv 21.	wered 'Yes' on For	m 990, Part IV	,
b If 'Yes,' explain the arrangement in Part XIII and complete the following table:	<b>1 a</b> Is the organization an agent, trus	stee, custodia	n or other interm	nediary for co	ontributions or other	assets not included		
c Beginning balance						ΓΓ		
d Additions during the year.       1 d         e Distributions during the year.       1 d         2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         2 Did the organization include an amount on Form 990, Part XIII. Check here if the explanation has been provided on Part XIII.       Yes         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1 a Beginning of year balance.       (a) Current year       (b) Pror year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions.       (a) Current year       (b) Pror year       (c) Two years back       (d) Three years back       (e) Four years back         c Net investment earnings, gains, and losses       (a) Carrent year       (b) Pror year       (c) Two years back       (e) Four years back         e Other expenditures for facilities and programs.       (a) Carrent year end balance (line 1g, column (a)) held as:       (a) Carrent year end balance (line 1g, column (a)) held as:       (c) Two years back endowment >       §         g End of year balance.       (a) The percentages on lines 2a, 2b, and 2c should equal 100%.       (a) The percentages on lines 2a, 2b, and 2c should equal 100%.       (a) Carrent year (line 1g, column (a)) held as:         a Are there endowment 1 >       §       (b) Freleted organizations       (c) Accumulated org				iono ning ta			Amount	
d Additions during the year.       1 d         e Distributions during the year.       1 d         2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         2 Did the organization include an amount on Form 990, Part XIII. Check here if the explanation has been provided on Part XIII.       Yes         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1 a Beginning of year balance.       (a) Current year       (b) Pror year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions.       (a) Current year       (b) Pror year       (c) Two years back       (d) Three years back       (e) Four years back         c Net investment earnings, gains, and losses       (a) Carrent year       (b) Pror year       (c) Two years back       (e) Four years back         e Other expenditures for facilities and programs.       (a) Carrent year end balance (line 1g, column (a)) held as:       (a) Carrent year end balance (line 1g, column (a)) held as:       (c) Two years back endowment >       §         g End of year balance.       (a) The percentages on lines 2a, 2b, and 2c should equal 100%.       (a) The percentages on lines 2a, 2b, and 2c should equal 100%.       (a) Carrent year (line 1g, column (a)) held as:         a Are there endowment 1 >       §       (b) Freleted organizations       (c) Accumulated org	c Beginning balance					. 1c		
e Distributions during the year.       Ie         if Ending balance.       If         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1 a Beginning of year balance.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions.       C       (b) Control year balance.       (a) Current year       (b) Prior year       (c) Two years back       (e) Three years back       (e) Four years back         c Graths or scholarships.       C       C       (c) Two years deal deal deal deal deal deal deal deal								
f Ending balance       11         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       No         b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a Beginning of year balance.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c Net investment eximings, gains,       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g Contributions.       (a) Garants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (c) Two years back       (d) Three years back       (e) Four years back         g Contributions.       (a) Garants or scholarships       (a) Current year       (b) Controbutions       (c) Two years back       (c) Two years back       (d) Two years back       (d) Two years back       (f) Two year balance								
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         b If Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         I a Beginning of year balance								
b If Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a Beginning of year balance.       (a) Current year       (b) Prior year back       (d) Three years back       (e) Four years back         b Contributions.       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b Contributions.       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b Contributions.       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b Contributions.       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c Net investment earnings, gains, and losses.       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c Administrative expenses.       (a) Content year       (b) Prior year       (c) Two years back       (e) Four years back         g End of year balance.       (b) Prior year       (c) Two years back       (c) Two years back       (c) Four years back         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	÷						Yes	<u> </u>
Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a Beginning of year balance	e e e e e e e e e e e e e e e e e e e					-		-
1a Beginning of year balance								
1a Beginning of year balance	Part V Endowment Funds, C	omplete if	the organizati	on answe	red 'Yes' on For	m 990. Part IV. lir	ie 10.	
1 a Beginning of year balance			1					k
b Contributions	<b>1 a</b> Beginning of year balance			,				
and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs							+	
and programs								
g End of year balance								
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a Board designated or quasi-endowment ▶	f Administrative expenses							
a Board designated or quasi-endowment ▶      %         b Permanent endowment ▶      %         c Temporarily restricted endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	g End of year balance							
b Permanent endowment ▶ c Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	2 Provide the estimated percentage	e of the curre	nt year end bala	nce (line 1g,	column (a)) held as	s:		
c Temporarily restricted endowment ▶ <sup>®</sup> <sup>®</sup> The percentages on lines 2a, 2b, and 2c should equal 100%.          3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i) unrelated organizations.         (ii) related organizations.         (i) related organizations.         (ii) related organizations.         (ii) related organizations.         (ii) related organizations.         (iii) related organizations.         (iii) related organizations.         (iii) related organizations listed as required on Schedule R?         (iii) are the related organization's endowment funds.          Part VI       Land, Buildings, and Equipment.         Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.          Description of property       (a) Cost or other basis (b) Cost or other basis (other)         b Buildings.          3, 344, 608.         3, 344, 608.         3, 344, 608.         c Leasehold improvements.         d Equipment.         d Equip	a Board designated or guasi-endowm	ent 🕨	90					
c Temporarily restricted endowment *	b Permanent endowment ►	00						
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations by: <ul> <li>(i) unrelated organizations.</li> <li>(ii) related organizations.</li> <li>(iii) related organizations.</li> <li>(ii) related organizations.</li> <li>(iii) related organizations.</li> <li>(ii) related organizations.</li> <li>(iii) related organizations is set as required on Schedule R?</li> <li>(iii) Description for a set the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(investment)</li> <li>(investment)</li> <li>(investment)</li> <li>(investment)</li> <li>(investment)</li> <li>(investment)</li> <li>(investment)</li> <li>(investment)</li> <li>(investment)</li> <li>(investment)</li></ul>	c Temporarily restricted endowmer	nt 🕨	00					
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i) unrelated organizations.       3a(i)       is       is <td></td> <td></td> <td>gual 100%.</td> <td></td> <td></td> <td></td> <td></td> <td></td>			gual 100%.					
organization by:       Yes       No         (i) unrelated organizations.       3a(i)       3b       3c       3b       3c								
(i) unrelated organizations.       3a(i)         (ii) related organizations.       3a(i)         b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.       3b         Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         b Buildings.       3, 344, 608.       3, 344, 608.         c Leasehold improvements.       45, 857.       34, 658.       11, 199.         e Other       0       0       0       0       0		he possession	of the organizatio	on that are he	ld and administered f	or the	Yes No	0
(i) related organizations.       Ja(ii)         b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?       Ja(ii)         4 Describe in Part XIII the intended uses of the organization's endowment funds.       Ja(ii)         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (ther)       (c) Accumulated depreciation         1 a Land.       Jaune       Jaune       Jaune         b Buildings.       3, 344, 608.       3, 344, 608.         c Leasehold improvements.       45, 857.       34, 658.       11, 199.         e Other       Intervention       Intervention       Intervention	0							
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1 a Land.       3, 344, 608.       3, 344, 608.       3, 344, 608.         c Leasehold improvements.       45, 857.       34, 658.       11, 199.         e Other       0       0       0       0	()							
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (b) Cost or other basis (other)       (c) Accumulated depreciation         1 a Land.								
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1 a Land.       3,344,608.       3,344,608.       3,344,608.       3,344,608.         b Buildings.       45,857.       34,658.       11,199.         e Other       0       0       0		-		•			0.0	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1 a Land			÷					
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1 a Land.b Buildings.3, 344, 608.3, 344, 608.c Leasehold improvements.d Equipment45, 857.34, 658.11, 199.e Other </td <td></td> <td></td> <td></td> <td>n Form 99</td> <td>0. Part IV. line</td> <td>11a. See Form 990</td> <td>). Part X. line 1</td> <td>10.</td>				n Form 99	0. Part IV. line	11a. See Form 990	). Part X. line 1	10.
1 a Land.       3,344,608.         b Buildings.       3,344,608.         c Leasehold improvements.       45,857.         d Equipment.       45,857.         e Other.       45,857.	· · ·		(a) Cost or other	basis (b	Cost or other	(c) Accumulated		
b Buildings	1 a Land		(แพรรแมรแม	9				
c Leasehold improvements.       45,857.       34,658.       11,199.         e Other       45,857.       34,658.       11,199.					3 344 608		3 311 60	8
d Equipment         45,857.         34,658.         11,199.           e Other               11,199.	Ŭ				5,544,000.		5,544,00	0.
e Other					15 057	31 650	11 10	0
					43,037.	54,050.	1,19	<u>.</u>
			uual Form 990 E	Part X colum	n (B) line 10c )	•	3 325 00	7
	BAA		1441 I OIII 550, I					

Schedule **D** (Form 990) 2016

Part VII	Investments -				N/A	
					0, Part IV, line 11b. See Form	
	ription of security or cal			(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
• •	-held equity intere	sts				
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
(l)						
Total. (Colum	nn (b) must equal Form	990, Part X, c	olumn (B) line 12.) 🕨			
Part VIII	Investments ·	– Progra	m Related.		N/A	
					0, Part IV, line 11c. See Form	
	(a) Description of	of investme	ent	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
			column (B) line 13.) 🕨			
Part IX	Other Assets	A organi	zation answord	N/A	0, Part IV, line 11d. See Form	990 Part V line 15
		ie organi		scription	o, Fait IV, inte Tru. See Form	(b) Book value
(1)			(4) 200			
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						-
			90, Part X, column (B	B) line 15.)		
Part X	Other Liabiliti	ies.		anna 000 Dant IV lina 1	1. or 116 Coo Form 000 Dort V line (	זר
		rganization ption of lia		(b) Book value	1e or 11f. See Form 990, Part X, line 2	25
(1) Feder	ral income taxes	puon or na	DIIIty	(D) BOOK Value	<u> </u>	
(1) 1 edel					<u> </u>	
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
			olumn (B) line 25.)			
					inancial statements that reports the organization	
tax positions ι	under FIN 48 (ASC 740)	. Check here	if the text of the footnote I	has been provided in Part XII	1	

tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2016 Tahoe Cross Country Ski Education	68-0431295	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.) 2d		
e Add lines <b>2a</b> through <b>2d</b>	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	per Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.)		
e Add lines <b>2a</b> through <b>2d</b>	2e	
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
Part XIII Supplemental Information.		

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

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-E Complete to provide information for responses to specific questions	for responses to specific questions on ovide any additional information. orm 990 or 990-EZ.		
Pepartment of the Treasury     Pepartment of the Treasury     Pepartment of the Treasury		Open to Public		
Internal Revenue Service	at www.irs.gov/form990.		inspection	
Name of the organization Ta	Name of the organization Tahoe Cross Country Ski Education		ation number	
As	sociation, Inc.	68-043129	295	

#### Form 990, Part I, Line 1 - Organization Mission or Significant Activities

The Tahoe Cross Country Ski Education Association's (TCCSEA) mission is to promote the sport of cross country skiing through educational activities for children and adults in the North Lake Tahoe/Truckee region of Northern California/Northern Nevada. Through the partnership with the Tahoe City Public Utility District, TCCSEA provides several educational programs to its community members. TCCSEA provides school children in the community with a unique opportunity to not only learn and participate in a sport that will provide lifelong enjoyment and health benefits but also can provide motivated individuals with a foundation for world class competitive training. Many young athletes from the area move on to competition at the national and international level in Nordic skiing. TCCSEA supports its local Nordic ski team from North Tahoe Middle and High Schools by providing free trail access, coaching support and ski equipment.

#### Form 990, Part III, Line 1 - Organization Mission

The Tahoe Cross Country Ski Education Association's (TCCSEA) mission is to promote the sport of cross country skiing through educational activities for children and adults in the North Lake Tahoe/Truckee region of Northern California/Northern Nevada. Through the partnership with the Tahoe City Public Utility District, TCCSEA provides several educational programs to its community members. TCCSEA provides school children in the community with a unique opportunity to not only learn and participate in a sport that will provide lifelong enjoyment and health benefits but also can provide motivated individuals with a foundation for world class competitive training. Many young athletes from the area move on to competition at the national and international level in Nordic skiing. TCCSEA supports its local Nordic ski team from North Tahoe Middle and High Schools by providing free trail access, coaching

TEEA4901L 08/16/16

support and ski equipment.

Name of the organization Tahoe Cross Country Ski Education Association, Inc.

#### Form 990, Part III, Line 4d - Other Program Services Description

Sponsorship of the Junior Mountain Bike program. TCCSEA promotes mountain biking through organized rides during the summer months on the same trails used for cross country skiing in the winter.

Sponsorship of the Masters nordic ski program.

#### Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

#### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Board of Directors determines the annual salary of the manager.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.

30/17	Tahoe Cross Country Ski Education							Page 68-04312						
No Description	Date <u>Acquired</u>	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductr	Depr.	Prior Depr.	Method	Life Rate	Current
Form 990/990-PF														
Buildings														
13 Building costs	6/30/15	_	3,344,608							3,344,608			25	
Total Buildings			3,344,608		0	0	(	)	0	0 3,344,608	0			
Machinery and Equipment														
2 Rental equipment	12/01/09		2,503							2,503	2,357	S/L	7	
3 Middle School Team Equip	12/01/09		1,200							1,200	1,126	S/L	7	
4 Canopy tent	3/15/11		323							323	245	S/L	7	
5 Rental equipment	12/01/10		7,639							7,639	6,092	S/L	7	
6 Rental equipment	12/01/11		15,044							15,044	9,850	S/L	7	
7 Equipment	12/01/12		1,595							1,595	817	S/L	7	
8 Rental equipment	12/01/12		12,630							12,630	6,465	S/L	7	
9 Laptop computer	10/28/13		214							214	82	S/L	7	
10 Rental equipment	1/01/14		2,602							2,602	930	S/L	7	
11 Cargo trailer	12/31/14		840							840	180	S/L	7	
12 Rental equipment	12/31/14	-	1,267							1,267	272	S/L	7	
Total Machinery and Equipment			45,857		0	0	(	)	0	0 45,857	28,416			
Total Depreciation		=	3,390,465		0	0	(	)	0	0 3,390,465	28,416			
Grand Total Depreciation		_	3,390,465		0	0	(	)	0	0 3,390,465	28,416			

# TAXABLE YEARCalifornia Exempt Organization<br/>Annual Information Return

FORM **199** 

Calendar Ye	ar 2016 or fiscal year beginning (mm/dd/yyyy) 7/01/2016 , and	l ending (mm/dd/yyyy) 6/30	/201	7 ·
Corporation/Or	nanization name		C	alifornia corporation number
	ASSOCIATION, INC.		2	2179766
Additional infor	mation. See instructions.		F	EIN
	· · · · ·		P	MB no.
<u>P.O. BC</u> City	DX /260	State	Z	ip code
TAHOE C	CITY	CA		•
Foreign country	name	Foreign province/state/count	y F	oreign postal code
A First Retu			he	
B Amended				Yes X No
C IRC Section				
<b>D</b> Final Info	rmation Return?	argonization exempt under D&TC Sect	ion 22701	
• Di	ssolved • Surrendered (Withdrawn) • Merged/Reorganized If 'Ye	s ' enter the gross receipts from		
Enter date	e (mm/dd/yyyy) ● nonm	lember sources	\$	
		anization is exempt under R&TC Section	n 23701d	
		5 1 ,		
			-	
Gistnisat	taxab	le income?		• Yes X No
				IRS • Yes X No
n 103, w		leral Form 1023/1024 pending?		
Did the or				
not report				CACA1112L 11/30/16
		tructions B and C.		
	•		1	89,356.
	•			
Receipts		-	13,725.	
and Revenues				
novenues.			4	103,081.
	-			
		· · · · · ·	-	
			7	21,737.
			8	
_	-			
Expenses				
			11	
	12 Use tax. See General Instruction K.		12	
	<b>13</b> Payments balance. If line 11 is more than line 12, subtract line	12 from line 11	13	
<b>F</b> ilin a	14 Use tax balance. If line 12 is more than line 11, subtract line 11	from line 12	14	
Filing			15	10
				10.
		6	、 —	10
Sign				
Here	Signature	Date		
	FRESIDENT	ate Check if		
Poid	Immedial Return Immedial Return?   R0 Section 4847(2)(1) fust   R0 Section 4847(2)(1) fust   Immedial Information Regarded in Path Path   Immedial Return??			
Paid Preparer's	TAHOB: CROSS COUNTRY, SKT EDUCATION       Caliform convol       Caliform convol         an. See heath-clares.       Finite       Caliform convol       2179766         Total operation number       Finite       Finite       Finite       Caliform convol       Part operation         Y2       CA       Caliform convol       Part operation       Part operation       Part operation         Y2       CA       Caliform convol       Part operation       Par			
Use Only	(or yours, if DO BOX 6566			58-0388891
	0111, 011 90110 0000			(530) 581-1014
	May the FTB discuss this return with the preparer shown above? See	e instructions		X Yes No

тан Part		Orga	SS COUNTRY SKI EDUCATIO anizations with gross receipts of mo rdless of amount of gross receipts – c	ore than \$50,000 and	private foundations		68-0	)431295
		1	Gross sales or receipts from all but				1	24,955.
		2	Interest				2	21,5001
		3	Dividends				3	
Recei	ipts	4	Gross rents.				4	2,000.
from Other		4 5	Gross royalties				5	2,000.
Source		-	Gross amount received from sale of				6	
		6	Other income. Attach schedule				7	CO 401
		7	Total gross sales or receipts from other sou				8	62,401.
		8		•	,	,		89,356.
		9	Contributions, gifts, grants, and similar amou				9	
		10	Disbursements to or for members.			• F STMT 2	10	
		11	Compensation of officers, directors				11	0.
Expe	ncec	12	Other salaries and wages				12	71,757.
and		13	Interest				13	
Disbu ment		14	Taxes			-	14	
ment	5	15	Rents			• • • • • • • • • • •	15	
		16	Depreciation and depletion (See in				16	6,242.
		17	Other Expenses and Disbursement	s. Attach schedule	SEE STA	TEMENT 3 🖕	17	30,728.
		18	Total expenses and disbursements. Add line	9 through line 17. Enter he	re and on Side 1, Part I, line 9		18	108,727.
Sche	edule	۶L	Balance Sheet	Beginning of	taxable year	End	of taxab	le year
Asse	ts			(a)	(b)	(c)		(d)
					190,972.		•	121,507.
2	Net acc	ounts	receivable				•	
3	Net not	es rec	eivable				•	
4	Invento	ries .					•	
5	Federal	and s	tate government obligations				•	
6	Investr	nents i	n other bonds				•	
7	Investr	nents i	n stock				•	
8	Mortga	ge loa	ns				•	
9	Other in	- nvestn	nents. Attach schedule				•	
10 a	Depreci	iable a	Issets	3,374,089.		3,390,46	5.	
			ated depreciation.	38,219.	3,335,870.	34,65		3,355,807.
							•	
			Attach schedule.				•	
					3,526,842.			3,477,314.
			et worth		5,520,042.		_	5,477,514.
			able				•	
			, gifts, or grants payable				•	
			otes payable				•	
			yable				•	
		• •	·		00 145		-	
			es. Attach schedule.		22,145.		•	2 477 214
	•		or principal fund		3,504,697.		•	3,477,314.
			pital surplus. Attach reconciliation				•	
			nings or income fund		2 526 942		-	3,477,314.
-				a la suite in a suite suite	3,526,842.			5,477,514.
	edule		Do not complete this schedule if the	e amount on Schedule	L, line 13, column (d), is			
			er books	-27,383		ooks this year not inclu		
						schedule		
			ital losses over capital gains		8 Deductions in this ret	-		
			ecorded on books this year.		against book income	uns year.		
			Ile			line 8		
			orded on books this year not deducted		10 Net income per r		··	

6 Total. Add line 1 through line 5. . . . . . . .

059

-27,383.

**10** Net income per return.

Subtract line 9 from line 6.....

-27,383.



WHERE TO FILE:	Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the corporation number or FEIN and '2016 FTB 3539' on the check or money order. Detach form below. Enclose, but <b>do not</b> staple, payment with form and mail to: <b>FRANCHISE TAX BOARD</b> <b>PO BOX 942857</b> <b>SACRAMENTO CA 94257-0531</b>
Make all checks or mo	ney orders payable in U.S. dollars and drawn against a U.S. financial institution.
WHEN TO FILE:	Calendar year C corporations — File and Pay by April 18, 2017 Calendar year S corporations — File and Pay by March 15, 2017

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Fiscal year filers - See instructions

Due to the federal Emancipation Day holiday observed on April 17, 2017, tax returns filed and payments mailed or submitted on April 18, 2017, will be considered timely.

Corporations can make payments online with Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov** for ONLINE SERVICES: more information.

			IF NO PAYMENT I tronically, see instru		MAIL THIS	FORM	DETACH	HERE	
TAXABLE YEAR			Automatic E				CALIFC	RNIA FOR	N
2016	for Corp	orati	ons and Ex	empt Orga	anizatio	ons	3539	(COR	P)
	SS COUNTF UNA 60	TYE	-0431295 06-30-2017 I EDUCATION 96145-7260			16 NC	FORM	3	
(530) 583	-5475			АМ	OUNT O	F PAYMENT		10.	
	CACZ0401L 12/14/16		059	6141166			FTB 3539 20	16	

### 2016 Corporation Depreciation and Amortization

### 3885

Allac	ch to Form 100 or For	m 100W. FORM	4 199						
Corpor	ration name	CROSS COUNTH	RY SKI EDUCA	TION			Californ	ia corporati	on number
		ATION, INC.					2179	766	
Parl	Election To Ex	pense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction	under IRC Section	179 for California.					1	\$25 <b>,</b> 000
2	Total cost of IRC Sec		•					2	
3	Threshold cost of IR		-					3	\$200 <b>,</b> 000
4	Reduction in limitation			,			-	4	
5	Dollar limitation for t	· · · · · · · · · · · · · · · · · · ·	act line 4 from line		1			5	
6	(a)	Description of property		(b) Cost (business )	use only)	(c) Electe	d cost		
			10 N						
-	Listed property (elec Total elected cost of					line 7		8	
8 9	Tentative deduction.							9	
10	Carryover of disallow							10	
11	Business income lim							11	
12	IRC Section 179 exp							12	
13	Carryover of disallow	ved deduction to 20	17. Add line 9 and	l line 10, less line 1	2	13			
Parl	t II Depreciation ar	nd Election of Additi	onal First Year Dep	reciation Deduction	Under R&T	C Section 24	356		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g	)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	n Life or rate	Deprecia this y		Additional first year
	of property	(IIIII/dd/yyyy)		allowable in	methou	Tate	uns y	Cal	depreciation
				earlier years					
	NTAL EQUIPMEN		2,503.	2 <b>,</b> 357.	S/L	7		146.	
	DLE SCHOOL T		1,200.	1,126.	S/L	7		74.	
	IOPY TENT	3/15/2011	323.	245.	S/L	7		46.	
	NTAL EQUIPMEN		7,639.	6,092.	S/L	7		,091.	
REN	ITAL EQUIPMEN	12/01/2011	15,044.	9,850.	S/L	7	2	,149.	
15	Add the amounts in								
David	\$2,000. See instructi	ions for line 14, co	lumn (h)			15	6	,242.	
Part 16		ion in clasting						1	
10	Total: If the corporat IRC Section 179 exp		unt on line 12 and	line 15. column (a)	) or				
	Additional first year	depreciation under	R&TC Section 243	356, add the amoun	ts on line				
17	Depreciation (if no e	•							
	Total depreciation cl								
10	Depreciation adjustm Form 100W, Side 1,	line 6. If line 17 is	less than line 16, e	enter the difference	here and	on Form 100	or		
	Form 100W, Side 2, state adjustments or							. 18	
Parl			TTOOW, NO aujusti	nent is necessary.).					
19	(a)	(b)	(c)	(	d)	(e)	(f)		(g)
	Description	Date acquire	d Cost o	r Amort	ization	R&TC	Period		Amortization
	of property	(mm/dd/yyyy	) other bas	sis allowed or in earlie		section (see instr)	percenta	ige	for this year
20	Total. Add the amou	nts in column (a)	<b>I</b>	I				20	
21	Total amortization cl							21	
	Amortization adjustm	nent. If line 21 is a	reater than line 20.	enter the difference	e here and	d on Form 10	00 or		
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20, o	enter the difference	here and	on Form 100	or		
	Form 100W, Side 2,	line 12			<u></u>	<u></u>		22	

### 2016 Corporation Depreciation and Amortization

### 3885

Attac	h to Form 100 or For	m 100\// EOD	4 199						
	ration name	1014					California	a corporatio	on number
00.p0	TAHOE		RY SKI EDUCA	TION					
		ATION, INC.					2179	766	
Par	t Election To Ex	pense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction	under IRC Section	179 for California.					1	\$25 <b>,</b> 000
2	Total cost of IRC Se	ction 179 property	placed in service					2	
3	Threshold cost of IR	C Section 179 prop	erty before reducti	on in limitation				3	\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less, enter -0				4	
5	Dollar limitation for t	axable year. Subtr	act line 4 from line	1. If zero or less,	enter -0			5	
6	(a)	Description of property		(b) Cost (business	use only)	(c) Electer	d cost		
					,,	.,			
-			10 IN						
-	Listed property (elec							0	
8	Total elected cost of							8	
9	Tentative deduction.							9	
10	Carryover of disallow							10	
11	Business income lim			•				1	
12	IRC Section 179 exp				_			12	
13	Carryover of disallow								
Par	[ ] Depreciation ar	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&I	C Section 24:	56		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)	an far	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	1 Life or rate	Depreciati this ye		Additional first year
				allowable in	moulou	1410			depreciation
				earlier years					
EQU	JIPMENT	12/01/2012	1,595.	817.	S/L	7		228.	
REN	NTAL EQUIPMEN	12/01/2012	12,630.	6,465.	S/L	7	1,	804.	
LAE	TOP COMPUTER	10/28/2013	214.	82.	S/L	7		31.	
REN	ITAL EQUIPMEN	1/01/2014	2,602.	930.	S/L	7		372.	
	GO TRAILER	12/31/2014	. 840	180.	S/L	7		120.	
15	Add the amounts in	column (a) and co	ump (b) The total	of column (b) may	not oxcoor	4			
15	\$2,000. See instruct								
Par		,				I			
	Total: If the corporat	tion is electina:							
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15, column (g	) or				
	Additional first year								
17	Depreciation (if no e				(0)				
	Total depreciation cl			,				. 17	
10	Depreciation adjustn Form 100W, Side 1,	line 6. If line 17 is g	less than line 16.	enter the difference	e here and	on Form 100	or		
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation am	nounts are used to	determine i	net income b	efore		
	state adjustments or	n Form 100 or Form	n 100W, no adjustn	nent is necessary.).				. 18	
Par									
19	(a)	(b)	d Cost o	r Amort	d)	(e) R&TC	<b>(f)</b> Period o	-	(g)
	Description of property	Date acquire (mm/dd/yyy)			ization allowable	section	percentac		Amortization for this year
	5. p. p. p. s.	(	,		er years	(see instr)	1	,-	for this year
				1					
20	Total. Add the amou	ints in column (a)	1	I		1		20	
20	Total amortization cl	(0)						21	
22	Amortization adjustn Form 100W, Side 1,	line 6. If line 21 is g	less than line 20	, enter the difference	e nere and	a on ⊨orm 10 on Form 100	or		
	Form 100W, Side 2,		'					22	
	. ,								

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### 2016 Corporation Depreciation and Amortization

### 3885

	ch to Form 100 or For	m 100W. FOR	M 199						
Corpo	ration name	CROSS COUNT	RY SKI EDUCA	TION			Californ	nia corporatio	on number
	ASSOCI.	ATION, INC.					2179	9766	
Par			perty Under IRC S						
1	Maximum deduction							1	\$25 <b>,</b> 000
2	Total cost of IRC Se		•				H	2	
3	Threshold cost of IR		-				E Contraction of the second	3	\$200,000
4 5	Reduction in limitation			,				4 5	
6	Dollar limitation for t	Description of property		(b) Cost (business)		(c) Elected		_J	
0	(d)	Description of property			use only)				
7	Listed property (elec	tod IPC Section 1	79 cost)		7				
8	Total elected cost of					ine 7		8	
9	Tentative deduction.						-	9	
10	Carryover of disallow						H	10	
11	Business income lim						-	11	
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	0, but do not enter	more than	line 11		12	
13	Carryover of disallov								
Par	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&T	C Section 243	56		
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	(c) Cost or	(d)	(e)	f) Life or	(g	)	<b>(h)</b> Additional first
	of property	(mm/dd/yyyy)	other basis	Depreciation allowed or	Depreciation method	rate	Deprecia this y		year
				allowable in				, ,	depreciation
		10/01/0014	1 0 6 7	earlier years	0./7	7		101	
	TAL EQUIPMEN		1,267. 3,344,608.	272.	S/L	25		181.	
101	LDING COSTS	6/30/2015	3,344,000.		S/L	25			
15	Add the amounts in \$2,000. See instruct								
Par									
16	Total: If the corporat	tion is electing:							
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15, column (g	) or		(م) معط (م)		
	Additional first year Depreciation (if no e								
17	Total depreciation cl	-							
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 16	, enter the difference	e here and	l on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the difference	e here and o determine r	on Form 100 Det income b	or efore		
	state adjustments or	n Form 100 or Forr	n 100W, no adjustn	nent is necessary.).				18	
Par	t IV Amortization								
19	(a)	(b)	(c)	(	d)	(e)	_ (f)		(g)
	Description of property	Date acquire (mm/dd/yyy			ization allowable	R&TC section	Period percenta		Amortization for this year
	- 1- 1- 3	(	,	in earlie	er years	(see instr)	[·····	- J -	
20	Total. Add the amou	(0)					F	20	
21	Total amortization cl	laimed for federal	ourposes from fede	eral Form 4562, line	44			21	
22	Amortization adjustn	nent. If line 21 is g	reater than line 20	, enter the difference	e here and	l on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,							22	

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2016

### **California Statements**

Page 1

Tahoe Cross Country Ski Education Association, Inc.

68-0431295

Statement 1 Form 199, Part II, Line 7 Other Income Income from Special Events Program Service Revenue			\$  Total <u>\$</u>	7,650. 54,751. 62,401.
Statement 2 Form 199, Part II, Line 11 Compensation of Officers, Directors, <sup>-</sup>	Trustees and Key Employees			
Current Officers:	Title and Average Hours Per Week Devoted	Total Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
James Robins PO Box 1347 Tahoe City, CA 96145	President 15.00	\$0.	\$ 0.5	<b>0</b> .
Douglas Read P.O. Box 7260 Tahoe City, CA 96145	Vice President 5.00	0.	0.	0.
Jens Legallet PO Box 1744 Tahoe City, CA 96145	Sec./Treasurer 5.00	0.	0.	0.
Roger Chaney 2315 Gatewood Drive Reno, NV 89523	Director 2.00	0.	0.	0.
Debbie Kelly-Hogan P.O. Box 7559 Tahoe City, CA 96145	Director 2.00	0.	0.	0.
Rafe Miller PO Box 485 Tahoe City, CA 96145	Director 2.00	0.	0.	0.
Douglas McNair PO Box 68 Tahoe City, CA 96145	Director 2.00	0.	0.	0.
Gerald Rockwell P.O. Box 1431 Tahoe City, CA 96145	Director 2.00	0.	0.	0.
Don Heapes PO Box 6053 Tahoe City, CA 96145	Director 2.00	0.	0.	0.

2016

### **California Statements**

### Tahoe Cross Country Ski Education Association, Inc.

68-0431295

## Statement 2 (continued) Form 199, Part II, Line 11 Compensation of Officers, Directors, Trustees and Key Employees

### **Current Officers:**

Name and Address	Title and Average Hours <u>Per Week Devote</u>	Total Compen- l sation	Contri- bution to EBP & DC	Expense Account/ Other
Randy Berenson P.O. Box 7260 Tahoe City, CA 96145	Director 2.00	\$0.	\$ 0.	\$
Gary Anderson P.O. Box 699 Carnelian Bay, CA 96140	Director 2.00	0.	0.	
	Tota	1 <u>\$ 0.</u>	<u>\$</u> 0.	\$
Form 199, Part II, Line 17 Other Expenses Advertising and Promotion. Bank charges. Coach compensation Dues and subscriptions. Equipment maintenance Event expenses. Insurance Kevin Murnane scholarship Licenses and permits. Meals and entertainment			· · · · · · · · · · · · · · · · · · ·	1,860. 4,556. 1,418. 615. 250. 1,516. 2,287. 4,404. 2,000. 170. 566. 9.

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

IN

WEBSITE ADDRESS: http://ag.ca.gov/charities/

### ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



	Check if:					
State Charity Registration Number <u>CT0161692</u>		Change of address				
TAHOE CROSS COUNTRY SKI EDUCATION ASSOCIATION, INC.		Amended report				
Name of Organization						
P.O. BOX 7260 Address (Number and Street)		Corporate or Organization No. 2179766				
TAHOE CITY, CA 96145-7260		Federal Employer I.D. No. 68-0431295				
City or Town State ZIP Code						
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts						
Gross Annual Revenue Fee Gross Annual Reven	Gross Annual Revenue		Fee Gross Annual Revenue			ee
	Between \$100,001 and \$250,000         \$50         Between \$1,000,001 and \$10 milli           Between \$250,001 and \$1 million         \$75         Between \$10,000,001 and \$50 million           Greater than \$50 million         \$75         Greater than \$50 million			0,001 and \$50 millio	-	
PART A – ACTIVITIES						
	7/01/16 tal assets		6/30/17 3,477,314.	) list:		
PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT						
Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.						
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the				Yes	No	
organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?						Х
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?						Х
<b>3</b> During this reporting period, did non-program expenditures exceed 50% of gross revenues?						Х
<b>4</b> During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.						Х
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.						Х
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.						Х
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred. SEE STATEMENT 1					Х	
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.						Х
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?						Х
Organization's area code and telephone number (530) 583-5475						
Organization's e-mail address INFO@TAHOEXC.ORG						
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.						
JAMES ROBINS		PRESIDENT				
Signature of authorized officer Printed Name		Title		Date		

2016

### **California Statements**

Tahoe Cross Country Ski Education Association, Inc. Page 1

68-0431295

### Statement 1 Form RRF-1, Part B, Line 7 Number and Dates of Raffles

The Association held four raffles during the fiscal year:  $11/12/16,\ 12/4/16,\ 2/22/17,\ 3/7/17.$ 

6/30/17 2016 California Book Depreciation Schedule Page 1 **Tahoe Cross Country Ski Education** 68-0431295 Association. Inc. Prior Cur Special 179/ Prior Salvage Date 179 Depr. Bonus/ Dec. Bal. /Basis Depr. Basis Prior Current Date Cost/ Bus. Sold Method Life Rate Description Acquired Basis Pct. Bonus Allow. Sp. Depr. Depr. Reductn Depr Depr. No. Form 199 Buildings 6/30/15 3,344,608 25 13 Building costs 3,344,608 0 Total Buildings 0 0 0 0 0 3,344,608 0 3,344,608 0 Machinery and Equipment 2 Rental equipment 12/01/09 2,503 2,503 2,357 S/L 7 146 3 Middle School Team Equip 12/01/09 1,200 1,200 1,126 S/L 7 74 3/15/11 323 323 245 7 46 4 Canopy tent S/L Rental equipment 12/01/10 7,639 7,639 7 6,092 S/L 1,091 5 Rental equipment 12/01/11 15,044 15,044 9,850 S/L 7 2,149 6 7 Equipment 12/01/12 1,595 1,595 817 S/L 7 228 Rental equipment 12/01/12 12,630 12,630 6,465 S/L 7 1,804 8 9 Laptop computer 10/28/13 214 214 82 S/L 7 31 10 Rental equipment 1/01/14 2,602 2.602 930 S/L 7 372 11 Cargo trailer 12/31/14 840 840 180 S/L 7 120 12 Rental equipment 12/31/14 1,267 1,267 272 S/L 7 181 Total Machinery and Equipment 45,857 0 0 0 0 0 45,857 28,416 6,242 6,242 **Total Depreciation** 3,390,465 0 0 0 0 0 3,390,465 28,416 Grand Total Depreciation 3,390,465 0 0 3,390,465 28,416 6,242 0 0 0



## TRUCKEE RIVER UNITED FUTBOL CLUB

## **AIRPORT HANGAR PROPOSAL**

CONTACT: JEFF COUWENHOVEN 530.448.0694 jeffcouwenhoven1@gmail.com

TruckeeriverunitedFC@gmail.com P.O. Box 4000 Truckee, CA 96160 www.truckeeriverunitedfc.org



### TRUFC Objective

To provide Athletes and Community Members/Partners/Organizations from the Truckee, Tahoe, and Incline area a much needed, affordable, year-round, multi-functional indoor space run daily by TRUFC staff.

### Airport Hangar Objective

The hangar will allow us to accomplish two important things

### 1) Execute our TRUFC Soccer Mission (See Addendum 1) by

- Adding more indoor space/availability for training, practice and small sided games for our 250+ members
- Growing our Academy Program for kids 6-10 years old
- Housing our TRUFC Soccer Education program enabling team chalkboard talks, film review, Club/Team meetings and Coach Training/Certifications
- Providing a TRUFC Base of Operations for our staff and a Headquarters for our Copa de Sierras and Lake Tahoe Memorial Day Classic tournaments

# 2) To provide the Truckee/Tahoe/Incline area a much needed, safe, affordable and accessible multi-use facility to host recreation programs, community meetings, events, and community programs including

- Additional community soccer opportunities for kids 4-7 and 8-17 years old
- Indoor Space for additional Truckee/Tahoe/Incline Community Partners, Clubs and Organizations to use for meetings, trainings, certifications, etc. (e.g. Truckee Little League, North Tahoe Little League, Truckee Soccer Association, North Tahoe High School Soccer, North Tahoe High School Baseball, Truckee Tahoe Swim Team, Boy Scouts of America - Troop 267, Tahoe Nordic Search and Rescue)
- Community Disaster Relief Center/Staging/Collection Site
- Food Drive/Donation Collection Site
- Baseball/Softball Batting Practice/Indoor Drills
- Adult Soccer Pick-up Games
- Morning Community Rec Time
- · Kids Play/Birthday Parties
- Lunchtime Yoga
- School Bus Drop-off/After School Study Hall/Peer Tutoring
- Youth Rec Time
- Community Movie Nights/Viewing Parties/Film Festivals
- Boy Scout Troop 267 Meetings and Events
- Community Group Meeting Space



### **Airport Hangar Benefits**

The hangar will fill several community needs that currently exist including:

- Provide much needed available, accessible and affordable indoor space that either doesn't exist or organizations are battling for
- Provide more programs/opportunities to the Community while keeping costs down
- Reduce the net need on existing indoor space
- Increase availability allowing community programs to grow
- Provide space for new community programs and activities to start
- Benefit local merchants by keeping families and revenue here instead of in Reno and beyond
- Provide quality local programs/opportunities to families who typically travel outside the area to meet their needs

### Airport Hangar Details

The hangar will be open from <u>8am-10pm daily</u> with **community activities scheduled from 8am-3pm** and **TRUFC/Community Partner activities scheduled from 3pm-10pm.** The walls will have protective netting from floor to ceiling to prevent balls from bouncing off of them. The center area will be turfed for a variety of activities. For a majority of our activities, there will be 12-20 kids inside the hangar at a time. We will stagger drop off and pick-ups so we will only need a maximum of 10 parking stalls and a drop off/pick-up lane.

### **Airport Hangar Layout**

The hangar will have a flexible layout that can accommodate different activities/needs easily throughout the day and all four seasons. The space will have a front desk for check-ins, cubby wall to store personal items, soccer tennis area, turf area, batting cage area and a classroom area. The space will also have the ability to project movies, game films, World Cup Games, ski movie premiers, local club/race film, etc. onto the walls. For a visual representation of the space, please see **Addendum 2**.

### **Airport Hangar Financials**

Included in the proposal are the last two years of simple 990 forms and a YTD through December 31, 2018 financial forecast. At Truckee River United Futbol Club, we, like every corporation or entity, recently went through a period of investment and reorganization. In the year ending 2017, the board of Directors decided that the club as it was operating was fine, but not sustainable over the next 20-50 years and needed to change. Throughout 2017 and 2018, our organization overhauled programs, policies, and implemented a strategy to realign the club for growth, accessibility to the community, and opportunity for the future. Proudly, this year we are on track to generate more revenue than ever for the club, and also to recuperate the investment costs of 2017-2018. This plan has allowed new roles within our club and allows us flexibility to benefit from our organization. **See Addendum 3.** 

### Addendum 1 **TRUFC Mission**

Our Mission is to

- Provide year-round, highly competitive soccer programs designed to enhance the development of soccer as a sport and culture
- Promote a positive soccer environment where sportsmanship and teamwork is highly valued and develop young people who can make a positive impact on and off the field
- Provide premier-level coaching and training opportunities
- Improve each player's ability by training them to their fullest potential

### Addendum 2



**Proposal for Truckee Tahoe** 

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Airport partnership with Truckee River United FC



.10	idend	um 3											
	Form	aan	1										OMB No. 1545-0047
	Form 4	990		Return o	of Ora	aniza	tion F	vemnt	From Inc	come 1	Гах		2016
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4	b Ne	t unrelated	business	taxable incor	ne from l	Form 99	0-T, line	34				7b	0.
											Prior Year		Current Year
	<b>8</b> Co	ontributions	and grants	s (Part VIII, li	ne 1h)			<i>.</i>					3,000.
'nu	9 Pr	ogram serv	ice revenu	e (Part VIII, I	ine 2g).								157,057.
Revenue	10 Inv	vestment in	come (Par	t VIII, columr , column (A)	1 (A), IIN lines 5	es 3, 4, 6d 8c	anu /u). 9c 10c	 and 11e)					46,825.
α.	11 Ot   12 To	ner revenue	e (Part Vill	es 8 through	, intes 5, 11 (mus	t equal F	Part VIII.	column (A	), line 12)				206,882.
	12 10	ants and si	milar amou	unts paid (Pa	rt IX, co	lumn (A)	), lines 1	.3)					
	14 Be	enefits paid	to or for m	nembers (Par	t IX, col	umn (A),	, line 4).						
	15 Sa	alaries, othe	er compens	sation, emplo	yee ben	efits (Pa	rt IX, col	umn (A), li	ines 5-10)				
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Expense	h To			ses (Part IX,									
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	18 To	tal expense	es. Add lin	es 13-17 (mu	st equal	Part IX,	column	(A), line 2	5)				201,914.
				. Subtract lin									4,968.
28										Beginr	ning of Currer	nt Year	End of Year
Net Assets or Fund Balances	<b>20</b> To	otal assets (	(Part X, lin	e 16)							6,8	338.	11,806.
Å. Å	<b>21</b> To			line 26)								0.	0.
S T	22 Ne	et assets or	fund balar	nces. Subtra	ct line 21	from lin	ne 20				6,8	338.	11,806.
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e		PURPOSE	IS	TO_DEVELOP_(	COMPETITIVE	YOUTH SU	CUER IN II			<u>. 101</u>		
Governance												
em		Check this		if the organiz	ation discontinue	d its operations	s or disposed or	f more that	an 25% of its ne	t asset	s.	
<sup>Go</sup>	2	Ni. unhar of	untin	a mombers of the a	verning body (P	art VI, line 1a).				3		9
ంర	4	Number of	inder	pendent voting mem	bers of the gove	rning body (Par	t vi, line i b)			4		<u>9</u> 0
ties	5	Total numb	er of	individuals employe	d in calendar ye	ar 2017 (Part V	, line 2a)			6		100
Activities	6	Total numb	er of	volunteers (estimate business revenue fro	e if necessary).		>			7a		0.
Å	7a	Total unrela	ated	usiness taxable inco	me from Form 99	90-T, line 34				7b		0.
	D	Net unrelat							Prior Year		Current Ye	ar
	8	Contributio	ns ar	nd grants (Part VIII,	line 1h)				3,00			
ue	9	Program se	ervice	e revenue (Part VIII,	line 2g)				157,05	7.	162,	488.
Revenue	10	Investment	inco	me (Part VIII, colum	n (A), lines 3, 4	, and 7d)			46.00		2	834.
Å	11	Other reve	nue (	Part VIII, column (A	), lines 5, 6d, 8c	, 9c, 10c, and 1	1e)		<u>46,82</u> 206,88			322.
	12	Total rever	nue -	- add lines 8 through	111 (must equal	Part VIII, coluin	III (A), IIIE 12)		200,00	<u> </u>	1007	
	13	Grants and	simi	ilar amounts paid (P or for members (Pa	art IX, column (A	$\frac{1}{100} \frac{1}{100} \frac{1}$						
	14	Benefits pa	aid to	compensation, empl	avee henefits (P	art IX column (	(A), lines 5-10)					
S	15	Salaries, o	ther	ndraising fees (Part		ine 11e)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-				
anse Snse	16a											
Expenses	.   t	o Total fundr	aisin	g expenses (Part IX		116 24 0			201,91	Δ	180.	,085.
ш	17	Other expe	enses	(Part IX, column (A	), lines 11a-110,	( 111-24e) ( eelump (A) li	····		201, 91			,085.
	18	Total expe	nses	. Add lines 13-17 (m xpenses. Subtract li	ust equal Part 1/	<ol> <li>column (A), π</li> <li>a</li> </ol>	me 20)		4,96			,763.
	19	Revenue le	ess e	xpenses. Subtract in		<b>L</b>		Bec	ginning of Current		End of Ye	ar
is or		Total acco	to (D	art X, line 16)					11,80			,928.
Assets	20	Total liabil	ities	(Part X, line 26)						0.	7,	,885.
let /	22	Not accets	or fi	und balances. Subtra	act line 21 from I	ine 20		[	11,80	6.	-1,	<u>,957.</u>
D		Cignot	UIFO	Block								
			L decla	are that I have examined the content of the than officer) is base	is return, including acc	companying schedule	es and statements, a	and to the bes	st of my knowledge a	nd belief,	it is true, correct,	, and
cor	nplete.	Declaration of p	eparei	(other than officer) is base	ed on all information o	f which preparer has	any knowledge.		·			
									Date			
Si	gn	Sig	nature	of officer					Dute			
	ere											
		1		rint name and title	Proposedo sie	nature	Date		Check	if PT	IN	
				parer's name	Preparer's sig	nature	Duic		self-employed		00192613	
	aid			FEREIRA		ICV CODD				<u>F</u>		
P	repai	rer Firm's r		MCCLINTOCH		LI LURP.		<u></u>	Firm's EIN ►	94-2	2617724	
U	se O	niy Firm's a	ddress		400 A 06160 24	68				(530)		21
<del></del>			, jL,:-	TRUCKEE, C	CA 96160-24	ve? (see instruc	tions)				X Yes	No
M	ay the	IKS AISCUS		duction Act Notice,	can the constate	instructions		TEEA0113	BL 08/08/17		Form 99	0 (2017)
B	AA Fo	or Paperwor	к ке	auction Activolice,	see the separate							

### ⊿ddendum 3

# Monthly Reports:Balance Sheet Comparison As of December 31, 2018

		Total
	As of Dec 31, 2018	As of Dec 31, 2017 (PY)
ASSETS		
Current Assets		
Bank Accounts		7 077 07
1010 Checking-BOA	36,446.89	7,077.97 300.00
1030 Petty Cash	365.00	
Total Bank Accounts	36,811.89	7,377.97
Accounts Receivable	2 8 54	75.00
1210 Accounts Receivable	0.00	75.00
Total Accounts Receivable	0.00	75.00
Other Current Assets		0.00
1320 Undeposited Funds	80.00	0.00
Total Other Current Assets	80.00	0.00
Total Current Assets	36,891.89	7,452.97
TOTAL ASSETS	\$36,891.89	\$7,452.97
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		245.00
2110 Accounts Payable (A/P)	-349.23	-345.00
Total Accounts Payable	-349.23	-345.00
Total Current Liabilities	-349.23	-345.00
Total Liabilities	-349.23	-345.00
Equity		
3100 Net Assets	-2,237.29	11,056.21
Net Income	39,478.41	-3,258.24
Total Equity	37,241.12	7,797.97
TOTAL LIABILITIES AND EQUITY	\$36,891.89	\$7,452.97

-

### Addendum 3

## Monthly Reports:Profit and Loss

July – December, 2018	Total
INCOME	
4000 FUNDRAISING	
4020 Fundraising Events	80.00
4030 Donations/Gifts	2,895.00
Total 4000 FUNDRAISING	2,975.00
4100 PLAYER MEMBERSHIP REVENUE	
4110 Player Revenue	168,643.05
Total 4100 PLAYER MEMBERSHIP REVENUE	168,643.05
4200 TOURNAMENT REVENUE	
4210 Team Registration Revenue	55,070.00
4260 Sponsors for Tournament	500.00
Total 4200 TOURNAMENT REVENUE	55,570.00
Total Income	227,188.05
COST OF GOODS SOLD	
4400 COST OF GOODS SOLD - Supplies & Material	
4420 COGS-Sales of League Product	525.00
Total 4400 COST OF GOODS SOLD - Supplies & Material	525.00
Total Cost of Goods Sold	525.00
GROSS PROFIT	226,663.05
EXPENSES	
5000 G & A EXPENSES	
5010 Advertising	300.00
5015 Merchant Processing Fees	2,685.50
5020 Software/Internet/Website costs	252.81
5025 Dues and Subscriptions-	7,012.36
5030 Bank Service Charge	138.00
5040 Computers/Laptops (hardware costs)	59.90
5045 Office Supplies	1,182.30
5090 Meals and Entertainment	100.00
5095 Storage Rent	60.50
5099 Taxes	50.00
Total 5000 G & A EXPENSES	11,841.37
5100 CONTRACT LABOR EXPENSES	
5110 Club Administrative Services	6,500.00
5120 Coaching Services	10,595.00
5140 Director of Coaching	12,500.00
5150 Referee Administrator	425.00
5160 Referee Fees - Non-Tournament	2,765.00
Total 5100 CONTRACT LABOR EXPENSES	32,785.00
5200 COACH TRAINING/FIELD EXPENSES	
5210 Coach Training Costs	3,420.00
5220 Equipment Purchase or Rent	5,208.80

### Addendum 3

	Total
5230 Field Fees	8,253.25
5240 Indoor Space Costs	645.00
Total 5200 COACH TRAINING/FIELD EXPENSES	17,527.05
5300 PROFESSIONAL FEES	
5310 Accounting/Bookkeeping Services	3,572.97
Total 5300 PROFESSIONAL FEES	3,572.97
5400 PROGRAM EXPENSES	
5410 Team Uniforms/Warm-ups	29,372.76
5420 GBYSL League Fees	24,375.00
5430 NorCal Dues	300.00
5440 KYCK - Player Card	1,727.00
5450 Other Misc - Outside Tournament Costs	2,258.01
5460 League/Team Registration Fees	9,800.00
5470 Outside Tournament Expenses	998.00
5480 Travel Expenses-outside tournaments	310.48
Total 5400 PROGRAM EXPENSES	69,141.25
5500 TOURNAMENT EXPENSES	
5510 Awards/Prizes - Tournament	5,396.92
5520 Equipment Supplies & Rental- Tournament	7,018.47
5530 Field Fees - Tournament	11,701.00
5540 Meals for Staff - Tournament	1,138.98
5550 Referee Lodging COPA - Tournament	13,983.50
5555 Referee Fees - Tournament Only	4,245.00
5560 Other Expenses - Tournament	8,833.13
Total 5500 TOURNAMENT EXPENSES	52,317.00
Total Expenses	187,184.64
NET OPERATING INCOME	39,478.41
NET INCOME	\$39,478.41

Total



# Truckee Community Theater Response to Truckee Tahoe Airport Authority For: Non-Profit Use of Excess Warehouse Space

February 1, 2019







February 1, 2019

Mr. Hardy S. Bullock Director of Aviation and Community Services Truckee Tahoe Airport Authority 10356 Truckee Airport Road, Truckee, CA 96161

Dear Mr. Bullock:

Truckee Community Theater (TCT), a 501c-3 non-profit organization, is pleased and excited to submit this response to Truckee Tahoe Airport District's Request for Proposal for Non-Profit Use of Excess Warehouse Space. We look forward to working with you and your team as you evaluate our proposal and are hopeful we will have the opportunity to present much more about our organization and our goals for growth to your Board of Directors on February 27, 2019.

Without doubt, winning this opportunity would be a dream come true for our Theater Group.

In this response, as requested, we have restricted our narrative responses covering our benefits to your constituents and responding as to how and why TCT complies with Policy Instruction #507. In addition to these two descriptive responses, we have also included our Profit and Loss Statement for 2018, our current Balance Sheet and our Tax Form 990-EZ for 2017.

Truckee Tahoe Airport District has requested a single point of contact for all matters related to this submission. In that regard, please direct any questions to me ether by phone: 415.613.5664 (mobile), or by email: pwmorris@hotmail.com

Very sincerely,

P.W. Kerter

Peter W. Morris, Board Treasurer, Truckee Community Theater

(m): 415.613.5664 (e): <u>pwmorris@hotmail.com</u>

11260 Donner Pass Road, Suite C1, Truckee, CA 96161





### The Benefits of Truckee Community Theater to the Community

#### **Overview:**

Truckee Community Theater (TCT) was formed just a few short years ago with a need and passion to fill the significant void in the community for theater performance and training for all ages. We have quickly become an integral part of the greater Truckee-Tahoe region, offering a multitude of diverse types of theatrical performance and training. Nationally there is little to no funding for arts in schools and while there are many opportunities for youth and adult athletes in this region, the chances for adults and children interested in the arts to participate have been slim to none. We are proud therefore, to have helped create this unique opportunity for all people and have successfully encouraged the region to welcome and cherish the arts. TCT program graduates have gone on to study theatre at prestigious schools like AMDA, UCLA, UCSB, Cal Poly, and NYU.

In addition to offering other performing arts opportunities, we have already begun expanding our reach across the region. For example, our improv troupe now performs at many other local venues, we have danced and sung in the July 4th Truckee parade, we have performed for service clubs, and we are beginning to support programs for arts in schools in Tahoe City and beyond, all the while actively seeking new ways to partner with other local non-profit organizations.

Despite significant constraints on rehearsal and performance space as well as budget, in 2018 alone TCT provided artistic opportunities for approximately 200 children and close to 100 adults. Additionally, audience numbers have totaled well over 1,000. While we are proud of these impressive numbers, we are also greatly saddened that we have had to turn significant numbers of participants away due to lack of space. This space will allow us to offer so much more to so many more.

#### Current programs and demographics served:

TCT presents many program and performance types including plays, workshops, camps, and classes. The 10-minute play festival was just started two years ago and has already grown from presenting one night of published plays to primarily original, never performed extra-short plays presented over three nights. Local writers, actors, directors and audiences come together to create an exciting synergy. We also presented our first (and now annual) Shakespeare play last fall. This is an opportunity to inspire actors, back-stage and audiences alike and has been was very well received. We provide multiple weeklong camps for kids from kindergarten through high school, both during summer and after school. In 2019, as well as offering camps that provide a closing showcase, we are now offering our first "tech" camp - teaching costuming, set design and building, lights, sound and all other aspects of backstage. With this space we could offer even more training and provide professional experience and opportunities which no-one else in the region does.

At the other end of the age spectrum we have also found a special place among seniors in the area through our presentations of an annual 'radio show' as well as a melodrama which, though it appeals to all ages, has certainly been well received by seniors in the community.

An essential part of TCT's mission is that no-one is turned away for financial reasons: we provide discounted ticket prices for seniors and students and - critically - we also provide scholarships for ALL who request one. Scholarships are an important component of serving the community and money spent on high rent significantly reduces our ability to provide them.

#### Future programming:

In 2018 alone, we spent over \$20,000 just to rent space. And, we 'lost' another estimated \$10,000 in class fees that are currently paid direct to TDRPD from which TCT gets nothing. Thus, a larger space and these significant cost savings would allow us to significantly expand our programming during the day and offer preschool theater/play programs, private performance development for adults and the ability to offer programming to local home schools, charter schools, and private schools in the area. We are also seeking collaboration with other non-profits. These are all exciting possibilities for the future.

Thus, our plan would be to not only use this great space during evening and weekends, but also maximize day-time use every weekday, as well as evening and weekends. It would not just sit as an 'empty shell' for most of the week. TCT has many members who are retired or non- or part-time working who would relish the opportunity to assist in conducting kids' workshops, camps and theater programs that we could now offer because of this space. To say nothing of the other allied non-profit organizations we could also invite to use it.

11260 Donner Pass Road, Suite C1, Truckee, CA 96161





### Policy Instruction Number 507 Compliance

### 1. Criteria for Selection of Appropriate Community Benefit Organizations:

### A. Benefiting the constituents of the Truckee Tahoe Airport District.

Truckee Community Theater (TCT) provides theater programs, camps, performance opportunities and technical training to over 250 seniors, adults, teens, and kids from Truckee, Kings Beach, Tahoe City and West Tahoe: essentially the same region as Truckee Tahoe Airport District. We also reach to Incline and occasionally to Reno. Our audiences, volunteers, staff and Board members come from all over.

With a larger space, not only could we extend our offerings to the many that we currently must turn away, but we could also greatly expand our collaboration with other local groups. For example, we already work with the Mountain Belles, who contribute to our Christmas and other seasonal shows; we have begun welcoming local art groups to help design and decorate scenery and props for our productions; we would love to bring in orchestral and other musical groups to add atmosphere and quality to our productions as well as practice and perform in their own right; and we invite dance groups to perform as well.

Importantly, with the absence of art in schools, we collaborate with local schools to both take productions to them as well as to seek ways to involve their students in more theater engagement. For example, we perform free 'school days' shows to kids at elementary schools in the area. It is important to note many of our young and junior performers plan on majoring in the performing arts at college and our graduates have gone on to study theatre at prestigious schools like AMDA, UCLA, UCSB, Cal Poly, and NYU.

With these expansion plans, it is important Truckee Tahoe Airport District understand that TCT would be the overarching organization for all this collaboration, no impact or workload would fall onto your staff. Given TCT's significant experience in these efforts already, we are very comfortable with this responsibility.

### B. Organization's mission supports the mission, vision, and strategic direction of the Airport District.

The Truckee Tahoe Airport District's mission states, in part, "to provide facilities and services to meet local needs.... while enhancing the benefits to the community at large." TCT's mission is to create opportunities for community participation in theatrical offerings of the highest possible quality presented to audiences at affordable prices. Both of or organizations emphasize community building and meeting local needs.

### **C.** Pose no hazard to the operation of the airport, the public, its tenants or staff members.

TCT does not use any materials or equipment that would be expected to be hazardous to the airport or its facilities and it is fully insured.

# D. Readiness to take possession, make and fund needed improvements, sign agreements, and complete required planning and permit activity.

TCT is ready to take possession at the earliest opportunity. We believe only minimal improvements would be required: a large open space is in fact quite perfect for set building, rehearsals, camps and costuming.

Regarding funding improvements, we are extremely well placed for at least three key reasons:

- We will be immediately benefit from large inflows of cash given we will save very significant rental expenses. Plus, we will be able to keep all the camp and other fees that currently go to TDRPD (+\$25,000)
- We will be able to run even more camps etc., increasing still further this cash availability
- 3. We can pursue even more grant, and donation money. You will see from our financials that we are already quite successful in this area. Given our own space, we will be able to seek additional very significant grants, donations and sponsorships that until now have been precluded from us.

11260 Donner Pass Road, Suite C1, Truckee, CA 96161





### E. Verifiable financial stability and reasonable access to capital and timely and workmanship.

Please refer to our financial statements attached. TCT runs a cash-positive, financially stable organization. Additionally, as stated in response to D. above, we have demonstrated our ability to go after and obtain significant grants, donations and sponsorships.

Regarding workmanship, with the reach of TCT, especially through our children's and youth programs, we enjoy the close involvement of significant numbers of parents and members who represent all areas of construction. From civil engineers, to contractors to tradesmen and general laborers, we already enjoy significant professional contributions to not only perform many of the improvements we might want, but also at a very significant discount to using commercial companies.

#### Criteria for Selection of Appropriate Community Benefit Uses: 2.

#### Operation and service offering does not exceed 25 persons aside from occasional special events. Α.

TCT rehearsals, camps and other activities typically have under 20 participants, we would expect that to continue. By arrangement with Truckee Tahoe Airport Authority we would look to hold occasional public events, primarily for example, parents watching an end of camp performance, plus if appropriate, some productions at weekends. Most of our large productions would continue to be held at Truckee High School or in the TDRPD auditorium. This smaller venue at the airport would though, give us the chance to host smaller, more intimate, new and potentially less popular events that we could not support if we had to pay the high rents through TDRPD.

### B. Service offering does not primarily serve those listed as prohibited

TCT does not operate or serve any prohibited uses as defined in the Truckee Tahoe Airport Land Use Compatibility Plan

#### C. Use not prohibited.

TCT does not intend to – and will not – use the space for anything prohibited by local building code, regulations, fire code, or the Truckee Tahoe Airport Land Use Compatibility Plan

### D. The use of the space does not require significant modification, structural improvement, or capital investment on the part of the District.

TCT is primarily interested in the space specifically because of its openness, size and ceiling height. Therefore, we do not foresee any need for very significant modifications, structural improvements or capital investment on the part of the Truckee Tahoe Airport District.

## Truckee Community Theater

### PROFIT AND LOSS

January - December 2018

	TOTAL
ncome	
Concessions	3,639.83
Donation or Grant	26,518.01
Non-Profit Income	73.20
Production Fees	10,406.17
Program Ads	1,260.00
Refunds-Allowances	300.00
Sales	36.00
Snack Shack Income	1,485.50
TCT Bar proceeds	5,060.00
TDRPD 70% of enrollment fees	17,195.86
Ticket Sales	51,698.30
Tips	383.00
Uncategorized Income	625.00
Total Income	\$118,680.87
GROSS PROFIT	\$118,680.87
Expenses	o 40 00
Advertising	340.00
Advertising/Promotional	6,365.48
Arts and Crafts Supplies	251.20
Bank Charges	-150.93
Book Keeping	2,115.00
Concessions supplies	2,023.42
Costumes	11,109.47
Dues & Subscriptions	736.34
Financial Aid	400.0
Insurance	1,486.0
Interest on Credit Card	1,675.6
Legal & Professional Fees	3,223.0
Lighting Design	850.0
Lighting equipment	99.1
Lobby Display	342.6
Merchandise	63.7
Musical tracks	1,491.3
Office/General Administrative Expenses	5,514.0
Paper Goods	18.9
Programs	2,573.1
Props	3,119.5
Rent or Lease	17,165.6
Royalties	6,883.1
Salaries and wages	2,760.6
Scripts and Scores	1,638.0
Sets	5,761.0
	1,082.9

Cash Basis Tuesday, January 15, 2019 07:59 AM GMT-8

	TOTAL
Sound consultation	100.00
Sound equipment	2,609.65
Stipends	26,869.61
Supplies & Materials	2,702.52
Supplies (deleted)	19.99
Taxes & Licenses	731.11
TCT Bar	1,972.51
TDRPD Enrollment fees	50.00
Travel	484.73
Website	925.17
Total Expenses	\$115,403.88
	\$3,276.99
Other Expenses	
Miscellaneous	172.37
Total Other Expenses	\$172.37
NET OTHER INCOME	\$ -172.37
NET INCOME	\$3,104.62

### Truckee Community Theater Balance Sheet

As at December 31, 2018

		Total
ASSETS		
Current Assets		
Bank Accounts		
Petty Cash	\$310.00	
Tri Counties Checking	\$1,558.51	
Tri County Savings	\$230.72	
Total Bank Accounts		\$2,099.23
Total Current Assets		\$2,099.23
Fixed Assets		
Costumes	\$4,500.00	
Less Depreciation	(\$675.00)	
Total Costumes		\$3,825.00
Sets	\$3,500.00	
Less Depreciation	(\$525.00)	
Total Sets		\$2,975.00
Mobile Staging	\$3,000.00	
Less Depreciation	(\$450.00)	
Total Mobile Staging		\$2,550.00
Total Fixed Assets		\$9,350.00
TOTAL ASSETS		\$11,449.23
LIABILITIES		
Liabilities		
Current Liabilities		
Credit Cards		
Chase	\$8,032.30	
Total Credit Cards		\$8,032.30
Total Current Liabilities		\$8,032.30
Total Liabilities		\$8,032.30
TOTAL: ASSETS - LIABILITIES		\$3,416.93

		1	Short Form	OMB No. 1545-1150
Form	990	)-EZ	Return of Organization Exempt From Income Tax	2017
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	
			Do not enter social security numbers on this form as it may be made public.	Open to Public
		the Treasury	Go to www.irs.gov/Form990EZ for instructions and the latest information.	Inspection
A		ue Service 2017 calen	, and ending	
В		applicable:	C Name of organization D Emplo	oyer identification number
Ď	Address		Truckee Community Theater	17 0054704
	Name ch	ange	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	47-3251761 hone number
	Initial retu	um	11260 Donner Pass Rd. Ste C1	Hone Humber
	Final returr	vterminated	City or town	(530) 214-8348
	Amende	d return	Truckee CA 96161	p Exemption
$\Box$	Applicati	on pending	Foreign country name Foreign province states country	ber Þ
			H Check	If the organization is
G		ting Method:		lired to attach Schedule B
			Form 9	90, 990-EZ, or 990-PF).
J	Tax-exem	npt status (che	ck  only one = 1  sur(c)(3)  sur(c)(4)  sur(c	
к	Form of	organization	X Corporation Trust Association Other	
L	Add line	s 5h 6c and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	► <b>1</b> 22.046
	(Part II,		Since and Since	▶ \$ 122,046
P	art I	D	- Evenness and Changes in Net Assets of Fund Balances (see the instruction	
		Check if	the organization used Schedule O to respond to any question in this Part 1.	
	1	Contributio	ns, gifts, grants, and similar amounts received	1 12,563 2 109,483
	2	Program se	Provide revenue including government fees and contracts	3
	3	Membersh	p dues and assessments	4
	4	Investment	income.	
	5a	Gross amo	Unt nom sale of assets other than inventory it is the termination of terminatio of termination of termination of termination of termin	
	b	Less: cost	or other basis and sales expenses	5c 0
	c	Gain or (lo	ss) from sale of assets other than inventory (Subtract inte op norm into our restriction	
	6	Gaming an	nd fundraising events me from gaming (attach Schedule G if greater than	
Q	a			
Revenue	b	Gross inco	me from fundraising events (not including of contributions	
ě		from fundr	aising events reported on line 1) (attach Schedule G if the	
R		sum of suc	ch gross income and contributions exceeds \$15,000).	
	c	Loce: direc	st expenses from gaming and fundraising events 6c	
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	6d 0
		line 6c) .		
	7a	Gross sale	es of inventory, less returns and allowances	
	b	Less: cost	of goods sold	7c 0
	C	Gross pro	nue (describe in Schedule O).	8
	8	Other reve	nue (describe in Schedule 0)	9 122,046
	9	Grante an	d similar amounts paid (list in Schedule O).	10
	10	Ronofits n	aid to or for members	11
<i>u</i> i		Colorios /	other compensation and employee benefits	12
ast	13	Drofossion	and the sand other payments to independent contractors	<b>13</b> 36,414 <b>14</b> 15,157
Fxnenses	14	Occupanc	v rent utilities and maintenance.	<b>14</b> 15,157 <b>15</b> 458
х Ц	15	Printing n	unlications postage, and shipping	<b>16</b> 76,606
	16	Other exp	enses (describe in Schedule O)	<b>17</b> 128,635
	17	Total exp	enses. Add lines 10 through 16.	18 -6,589
y	18	Excess or	(deficit) for the year (Subtract line 17 from line 9).	
ä	2 19	Net asset	s or fund balances at beginning of year (from line 27, column (A)) (must agree with ar figure reported on prior year's return)	<b>19</b> -2,159
A c		Othersho	processing net assets or fund halances (explain in Schedule O)	20
Nat Accate	20	Uther cha	s or fund balances at end of year. Combine lines 18 through 20	21 -8,748
		IVEL assel	ction Act Notice, see the separate instructions.	Form <b>990-EZ</b> (2017)
	<b>ог Раре</b> ТА	I WOLK ILCUU		

Truckes Comm	nunity Theater					47-3			
m 990-EZ (2017) Truckee Comm International Truckee Comm	etructions for Pa	rt II)	and the second secon						
Check if the organization used So	chedule O to respo	ond to any q	uestion in this	s Part II				• •	<u> </u> X
Check if the organization see a					(A) Be	ginning of ye			(B) End of year
2 Cash, savings, and investments						8,		22	2,181
								23	3,624
<ul> <li>Other assets (describe in Schedule (</li> </ul>	0)				ļ			24	5,805
T-t-lanata							_	25	14,553
• T-(-) Velation (describe in Schedul	ile ()						628		-8,748
<ul> <li>Number of the second balances (line 2)</li> </ul>	27 of column (B) m	nust agree v	Mith line <u>21).</u>			-2,	159	21	-0,7-10
Condition of Duration Condition	ioo Accomplishm	ents (see II	ne instructions	5 101 Faitin)		ſ	$\mathbf{x}$		Expenses
Check if the organization used	d Schedule O to re	espond to a	ny question in	this Part III.		· · · [	즥니	(Reau	ired for section
t it have an exempt	tourpose? See	e Scedule O	)					501(c	)(3) and 501(c)(4) izations; optional
	ico accomplishmer	nts for each	of its three la	rgest progran	n services	S,		for oth	
measured by expenses. In a clear and	concise manner, o	describe the	services pro-	vided, the nur	nber of				
real states and a the arrele wort info	rmation for each h	mooram uue							
at the state of the second of	ad during the year '	with opport	unities						
for adults, teens, and children, to lear	rn new skills and e	enhance cor	fidence						
								28a	113,29
(Grants \$ 13,185 )	) If this amount in	cludes forei	ign grants, ch	eck nere	· · · ·	🖻	느니	208	110,20
9									
							<u>ا ا ا ا ا</u>	29a	
(Grants \$	) If this amount in	cludes fore	ign grants, ch	eck nere				254	
30									
								200-	
(Grants \$	) If this amount ir	ncludes fore	ign grants, ch	neck here	• • •	🕨		30a	
	Sebedule ()								
31 Other program services (describe in	Schedule O).	ncludes fore	ign grants, ch	neck here	 	 <b>&gt;</b>		31a	113.20
31 Other program services (describe in (Grants \$	Schedule O).	ncludes fore	ign grants, ch	neck here	· · · · ·	· · · · ·		31a 32	and the second se
<ul> <li>31 Other program services (describe in (Grants \$</li> <li>32 Total program service expenses. (</li> </ul>	Schedule O). ) If this amount in (add lines 28a thro	ncludes fore	eign grants, ch	e even if not co		ed—see th		31a 32	is for Part IV)
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31 Other program services (describe in (Grants \$	Schedule O). ) If this amount in (add lines 28a thro	ncludes fore ough 31a) y <b>Employee</b> espond to a	eign grants, ch 	e even if not control of the sector of the s	ompensate	ed—see th	h benefi	31a 32 truction	(e) Estimated amount
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Form 99		-32517	61	Page <b>3</b>
Part	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 the	ns Pa		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33	ļ	<u> </u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34	<u> </u>	<u>x</u>
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			v
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.	35b		<u> </u>
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35-		x
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	┟	<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	20		v
	during the year? If "Yes," complete applicable parts of Schedule N.	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	375		x
b	Did the organization file Form 1120-POL for this year?	37b	Notes and	$\vdash$
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	38a	x	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	200000000000000000000000000000000000000		
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter: <b>39a</b>			
а				
b	Gluss receipts, included of fine of, for public dec of olds identice i i i i i i i i i i i i i i i i i i	•		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 > ; section 4912 > ; section 4955 > ; section 4956 > ; section 4956 > ; section 4956 > ; section 4958 > ; ; section 4958 > ; sect			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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? If "Yes," complete Schedule L, Part I	40b		x
	that has not been reported on any of its phor Points 990 of 990-E2711 res, complete Schedule E, Part	-448		
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
L	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
a	40c reimbursed by the organization $\ldots$			
_	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
е	transaction? If "Yes," complete Form 8886-T.	40e		X
44	List the states with which a copy of this return is filed.	I		
41		(530) 1	206-65	66
42 a			200-00	
	Located at ► 11260 Donner Pass Rd City Truckee ST CA ZIP + 4 ► 961	61	1	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	<b></b>	Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	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			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			Γ
44 a	completed instead of Form 990-EZ.	44a	in half-room	X
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
u	completed instead of Form 990-EZ.	44b		X
~	Did the organization receive any payments for indoor tanning services during the year?	44c	1	X
с Б	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
d	explanation in Schedule O.	44d		X
AE -	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	1	X
45 a	Did the organization have a controlled entity within the meaning of section or $2(0)(10)^{11}$ .			
45 b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions).	45b		* (138313270883)

Form 990-EZ (2017)

Form 9	90-EZ (2017	) Truckee Community Thea	ater				4	17-32517		Page <b>4</b>
46		rganization engage, directly or indirectl lates for public office? If "Yes," complet	• • •	-				. 46	Yes	No X
Part	VI Se Al	ection 501(c)(3) organizations or I section 501(c)(3) organizations m	lly						s	L
	50 Cl	) and 51. heck if the organization used Sche	dule O to respond	to an	y question in this I	Part VI				
47		organization engage in lobbying activitie							Yes	No
	year? If "	'Yes," complete Schedule C, Part II ganization a school as described in sect		 If "Vor	· · · · · · · · ·	 . E		47		
48 49 a	Did the c	prganization a school as described in sector organization make any transfers to an ex	xempt non-charitable	e relate	d organization?.	с <u>с</u> 		49a		x
	If "Yes,"	was the related organization a section 5	527 organization?					. <b>49b</b>		
50	Complete	e this table for the organization's five high	ghest compensated	employ	ees (other than offic	ers, direc	ctors, trustees,	and key		
	employe	es) who each received more than \$100	,000 of compensatio	n from	the organization. If t	here is no	one, enter "Noi	าe."		
	(a)	Name and title of each employee	<b>(b)</b> Average hours per week devoted to positior	1	(c) Reportable compensation (Forms W-2/1099-MISC)	contribu benefit p	lealth benefits, tions to employee lans, and deferred ompensation	(e) Estim other c	ated am ompens	
	None									
Title			Hr/WK	.00						
Name Title			Hr/WK	.00						
Name										
Title			Hr/WK	.00						
Name Title			Hr/WK	.00						
Name										
Title			Hr/WK	.00						
f 51	Complet	mber of other employees paid over \$10 e this table for the organization's five his 0 of compensation from the organizatio	ghest compensated	indepe	ndent contractors wh	io each r	eceived more t	han		
		(a) Name and business address of each independ	ent contractor		(b) Type of ser	vice	(c)	Compensa	ation	
Name	None	Str								
City		ST	ZIP							
Name		StrST	ZIP							
City Name		Str								
City		ST	ZIP							
Name		Str								
City		ST	ZIP							
Name City		StrST	ZIP							
	Total nu	mber of other independent contractors		\$100,0	00	▶				
52	complete	organization complete Schedule A? <b>Not</b> ed Schedule A					<b>.</b>	لششا	es 🗌	] No
Under true, co	penalties of p prrect, and co	perjury, I declare that I have examined this return, in omplete. Declaration of preparer (other than officer)	ncluding accompanying sc is based on all information	hedules n of whic	and statements, and to the h preparer has any knowle	best of my dge.	knowledge and be	lief, it is		
Sign		Signature of officer					Date			
Here		Tune as what many and 414								
		Type or print name and title           Print/Type preparer's name	Preparer's signat	ture	Da	te		PTIN		
Paid		Sally Lyon	Sally Lyon		9	/29/2018	Check X self-employed	f P0107	<u>79618</u>	
-	barer	Firm's name					Firm's EIN 🕨			
	Only	Firm's address > 11151 Dorchester Dr,						30) 582-4		
May t	he IRS di	scuss this return with the preparer shov	vn above? See instru	uctions				-	es 🔄	No
								Form 9	90-E2	<b>Z</b> (2017)



MISSION STATEMENT

Project MANA aims to drastically reduce the incidence of hunger and its detrimental effects upon individuals, families, the community and the region.

February 1, 2019

Truckee Tahoe Airport District Attn: Kevin Smith 10356 Truckee Airport Rd Truckee, CA 96161

Dear Kevin and the Truckee Tahoe Airport District Board,

#### **Board of Trustees**

Karen Barchas

Thomas Conk

Coralin Glerum

Barbara Kay

Jim Martini

Ted McDowell

Len Simon

Deirdre Toner

Craig Werner

#### **Executive Director**

Deidre Ledford

Project MANA is pleased to submit our proposal to the Truckee Tahoe Airport District for the 4,000 square feet warehouse space available for non-profit, community benefit use.

Attached you will find a one-page narrative on how Project MANA benefits the constituents of the Truckee Tahoe Airport District, a copy of our current balance sheet, Profit Loss statement, a Form 990 for our previous operating year, and a one-page narrative on how and why Project MANA complies with Policy Instruction #507, Section 2, Criteria for Selection of Appropriate Community Benefit Uses.

Thank you for the opportunity to apply. If you have any questions or need additional items, please do not hesitate to contact me at 775-298-4161 ext. 101 or at deidrel@projectmana.org.

Sincerely,

Deidre Ledford Executive Director

#### Project MANA's Benefit to the Constituents of the Truckee Tahoe Airport District

Project MANA (Making Adequate Nutrition Accessible) is the primary regional provider of hunger relief services to low-income, food insecure children, individuals and families who are unsure where their next meal may be coming from. Our mission is to reduce the incidence of hunger and its detrimental effects upon individuals, families, the community and the region. Project MANA distributes and delivers food four times per week, every week of the year, rain, snow or shine. Our food programs aim to mitigate the adverse health outcomes that can result from food insecurity-related malnutrition and nutrient deficiency by providing adequate and nutritious food choices (e.g. nutrient-packed fresh fruits and vegetables) that our clients otherwise cannot afford to purchase for themselves.

Food insecurity does exist in our community. According to Feeding America, 12.2% of Placer and Nevada county residents are food insecure, compared to the national average of 12.9%. Our local food insecure residents struggle to put food on the table and make ends meet, primarily due to low paying and unstable employment within tourism-related industries, and housing and food costs that are higher than both California state and national averages (North Tahoe Truckee Community Report Card 2016). Food insecurity and poor nutrition can lead to a number of health issues, including obesity, diabetes, heart disease, depression and even premature mortality. Hungry children--who represent 30% of the individuals Project MANA serves--are sick more often and struggle in school, and those under 5 can have developmental delays that impact the rest of their lives. Project MANA has become part of many households' long term strategies to supplement monthly shortfalls in food and is one of the only food resources in the region for those who fall between earning a living wage and qualifying for public assistance.

Project MANA distributed 148,358 meals to 2,267 food insecure North Lake Tahoe/Truckee residents in FY 2017-18, and 85% of all Project MANA services are provided within the Truckee Tahoe Airport District (TTAD). Project MANA also utilized 130,000 pounds of donated food that would otherwise have gone into the trash and \$110,000 worth of donated volunteer time from TTAD constituents in FY 17-18. Project MANA not only contributes to the health of our community by improving access to nutritious food, but also by diverting food waste from landfills and by strengthening social connections and enhancing civic engagement through volunteerism. We provide much more than meals--with our volunteers, we bring hope to people in need.

In securing the available warehouse space, Project MANA will increase our food storage capacity, provide an open work space for warehouse volunteers, and expand our office space to include a conference room that can be shared with community partners. Project MANA will provide additional benefit to TTAD constituents through synergy with the Tahoe Food Hub, as co-location will streamline Tahoe Food Hub's weekly food donations to Project MANA and enable Project MANA to receive and distribute those donations more quickly into the community.

Project MANA's services are critical to positioning struggling families and individuals to help themselves and become self-sufficient. As Project MANA engages in the final stages of a merger with Tahoe SAFE Alliance, the North Tahoe Family Resource Center and the Family Resource Center of Truckee, providing adequate nutrition will remain our first priority in getting the community members we work with to the start line on all the tasks they need to complete to succeed.

### Project MANA

### BALANCE SHEET

As of December 31, 2018

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Cash at Schwab	3,059.14
Checking - 7604 WF	3,261.05
Petty Cash	100.00
Savings - 3543 WF	110,346.84
Total Bank Accounts	\$116,767.03
Accounts Receivable	
Accounts Receivable	16,894.68
Total Accounts Receivable	\$16,894.68
Other Current Assets	
Inventory Asset	40,427.81
Prepaid Expenses	2,758.99
Undeposited Funds	15,443.94
Total Other Current Assets	\$58,630.74
Total Current Assets	\$192,292.45
Fixed Assets	
Accumulated Depreciation	-37,645.86
Chevy Van	7,000.00
Computers & Equipment	5,883.88
Freezer	5,014.76
Refridgerated Truck	23,547.00
Walk-In Refrigerator	13,274.00
Total Fixed Assets	\$17,073.78
Other Assets	
Security Deposits	
Security Deposit - Rent	2,695.93
Security Deposits - St. Pat's	200.00
Security Deposits - TTSD	28.00
Total Security Deposits	2,923.93
Total Other Assets	\$2,923.93
TOTAL ASSETS	\$212,290.16
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	834.75
Total Accounts Payable	\$834.75
Credit Cards	
Chase Ink Visa	1,497.00
Total Credit Cards	\$1,497.00

	TOTAL
Other Current Liabilities	
Placer County Homeless Outreach	20,836.67
Total Other Current Liabilities	\$20,836.67
Total Current Liabilities	\$23,168.42
Long-Term Liabilities	
Accrued Vacation	7,310.75
Total Long-Term Liabilities	\$7,310.75
Total Liabilities	\$30,479.17
Equity	
Unrestricted Net Assets	117,904.30
Net Income	63,906.69
Total Equity	\$181,810.99
TOTAL LIABILITIES AND EQUITY	\$212,290.16

### Project MANA

### PROFIT AND LOSS

July - December, 2018

	TOTAL
Income	
Contributions - Restricted	
Restricted Foundations	17,000.00
Restricted Grants	39,008.81
Total Contributions - Restricted	56,008.81
Contributions - Unrestricted	
Appeal - Year End Appeal	82,620.78
Donor Cultivation - General Don	54,059.60
Unrestricted Foundations	26,000.00
Total Contributions - Unrestricted	162,680.38
Events	
Bahn Mi & Beer Event Income	2,519.00
Banh Mi & Beer Event Expense	-969.67
NTBA Passport to Dining Income	2,500.00
Pho Foodie Event Income	420.00
Stella Event Expense	-7,027.05
Stella Event Income	44,290.00
Total Events	41,732.28
Other Types of Income	
Interest Income	14.60
Total Other Types of Income	14.60
Total Income	\$260,436.07
GROSS PROFIT	\$260,436.07
Expenses	
Food Purchased	9,854.52
Office	27,508.46
Operations	5,248.90
Overhead	12,865.58
Personnel	138,608.13
Travel	1,323.28
Total Expenses	\$195,408.87
NET OPERATING INCOME	\$65,027.20
Other Income	
Non-Cash Income	
In-Kind Food Donations	122,009.92
Purchased Food @ \$1.72	22,845.04
Total Non-Cash Income	144,854.96
Total Other Income	\$144,854.96
Other Expenses	
Non-Cash Expense	145,975.47
Total Other Expenses	\$145,975.47
NET OTHER INCOME	\$ -1,120.51

	TOTAL
NET INCOME	\$63,906.69

Form <b>990</b>
-----------------

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Α	For the	2017 calendar year, or tax year beginning $JUL 1$ , $2017$ and $c$	ending J	UN 30, 2018	
	Check if applicable			D Employer identific	ation number
	Addres change	PROJECT M.A.N.A			
	Name change			94-31	149718
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	PO BOX 3824		775-2	298-4161
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	725,904.
	Amend	INCLINE VILLAGE, NV 09430		H(a) Is this a group re	
	Applica tion pendin	F Name and address of principal officer: DETDICE TEDICORD		for subordinates	
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	cluded? Yes No
		mpt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) c	or 🛄 527	,	list. (see instructions)
-		e: WWW.PROJECTMANA.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	<b>L</b> Year (	of formation: 1991 M	State of legal domicile: ${ m NV}$
Pa		Summary			
e	1 8	Briefly describe the organization's mission or most significant activities: $\begin{array}{c} {f RESPG} \\ {f NEEDS} & {f OF} & {f INDIVIDUALS} & {f OR} & {f FAMILIES} & {f ON} & {f THE} \end{array}$		TO EMERGEN	
Activities & Governance	-				
veri		Check this box		1 1	sets. 10
ĝ					10
8 8		Number of independent voting members of the governing body (Part VI, line 1b)			8
itie		Fotal number of individuals employed in calendar year 2017 (Part V, line 2a)			191
ž		Fotal number of volunteers (estimate if necessary)         Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
~	8	Contributions and grants (Part VIII, line 1h)		736,611.	649,497.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
eve		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		26.	33.
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		50,233.	62,131.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		786,870.	711,661.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	<b>14</b> E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{.}$		266,196.	221,739.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
, adv	b	Fotal fundraising expenses (Part IX, column (D), line 25)	24.		
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		512,051.	466,509.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		778,247.	688,248.
	<b>19</b> F	Revenue less expenses. Subtract line 18 from line 12		8,623.	23,413.
s or			Be	ginning of Current Year	End of Year
Sset	20 1	Total assets (Part X, line 16)		123,279.	133,424.
Net Assets	21 1	Total liabilities (Part X, line 26)		28,848.	15,580.
	22	Net assets or fund balances. Subtract line 21 from line 20		94,431.	117,844.

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         DEIDRE LEDFORD, EXECU         Type or print name and title	TIVE DIRECTOR		Date				
Paid	Print/Type preparer's name ELISABETH FARLEY	Preparer's signature ELISABETH FARLEY	Date 11/27	/18 check PTIN /18 self-employed P00520516				
Preparer	Firm's name 🕨 KOHN & COMPANY			Firm's EIN 46-3281627				
Use Only Firm's address 5310 KIETZKE LANE, SUITE 101								
	RENO, NV 89511 Phone no.775-828-7300							
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)							
732001 11-2	8-17 LHA For Paperwork Reduction Act No	tice, see the separate instructions.		Form <b>990</b> (2017)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2017) PROJECT M.A.N.A	94-3149718	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission: TO REDUCE THE INCIDENCE OF HUNGER AND ITS DETRIMENTAL EN- INDIVIDUALS, FAMILIES, THE COMMUNITY AND THE REGION. IN	FFECTS UPON N ADDITION T	
	PROVIDING HUNGER RELIEF, WE HAVE DEVELOPED PROGRAMS DES		0
	ALLEVIATE THE CAUSES OF HUNGER.	IGNED IO	
2	Did the organization undertake any significant program services during the year which were not listed on the		
Z	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	s
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported.	• •	
4a	(Code: ) (Expenses \$ 271,022. including grants of \$ ) (Revenue	ue \$	)
	FOOD RESCUE: CONDUCTED A FOOD RESCUE PROGRAM IN COLLABOR		,
	LOCAL SUPERMARKETS, RETAIL VENDORS, AND COMMUNITY MEMBER	RS WHICH	
	PROVIDED 175,794 LBS OF FOOD AVAILABLE FOR DISTRIBUTION.	. OUR GOAL W	AS
	TO PROVIDE QUALITY, NUTRITIOUS FOOD TO THE COMMUNITY MEN	MBERS WE SER	VE,
	BY PROVIDING FRESH PRODUCE AND DAIRY ITEMS EVERY WEEK.		
4b	(Code: ) (Expenses \$ 304,001. including grants of \$ ) (Revenue	10 ¢	)
-10	EMERGENCY FOOD DISTRIBUTION: PROJECT MANA PROVIDED FOOD		)
	INDIVIDUALS (1,225 HOUSEHOLDS) THROUGH OUR FOUR WEEKLY H	-	
	DISTRIBUTIONS AND FACE PROGRAM. OF THOSE PEOPLE SERVED,	67 HOME-BOU	
	COMMUNITY MEMBERS RECEIVED WEEKLY FOOD DELIVERY THROUGH		
	COMPANIONSHIP EXCHANGE PROGRAM OR FACE, AND NEARLY 527 (		
	SENIORS LIVING IN OUR COMMUNITY RECEIVED NUTRITIOUS FOOI		
	FAMILIES RECEIVED A DELICIOUS TURKEY AND ALL OF THE FIX		
	THANKSGIVING THROUGH OUR LET'S TALK TURKEY PROGRAM. THE		BER
	OF MEALS DISTRIBUTED ANNUALLY WAS APPROXIMATELY 148,358		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e\$	)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses <b>575</b> , 023.		
		Form <b>S</b>	<b>90</b> (2017)
	2 11-28-17 <b>2</b> 1.27 704211 260051 2017 05000 DROTHOM M A M A		
111	1 2 2 2 2 3 2 3 3 3 3 4 4 4 5 4 5 4 5 4 5 4 5 4 5 4 5	260	1 L I I

13321127 794311 269951

2017.05000 PROJECT M.A.N.A

Form	990	(201)	7

PROJECT M.A.N.A

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
9	Schedule D, Part III	-		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? 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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
<b>0</b> -	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0-		v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
	Note. All Form 990 filers are required to complete Schedule O	38	<b>47</b>	1

Form **990** (2017)

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Form	990 (2017) PROJECT M.A.N.A 94-3149	718	F	age 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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)?	4a		x
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
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 services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			v
	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 Schedule O	14b		<u> </u>

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Form 990 (2017)
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				Σ
Sec	tion A. Governing Body and Management				
			~	Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	<u>u</u>		
	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 0.				
b	Enter the number of voting members included in line 1a, above, who are independent		0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	hip with any other			
	officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or under	the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?	5		
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint one or			
	more members of the governing body?		7a		2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members				
	persons other than the governing body?		7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by the following:			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	Γ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Code.)			
				Yes	Ν
0a	Did the organization have local chapters, branches, or affiliates?		10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such				
	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 bo		11a	X	Γ
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,			T
			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			X	$\square$
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				
-	in Schedule O how this was done		12c	x	
13	Did the organization have a written whistleblower policy?			X	$\vdash$
.e 14	Did the organization have a written document retention and destruction policy?			x	┢
15	Did the process for determining compensation of the following persons include a review and appro		17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				
~			150	x	
	The organization's CEO, Executive Director, or top management official			X	┢
b	Other officers or key employees of the organization		130		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	omont with a			
108			40-		1 2
ь.	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		16a		Ľ
b					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anization's			
<u>`````````````````````````````````````</u>	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed CA	$T = \{0, 1\}$	) <b></b>		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	- I (Section SUI(C)(3)S ONLY	) availat	ле	
	for public inspection. Indicate how you made these available. Check all that apply.				
40		in in Schedule O)	I. C		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, o	contlict of interest policy, a	nd tinan	icial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's to	books and records:			
	THE ORGANIZATION - 775-298-4161				
	PO BOX 3824, INCLINE VILLAGE, NV 89450		_	000	(= ·
32000	5 11-28-17 <b>C</b>		Form	1 <b>990</b>	(20
<u>-</u> 1	б 127 704211 260051 2017 05000 ростнош м а м	7	200		1
2 L	127 794311 269951 2017.05000 PROJECT M.A.N.	A	265	995:	⊥

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

Check if Schedule O contains a response or note to any line 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		l				npe	iout			(E)
(A)	(B)			(C Pos	ر ition	1		(D)	(E)	(F)
Name and Title	Average		not c , unle	heck	more	than		Reportable compensation	Reportable compensation	Estimated amount of
	hours per week		cer an					from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	Individual trustee or director				De la		organization	(W-2/1099-MISC)	from the
	related	tee or	istee			ensat		(W-2/1099-MISC)	· · · · · ·	organization
	organizations	I trus	nal tru		oyee	omp.				and related
	below	vidua	Institutional trustee	er .	Key employee	iest c loyee	ner			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) JIM MARTINI	1.00									
TRUSTEE		X						0.	0.	0.
(2) CORALIN GLERUM	1.00									
SECRETARY		X		X				0.	0.	0.
(3) CRAIG WERNER	1.00									
VICE PRESIDENT OF THE BOAR		X		X				0.	0.	0.
(4) BARBARA KAY	4.00									
PRESIDENT OF THE BOARD		x		x				0.	0.	0.
(5) TED MCDOWELL	1.00									
TRUSTEE		x						0.	0.	0.
(6) TOM CONK	1.00									
TREASURER		x		x				0.	0.	0.
(7) LEONARD SIMON	1.00									
TRUSTEE		x						0.	0.	0.
(8) DEIRDRE TONER	1.00									
TRUSTEE		x						0.	0.	0.
(9) ENRIQUE CARMONA	1.00							•••		
TRUSTEE		x						0.	0.	0.
(10) KAREN BARCHAS	1.00									
TRUSTEE		x						0.	0.	0.
(11) DEIDRE LEDFORD	40.00									
EXECUTIVE DIRECTOR	10000			x				58,769.	0.	0.
								30,7030		
						-				
		1								
						-				
		1								
						-				
		•								
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Form 990 (2017)

	990 (2017) PROJECT 1	M.A.N.A								94-3	149'	718	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A)(B)(C)(D)(E)Name and titleAverage hours per weekPosition (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensation fromReportable compensation from related								on	(F) timate ount o other				
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		oensa om the anizati I relate nizatio	e on ed	
с	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							58,769. 0. 58,769.		0.0.0.			0.0.0.
2	Total number of individuals (including but n compensation from the organization							no re	-	0,000 of reportab	le		Yes	0 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s								highest compensated e			3		X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	or si	uch	pers	son .				<u></u>	5		Х
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.													
	(A) (B) Name and business address NONE Description of services								C	<b>(C)</b> Compensation				
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot li	mite	d to		se lis )	stec	d above) who received n	nore than				
												Form 9	<b>990</b> (2	2017)

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Pa	rt VII							
		Check if Schedule O cont	ains a response	e or note to any lin	<u>e in this Part VIII</u> <b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abov Noncash contributions included in lines	1b           1c           1d           ions)         1e           ts, and         If	649,497. 283,530.				
äδ	h	Total. Add lines 1a-1f			649,497.			
Program Service Revenue	2 a b c d e f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		►				
	3 4	Investment income (including other similar amounts) Income from investment of tax	x-exempt bond	proceeds	33.			33.
	5	Royalties	(i) Real	(ii) Personal				
	b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other				
Other Revenue		and sales expenses Gain or (loss) Net gain or (loss)						
	8 a	Gross income from fundraising including \$ contributions reported on line Part IV, line 18 Less: direct expenses	g events (not of 1c). See a					
ð		Net income or (loss) from func			62,131.			62,131
	9 a	Gross income from gaming ac Part IV, line 19	tivities. See		0271011			02,101
		Less: direct expenses Net income or (loss) from gam						
	10 a b	Gross sales of inventory, less and allowances Less: cost of goods sold	returns a					
	С	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11 a							
	b							
	c d	All other revenue						
	е 12	Total. Add lines 11a-11d Total revenue. See instructions.			711,661.	0.	0.	62,164.
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Form 990 (2017)

PROJECT M.A.N.A

PROJECT M.A.N.A

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		this Part IX	·····	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	58,769.	40,808.	16 042	1 010
-	trustees, and key employees	50,709.	40,000.	16,942.	1,019.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
-	persons described in section 4958(c)(3)(B)	143,051.	99,332.	41,239.	2,480.
7	Other salaries and wages			==,459.	2,400.
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	4 927	2,169.	2,758.	
9 10	Other employee benefits	4,927. 14,992.	10,436.	4,288.	268.
11	Payroll taxes Fees for services (non-employees):	11,004.	10,100.	4,2000	2000
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
5	column (A) amount, list line 11g expenses on Sch O.)	36,911.	9,050.	3,700.	24,161.
12	Advertising and promotion	36,911. 1,175.	31.	12.	24,161. 1,132.
13	Office expenses	48,247.	38,055.	5,226.	4,966.
14	Information technology		-		
15	Royalties				
16	Occupancy	33,563.	33,563.		
17	Travel	10,046.	9,800.	199.	47.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	821.	10.	360.	451.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,789.	1,789.		
23	Insurance	6,020.	2,043.	3,977.	
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 0.) CONTRIBUTED FOOD DISTRI	304,001.	304,001.		
a ⊾	PURCHASED FOOD FOR DIST	22,069.	22,069.		
b	STAFF AND VOLUNTEER REC	1,867.	1,867.		
c d		±,007•	±,00,•		
	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e	688,248.	575,023.	78,701.	34,524.
25 26	Joint costs. Complete this line only if the organization				51,521
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here ► if following SOP 98-2 (ASC 958-720)				
					Eorm <b>990</b> (2017

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10 2017.05000 PROJECT M.A.N.A Form 990 (2017) PROJECT M.A.N.A Part X Balance Sheet 94-3149718 Page **11** 

Assets 4 8 9 10a	Investments - program-related. See Part IV, line	ormer office ated emplo ified persor n 4958(c)(3) tion 501(c)( . Complete	ers, directors, yees. Complete (B), and contributing 9) voluntary Part II of Sch L 54, 720. 37, 646.	(A) Beginning of year 35,664. 1,609. 62,001. 10,158. 13,847.	1 2 3 4 5 5 6 7 8 9 9	(B) End of year 67,159. 1,460. 41,548. 6,183.		
2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and for trustees, key employees, and highest compens Part II of Schedule L Loans and other receivables from other disqual section 4958(f)(1)), persons described in section employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	ormer office ated emplo ified persor n 4958(c)(3) tion 501(c)( . Complete	ers, directors, yees. Complete is (as defined under (B), and contributing 9) voluntary Part II of Sch L 54, 720. 37, 646.	Beginning of year 35,664. 1,609. 62,001. 10,158.	2 3 4 5 5 6 7 8	End of year 67,159. 1,460. 41,548.		
2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and for trustees, key employees, and highest compens Part II of Schedule L Loans and other receivables from other disqual section 4958(f)(1)), persons described in section employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	ormer office ated emplo ified persor n 4958(c)(3) tion 501(c)( . Complete	ers, directors, yees. Complete is (as defined under (B), and contributing 9) voluntary Part II of Sch L 54, 720. 37, 646.	35,664. 1,609. 62,001. 10,158.	2 3 4 5 5 6 7 8	67,159. 1,460. 41,548.		
2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and for trustees, key employees, and highest compens Part II of Schedule L Loans and other receivables from other disqual section 4958(f)(1)), persons described in section employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	ormer office ated emplo ified persor n 4958(c)(3) tion 501(c)( . Complete	ers, directors, yees. Complete is (as defined under (B), and contributing 9) voluntary Part II of Sch L 54, 720. 37, 646.	1,609. 62,001. 10,158.	2 3 4 5 5 6 7 8	1,460.		
stassev 10a 11 12 13 14 15 16 17 18 19 20	Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and for trustees, key employees, and highest compens Part II of Schedule L Loans and other receivables from other disqual section 4958(f)(1)), persons described in section employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	ormer office ated emplo ified persor n 4958(c)(3) tion 501(c)( . Complete	ers, directors, yees. Complete is (as defined under (B), and contributing 9) voluntary Part II of Sch L 54, 720. 37, 646.	1,609. 62,001. 10,158.	3 4 5 5 6 7 8	1,460.		
4 5 8 9 10a 11 12 13 14 15 16 17 18 19 20	Accounts receivable, net	ormer office ated emplo ified persor n 4958(c)(3) tion 501(c)( . Complete	rs, directors, yees. Complete (B), and contributing 9) voluntary Part II of Sch L 54,720. 37,646.	62,001. 10,158.	4 5 6 7 8	41,548.		
st st st st st st st st st st st st st s	Loans and other receivables from current and for trustees, key employees, and highest compense Part II of Schedule L Loans and other receivables from other disqual section 4958(f)(1)), persons described in section employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	ormer office ated emplo ified persor n 4958(c)(3) tion 501(c)( . Complete	ers, directors, yees. Complete is (as defined under (B), and contributing 9) voluntary Part II of Sch L 54,720. 37,646.	10,158.	5 6 7 8			
st st st st st st st st st st st st st s	trustees, key employees, and highest compens Part II of Schedule L Loans and other receivables from other disqual section 4958(f)(1)), persons described in sectior employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	ated emplo ified persor n 4958(c)(3) tion 501(c)( . Complete	yees. Complete is (as defined under (B), and contributing 9) voluntary Part II of Sch L 54,720. 37,646.	10,158.	6 7 8			
statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics	Part II of Schedule L Loans and other receivables from other disqual section 4958(f)(1)), persons described in section employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	ified persor n 4958(c)(3) tion 501(c)( . Complete	is (as defined under (B), and contributing 9) voluntary Part II of Sch L 54,720. 37,646.	10,158.	6 7 8			
statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics statistics	Loans and other receivables from other disqual section 4958(f)(1)), persons described in section employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	ified persor n 4958(c)(3) tion 501(c)( . Complete 10a 10b	is (as defined under (B), and contributing 9) voluntary Part II of Sch L 54,720. 37,646.	10,158.	6 7 8			
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8 9 10a b 11 12 13 14 15 16 17 18 19 20	employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	tion 501(c)( . Complete 10a 10b	9) voluntary Part II of Sch L 54 , 720 . 37 , 646 .	10,158.	7 8			
8 9 10a b 11 12 13 14 15 16 17 18 19 20	employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	. Complete	Part II of Sch L 54 , 720 . 37 , 646 .	10,158.	7 8			
8 9 10a b 11 12 13 14 15 16 17 18 19 20	Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	10a 10b	54,720. 37,646.	10,158.	7 8			
8 9 10a b 11 12 13 14 15 16 17 18 19 20	Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	10a 10b	54,720. 37,646.	10,158.	8			
8 9 10a b 11 12 13 14 15 16 17 18 19 20	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	10a 10b	54,720. 37,646.	10,158.				
10a b 11 12 13 14 15 16 17 18 19 20	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	10a 10b	54,720. 37,646.		9	6,183.		
b 11 12 13 14 15 16 17 18 19 20	basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	10b	37,646.	13,847.				
11 12 13 14 15 16 17 18 19 20	Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	10b	37,646.	13,847.				
11 12 13 14 15 16 17 18 19 20	Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	10b	37,646.	13,847.				
12 13 14 15 16 17 18 19 20	Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line				10c	17,074.		
13 14 15 16 17 18 19 20	Investments - program-related. See Part IV, line	11			11			
14 15 16 17 18 19 20		Investments - other securities. See Part IV, line 11						
15 16 17 18 19 20		Investments - program-related. See Part IV, line 11						
16 17 18 19 20	Intangible assets		14					
17 18 19 20	Other assets. See Part IV, line 11			15				
18 19 20	Total assets. Add lines 1 through 15 (must equ			123,279.	16	133,424.		
19 20	Accounts payable and accrued expenses			8,166.	17	13,069.		
20	Grants payable			18				
	Deferred revenue		20,682.	19	2,511.			
21	Tax-exempt bond liabilities			20				
	Escrow or custodial account liability. Complete	chedule D		21				
ທ <mark>ູ</mark> 22	Loans and other payables to current and forme	irectors, trustees,						
i i i i i i i i i i i i i i i i i i i	key employees, highest compensated employee		· · ·					
Liabilities	Complete Part II of Schedule L		22					
23	Secured mortgages and notes payable to unrel				23			
24	Unsecured notes and loans payable to unrelate	ed third part	ies		24			
25	Other liabilities (including federal income tax, pa							
	parties, and other liabilities not included on lines	s 17-24). Co	omplete Part X of					
	Schedule D		00 040	25				
26				28,848.	26	15,580.		
	Organizations that follow SFAS 117 (ASC 958		ere ▶ 🔼 and					
Sec	complete lines 27 through 29, and lines 33 ar			04 421		117 044		
ŭ 27	Unrestricted net assets			94,431.	27	117,844.		
28 Bar	Temporarily restricted net assets		······  -		28			
Ennd Balances 52 53 54 54 54 54 54 54 54 54 54 54 54 54 54			······		29			
E I	Organizations that do not follow SFAS 117 (A	ASC 958), c	heck here ▶					
۶ ۵	and complete lines 30 through 34.							
si 30	Capital stock or trust principal, or current funds				30			
₩ 8 8	Paid-in or capital surplus, or land, building, or ed				31			
Net Assets or 30 31 35 35				01 121	32			
33	Retained earnings, endowment, accumulated in			94,431. 123,279.	33	<u>    117,844.</u> 133,424.		
34				1/1.//9.	34	1 3 1 4 / 4		

Form **990** (2017)

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Form	1990 (2017) PROJECT M.A.N.A	94-314	<u>9718</u>	Paç	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	Total revenue (must actual Dart )/III. column (A) line 10)	1	711	6	61
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	2	688		
2	Revenue less expenses. Subtract line 2 from line 1	3			$\frac{10}{13}$ .
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			31.
5	Net unrealized gains (losses) on investments	5		- / -	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	117	7,8	44.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				х
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
0.5	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	•	0-		Х
Ŀ	Act and OMB Circular A-133?		3a		<u>л</u>
α	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	or addits, explain why in Schedule O and describe any steps taken to undergo such addits		SD		0017)

Form **990** (2017)

732012 11-28-17

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ	'n
	330	UI.	330-LZ	•

# 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization								identification number		
David		ECT M.A.N.						4-3149718		
Part I	Reason for Public						S.			
The organ	ization is not a private found	dation because it is: (	(For lines 1 through 12, o	check only	one box.)					
1 🖂	A church, convention of ch				• • •	1)(A)(i).				
2	A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 9	90-EZ).)					
3 🛄	A hospital or a cooperative	hospital service org	anization described in <b>s</b>	ection 170	)(b)(1)(A)(i	ii).				
4	A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in <b>sectio</b>	on 170(b)(1)(A	<b>)(iii).</b> Enter	the hospital's name,		
	city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	section 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, state, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).				
7 X	An organization that norma	ally receives a substa	intial part of its support t	from a gov	rernmental	unit or from	the general	public described in		
	section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(	(ix) operate	ed in conju	unction with a	land-grant	college		
	or university or a non-land-g	grant college of agric	ulture (see instructions)	. Enter the	name, cit	y, and state c	of the colleg	le or		
	university:									
10	An organization that norma	ally receives: (1) more	e than 33 1/3% of its sup	oport from	contributi	ons, member	ship fees, a	and gross receipts from		
	activities related to its exen	npt functions - subje	ct to certain exceptions,	, and (2) no	o more tha	in 33 1/3% of	its suppor	t from gross investment		
	income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.		
	See section 509(a)(2). (Cor	mplete Part III.)								
11 🗌	An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).				
12	An organization organized a	and operated exclus	ively for the benefit of, t	o perform	the function	ons of, or to c	arry out the	e purposes of one or		
	more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> d	r section	509(a)(2).	See section	509(a)(3). 🤇	Check the box in		
	lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete line	s 12e, 12f, ar	d 12g.			
a 🗌	<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	/ giving		
	the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting		
	organization. You must o	complete Part IV, Se	ections A and B.							
b 🗌	<b>Type II.</b> A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	aving		
	control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported		
	organization(s). You mus	t complete Part IV,	Sections A and C.							
c 🗌	Type III functionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functiona	ally integrat	ed with,		
	its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.				
d 🗌	Type III non-functionally						orted organi	ization(s)		
	that is not functionally int									
	requirement (see instruct	tions). You must cor	nplete Part IV, Sections	s A and D	, and Part	<b>V</b> .				
e 🗌	Check this box if the orga						e II, Type III			
	functionally integrated, or									
f Ente	er the number of supported of	organizations								
g Pro	vide the following informatior	n about the supporte	ed organization(s).							
	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other		
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)		
Total										
L HA For F	Paperwork Reduction Act N	Notice, see the Instr	ructions for Form 990 c	or 990-EZ.	732021 10-	06-17 Sche	dule A (Fo	rm 990 or 990-EZ) 2017		

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13 2017.05000 PROJECT M.A.N.A

### Schedule A (Form 990 or 990 EZ) 2017 PROJECT M.A.N.A

94-3149718 Page 2

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

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	710,702.	703,121.	732,890.	732,543.	639,497.	3,518,753.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	710,702.	703,121.	732,890.	732,543.	639,497.	3,518,753.
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)						
6	Public support. Subtract line 5 from line 4.						3,518,753.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	710,702.	703,121.	732,890.	732,543.	639,497.	3,518,753.
	Gross income from interest,	-		-		-	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	98.	39.	27.	26.	33.	223.
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	52,103.	31,083.	60,595.	67,737.		211,518.
11	Total support. Add lines 7 through 10		-	-			3,730,494.
	Gross receipts from related activities,	etc. (see instructi	ons)			12	, ,
	First five years. If the Form 990 is for		,				
	organization, check this box and <b>stop</b>	-			-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (I			olumn (f))		14	94.32 %
	Public support percentage from 2016					15	94.08 %
	33 1/3% support test - 2017. If the c					nore, check this bo	
	stop here. The organization qualifies	•					
b	33 1/3% support test - 2016. If the c						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"		•	•	•	•	
h	10% -facts-and-circumstances tes						
~	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						
				a, 100, 17a, 01 17k			

Schedule A (Form 990 or 990-EZ) 2017

732022 10-06-17

### Schedule A (Form 990 or 990 EZ) 2017 PROJECT M.A.N.A

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(Complete only if you checked the box on line 10 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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness 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						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	<b>First five years.</b> If the Form 990 is fo	r the organization's	s first, second. thi	rd, fourth. or fifth	tax year as a section	on 501(c)(3) or	ganization.
		····· ··· ··· ··· ··· ··· ··· ··· ···			-		
Sec	ction C. Computation of Publ						······
	Public support percentage for 2017 (			column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inve					1 1	
	Investment income percentage for 20					17	%
	Investment income percentage from		B	, ("		18	%
	<b>33 1/3% support tests - 2017.</b> If the						
-	more than 33 1/3%, check this box a	-					
b	<b>33 1/3% support tests - 2016.</b> If the						3%, and
	line 18 is not more than 33 1/3%, che	•					
20	<b>Private foundation.</b> If the organization			•		•	
	23 10-06-17			,			n 990 or 990-EZ) 2017
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Yes No

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2017

	Cupperting organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
0	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	3		
<u>Soc</u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions	\		
1				
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		- )	
c	L The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see ins	Iructions	ŕ – – –	N1 -
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
732025	5 10-06-17 Schedule A (Form S	90 or 99	90-EZ	2017

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17 2017.05000 PROJECT M.A.N.A Schedule A (Form 990 or 990-EZ) 2017 PROJECT M.A.N.A

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	vintearate	d Type III supporting or	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)				
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe						
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e				
	(provide details in <b>Part VI</b> ). See instructions.						
9	Distributable amount for 2017 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2017						
a							
b	From 2013						
c	From 2014						
d	From 2015						
e	From 2016						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2017 distributable amount						
i	Carryover from 2012 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2017 from Section D,						
	line 7: \$						
	Applied to underdistributions of prior years						
	Applied to 2017 distributable amount						
с	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2017, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in <b>Part VI.</b> See instructions.						
6	Remaining underdistributions for 2017. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2018. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2013						
	Excess from 2014						
	Excess from 2015						
	Excess from 2016						
e	Excess from 2017			(F			

Schedule A (Form 990 or 990-EZ) 2017

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SCHEDUL	E D
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Department of the Treasury

Internal Revenue Service

(Form 9	<del>9</del> 90)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

### PROJECT M.A.N.A

Employer identification number 94 - 3149718

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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	exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose o	conferring
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation)	rically important land area
	Protection of natural habitat	Preservation of a certit	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
-	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		Yes No
6	violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting,		
0	Stan and volunteer hours devoted to monitoring, inspecting,	fianding of violations, and enforcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
•	S	and choicing conservat	ion casements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(	h)(4)(B)(i)
-	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organizat	-	
	conservation easements.		5
Pa	t III Organizations Maintaining Collections or	f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on 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 tre	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
I HA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2017

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Sche	dule D (Form 990) 2017 PROJECT	M.A.N.A					ç	94-31	4971	8 Pa	age <b>2</b>
Par	t III Organizations Maintaining C	<b>Collections of A</b>	rt, His	torical Tr	easures, o	or Othe	er Simila	ır Asse	<b>ts</b> (contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at are a s	ignificant u	ise of its	collectio	n item	IS
	(check all that apply):		_								
а	Public exhibition	c	ı 🛄	Loan or exc	hange progra	ams					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how t	hey further t	he organizati	ion's exe	mpt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	asures, or oth	er simila	r assets		-		_
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
t	Ending balance										
	Did the organization include an amount on F								Yes		_ No □
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete it										<u></u>
1 41		(a) Current year		Prior year	(c) Two year		(d) Three ye	are back	(e) Fou	voare	hack
10	Paginning of year balance	(a) Current year		-nor year		IS DACK	<b>(u)</b> Thee ye	ais Dauk	(e) i ou	years	Dack
1a b	Beginning of year balance										
0	Contributions Net investment earnings, gains, and losses										
с А	Grants or scholarships										
	Other expenditures for facilities										
C	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end balance	re (line 1	1 a. column (	a)) held as:						
_ 	Board designated or quasi-endowment		%	, oolanni (							
b	Permanent endowment	%									
c	Temporarily restricted endowment	%									
-	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation th	at are held a	and administe	ered for t	he organiza	ation			
	by:	0					Ū			Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?	)				3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	0, Part l'	V, line 11a. S	See Form 990	), Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr			t or other (other)		ccumulate preciation	d	( <b>d)</b> Boo	k value	Ð
1a	Land	· · · · ·		1							
	Buildings										
	Leasehold improvements										
	Equipment			5	64,720.		37,64	6.	1	7,0	74.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colui	mn (B), line 1	10c.)				1	7,0	74.

Schedule D (Form 990) 2017

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Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end	d-of-year market valu
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
		line 11 - 0 Fauna 000	Devit V View 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		, Part X, line 13. valuation: Cost or end	d-of-vear market valu
				u-or-year market valu
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d. See Form 990	, Part X, line 15.	
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	- 15)		<b>`</b>	
otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)		·····	
		" 11 11( O F		
Complete if the organization answered "Yes"	on Form 990, Part IV,		m 990, Part X, line 25	).
(a) Description of liability		(b) Book value	4	
(1) Federal income taxes			4	
(2)				
(3)				
(4)				
(=)				
(5)				
(6)				
(6) (7)			-	
(6) (7) (8)				
(6) (7)	0.25)		-	

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Schedule D (Form 990) 2017

Sche	dule D	(Form 990) 2017 PROJECT M.A.N.A			94-	3149718	Page <b>4</b>
Par	t XI	<b>Reconciliation of Revenue per Audited Financial Statements</b>	s Wi	ith Revenue per R	eturı	າ.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total r	evenue, gains, and other support per audited financial statements			1		
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net ur	realized gains (losses) on investments	2a				

а	Net unrealized gains (losses) on investments	2a					
b	Donated services and use of facilities	2b					
с	Recoveries of prior year grants						
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d		2e				
3	Subtract line 2e from line 1		3				
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 XIII.)	4b					
с	Add lines <b>4a</b> and <b>4b</b>		4c				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)						
Pa	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements		1				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
с	Other losses	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d		2e				
3	Subtract line 2e from line 1		3				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
с	Add lines 4a and 4b		4c				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5				
Pa	t XIII Supplemental Information.						

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

#### PART X, LINE 2:

THE	ORGAN	IZATION	IS A	NONPE	ROFIT	ORGA	NIZAT	ION,	EXEMPT	FROM 1	FEDERAL	INCOME
TAX	UNDEF	R INTERNA	L RE	VENUE	CODE	SECT	TION 5	01(C)	(3). TH	E ORG	ANIZATIC	N HAS
ALSC	) BEEN	I GRANTED	AN	EXEMP	TION 1	FROM	CALIF	ORNIA	INCOME	TAXE	S. MANA	GEMENT
ANNU	JALLY	REVIEWS	ITS	TAX PO	OSITI	ONS,	WHICH	ARE	SUMMARI	ZED A	S FOLLOW	IS :

#### "IT HAS NOT ENGAGED IN ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX EXEMPT

#### STATUS

#### "IT HAS NOT ENGAGED IN ANY ACTIVITIES THAT WOULD RESULT IN UNRELATED

#### BUSINESS INCOME TAX

#### "IT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS

#### THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS

732054 10-09-17

28 2017.05000 PROJECT M.A.N.A ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE. IN ADDITION, THE

#### ORGANIZATION DOES NOT EXPECT ANY MATERIAL CHANGE IN UNCERTAIN TAX

POSITIONS WITHIN THE NEXT TWELVE MONTHS.

Schedule D (Form 990) 2017

732055 10-09-17

SCHEDULE G	Suppleme	ntal Information Regarding	. Fun	drais	ing or Gaming	Activ	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	e organization answered "Yes" on	Form	990, F	Part IV, line 17, 18, o			2017
Department of the Treasury Internal Revenue Service	٥	organization entered more than \$1 Attach to Form 990 Go to www.irs.gov/Form990	) or Fo	rm 99	0-EZ.			Open to Public Inspection
Name of the organization		M.A.N.A					Employer i 94-314	dentification number 9718
	complete this part	Complete if the organization answe	ered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-	EZ filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	ions email solicitations tations dicitations on have a written o red in Form 990, P ) highest paid indiv	f Solicita g Special or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra l (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	<b>Y</b>	es 🗌 No o be
.,	and address of individual (ii) Activity fundraiser (iv) Gross receipts to to to to to to to the sector of the sect				Amount paic or retained by fundraiser ted in col. <b>(i)</b>	to (or retained by)		
			Yes	No				
3 List all states in white or licensing.	ich the organizatio	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from	n registration
HA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form	990 or	990-1	EZ. 9	Scher	dule G (Form	n 990 or 990-EZ) 2017

732081 09-13-17

 

 Schedule G (Form 990 or 990-EZ) 2017
 PROJECT M.A.N.A
 94-3149718
 Page 2

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

 ome on Form 990-F7 lines 1 and 6h List events with .... . اند اند ا n+--nd c **.**+. o inc

- 1		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
				PHO FOODIE	( )	(d) Total events
			STELLA	EVENT	4	(add col. (a) through
þ			(event type)	(event type)	(total number)	col. <b>(c)</b> )
	1	Gross receipts	54,121.	14,576.	7,677.	76,374
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	54,121.	14,576.	7,677.	76,374
	4	Cash prizes				
3	5	Noncash prizes				
	6	Rent/facility costs		750.		750
חוובתו דאמנוספס	7	Food and beverages	6,729.	2,425.	854.	10,008
ו		Entertainment		912.	221	2 495
	9	Other direct expenses		912.	331.	3,485
		Direct expense summary. Add lines 4 throug			🟲	14,243 62,131
_	rtl	Net income summary. Subtract line 10 from I III Gaming. Complete if the organization		- 000 Dest IV/ line 10 ers		02,151
a			answered res on Form	1990, Part IV, line 19, or r	eported more than	
-		\$15,000 on Form 990-EZ, line 6a.	i	( ) Dull take (instant		
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
	1	Gross revenue				
3	2	Cash prizes				
	3	Noncash prizes				
3	4	Rent/facility costs				
	5	Other direct expenses		No.	N <sub>1</sub>	
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		· · · · · ·	
•		Net gaming income summary. Subtract line 7				
	En		ucts gaming activities:			Yes N
а	En <sup>:</sup> Is t	ter the state(s) in which the organization condu	ucts gaming activities: ctivities in each of these			Yes N
a b	En Is t If "	ter the state(s) in which the organization conduct the organization licensed to conduct gaming a	ucts gaming activities: _ ctivities in each of these	states?		
a b )a	Ent Is t If "	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain:	ucts gaming activities: ctivities in each of these evoked, suspended, or t	states?		
a b	Ent Is t If "	ter the state(s) in which the organization conduct the organization licensed to conduct gaming a No," explain:	ucts gaming activities: ctivities in each of these evoked, suspended, or t	states?		

3149718	Page 3
	No
Ves	
120	%
130	%
L Yes	└── No
📖 Yes	l No
ines 9, 9b, 1	0b, 15b,
, ,	
n 990 or 990	)-EZ) 2017
	Yes

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732084 04-01-17		Schedule G (Form 990 or 990-EZ)

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33 2017.05000 PROJECT M.A.N.A

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

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

OMB No. 1545-0047

**Open To Public** 

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.
 Go to www.irs.gov/Form990 for the latest information.

Inspection Employer identification number 94-3149718

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#### PROJECT M.A.N.A

Pa	rt I Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermir	•	s
1	Art - Works of art			, , , ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х		304,001.	AVERAGE PRI	ICE	PER	PO
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 ( )							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	83, Part IV, I	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		,					
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p					31	$\mid$	X
32a	Does the organization hire or use third parties of		-					37
	contributions?					32a		X
b	If "Yes," describe in Part II.							

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2017

732141 09-07-17

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13321127 794311 269951

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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

732142 09-07-17		Schedule M (Form 990) 2017
	35	

2017.05000 PROJECT M.A.N.A

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization 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

Go to www.irs.gov/Form990 for the latest information.

PROJECT M.A.N.A

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LAKE TAHOE AND THE TOWN OF TRUCKEE, CA BY DISTRIBUTING FOOD OBTAINED

THROUGH FOOD COLLECTION FROM LOCAL BUSINESSESS.

FORM 990, PART VI, SECTION B, LINE 11B:

AN ELECTRONIC COPY OF FORM 990 IS PROVIDED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD REVIEWS THE EMPLOYEE HANDBOOK AND CONFLICT OF INTEREST POLICY ANNUALLY. THE BOARD IS REMINDED OF THE IMPORTANCE OF DISCLOSING ANY AND ALL POSSIBLE CONFLICTS OF INTEREST. FOLLOWING THE BOARD'S REVIEW, THE STAFF ALSO REVIEW THE EMPLOYEE HANDBOOK CONTAINING THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

AN EVALUATION TEAM FROM THE BOARD, TYPICALLY THREE MEMBERS, EVALUATES THE ACCOMPLISHMENTS OF THE EXECUTIVE DIRECTOR FOR THE YEAR. THE ONLY COMPARATIVE DATA IS THAT PROVIDED IN THE ANNUAL REPORT AND THE YEARLY GOALS OF THE ORGANIZATION, PLUS THE FINANCIAL RECORDS OF FUNDRAISING ACTIVITIES AND RESULTS. THE RECORD OF DELIBERATION AND DECISION IS CONTAINED WITHIN THE BOARD MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST THESE ITEMS WOULD BE PROVIDED TO THE PUBLIC.

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

13321127 794311 269951

36 2017.05000 PROJECT M.A.N.A OMB No 1545-0047

Open to Public

Inspection

Employer identification number

94-3149718

PROJECT M FORM 990, X1, LINE 2C:	• A • N • A	94-3149718
FORM 990, X1, LINE 2C:		
THERE HAVE BEEN NO CHAN	GES SINCE THE PRIOR YEAR.	
732212 09-07-17	37	Schedule O (Form 990 or 990-EZ) (2

### Project MANA Compliance with Policy Instruction #507, Section 2, Criteria for Selection of Appropriate Community Benefit

Project MANA complies with each component of Policy Instruction #507, Section 2, Criteria for Selection of Appropriate Community Benefit Uses. Please see details below on how and why Project MANA complies with Criteria A through D.

Per Criteria A, Project MANA operation and service offering will not exceed a maximum of 25 persons aside from occasional special events. Project MANA currently operates with 4 full time and 3 part time staff, and has a maximum of 5 volunteers working within the warehouse space on any given weekday. On occasion, approximately 2-3 times per year, we will accommodate larger school, business and service club groups of a maximum of 20 individuals per event.

Per Criteria B, the operation and service offering of Project MANA does not primarily serve those listed as prohibited use within the Truckee Tahoe Airport Land Use Compatibility Plan including but not limited to children's schools or training centers, libraries, nursing care facilities, or medical centers. Project MANA's operation and service offering is limited to administrative office work, supply storage, and food sorting, packing and storage.

Per Criteria C, Project MANA will work with a Licensed General Contractor and/or Architect to ensure the use of the space is not prohibited by local building code, regulations, fire code, or the Truckee Tahoe Airport Land Use Compatibility Plan.

Per Criteria D, the use of the space by Project MANA does not require significant modification, structural improvement, or capital investment on the part of the District. Project MANA intends to use the space for administrative office workspaces with a private conference room, volunteer food sorting and packing workspaces, and food and supply storage. Modifications for these intended uses include an office build-out with carpeted floors and HVAC system, a modest kitchenette with sink, counter and cabinets, one mop sink, one utility sink, one condensate drain for a walk-in refrigerator, and epoxied floors with coved baseboards.



President Jeff Brown

Board of Directors Anne Chadwick Chrissy Earnhardt Jim Hoelter Paco Lindsay Kevin Mitchell Ted Owens Aparna Reddy Michael Sabarese Daniel Simmons Jean Snuggs Brita Tryggvi J. Thomas Van Berkem Jim Winterberger

> **Advisory Council** Martin D. Bern John Cobourn Lance Conn Ann Darby Sandy Golze William McGlashan Stefanie Olivieri Carol Patterson Helen Pelster Jim Porter Ann Reisenauer Ann Taylor Schwing Dick Simpson William Thauvette Julie Thornton

Executive Director Perry Norris

Associate Director John Svahn

Philanthropy Director Kathy Englar

Chief Financial Officer Ward W. Fansler, CPA

Stewardship Coordinator Kevin Starr

> Special Projects Lead Eric Isenhart

Office Administrator Linda Slattery

Contributions to the Truckee Donner Land Trust are tax-deductible under section 501(c) (3) of the Internal Revenue Service Code.



January 14, 2019

Truckee Tahoe Airport District, c/o Hardy Bullock 10356 Truckee Airport Road Truckee, CA 96161

Dear Mr. Butlock, HAROY

Please refer to the attached documents the Truckee Donner Land Trust is submitting in its proposal to the Truckee Tahoe Airport District (TTAD) for rental of warehouse space on TTAD property.

Thank you for your consideration and I would be happy to field any questions you might have whether in person or over the phone.

Sincerely,

Kevin Starr Stewardship Coordinator

P.O. Box 8816, Truckee, CA 96162 10069 West River St. #C1, Truckee, CA 96161 Tel. 530.582.4711 ▲ Fax 530.582.5528 info@tdlandtrust.org ▲ www.tdlandtrust.org

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information. and ending



AF	or th	e 2017 calendar year, or tax year beginning and	ending	_			
Ba	Check if applicab	e: C Name of organization		D Employer identifie	cation number		
	Addre	TRUCKEE DONNER LAND TRUST					
	Name		68-0245327				
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r		
	Final	P.O. BOX 8816		(530	)582-4711		
_	termi ated			G Gross receipts \$	16,041,347.		
	Amer	INDEREE, CA 90102		H(a) Is this a group re			
	Appli tion pend			for subordinates			
	-	SAME AS C ABOVE		H(b) Are all subordinates in			
		empt status: $X 501(c)(3) 501(c) () 4947(a)(1) c$	or 527	1	list. (see instructions)		
-				H(c) Group exemption			
	orm o art I	f organization: X Corporation Trust Association Other ► Summary	<b>L</b> Year	of formation: 1990	State of legal domicile: CA		
Г		Briefly describe the organization's mission or most significant activities: TO PI			CT SCENIC		
Ce	'	HISTORIC AND RECREATIONAL LANDS WITH HIGH	H NATU	RAL RESOURC	E VALUES		
Governance	2	Check this box $\blacktriangleright$ if the organization discontinued its operations or disposed					
ver	3	<b>v</b>		3	15		
Activities & Go	4	Number of independent voting members of the governing body (Part VI, line 1b)			15		
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			12		
	6	Total number of volunteers (estimate if necessary)			225		
<b>vcti</b>	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
4		Net unrelated business taxable income from Form 990-T, line 34			0.		
				Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)		5,162,997.	8,905,997.		
enu	9	Program service revenue (Part VIII, line 2g)		530,045.	645,601.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-11,113.	225,321.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		103,588.	124,309.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	5,785,517.	9,901,228.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		35,100.	20,000.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0. 563,208.	0.		
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u> </u>	603,008. 30,000.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	30,000.		
Ä		Total fundraising expenses (Part IX, column (D), line 25) <b>145,6</b>		5,868,438.	5,232,900.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,466,746.	5,885,908.		
	18 19	Revenue less expenses. Subtract line 18 from line 12		-681,229.	4,015,320.		
es		חפיכוועב ובשט באשבוושבט. שטעומטג ווווש זס ווטווו ווווש זב		ginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		42,062,267.	46,162,050.		
Ass J Ba	21	Total liabilities (Part X, line 26)		100,687.	65,529.		
-Unc	22	Net assets or fund balances. Subtract line 21 from line 20		41,961,580.	46,096,521.		
		Signature Block		. , .	· ·		

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

Sign Here	Signature of officer JOHN SVAHN, ASSOCIATE Type or print name and title	DIRECTOR		Date			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	LINDA D. GEERY	LINDA D. GEERY	09/25/	18 self-employed P00364484			
Preparer	Firm's name 🕞 GILBERT ASSOCIAT			Firm's EIN <b>68–0037990</b>			
Use Only	Firm's address 2880 GATEWAY OAK	KS DR, STE 100					
	SACRAMENTO, CA 9	5833		Phone no. <b>916 - 646 - 6464</b>			
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No			
732001 11-2	12001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)						

Form	1 990 (2017) TRUCKEE DONNER LAND TRUST 68-0245327 Pac	ge <b>2</b>
-	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO PRESERVE AND PROTECT SCENIC, HISTORIC AND RECREATIONAL LANDS WITH	
	HIGH NATURAL RESOURCE VALUES IN THE GREATER TRUCKEE DONNER REGION AND	
	MANAGE RECREATIONAL ACTIVITIES ON THESE LANDS IN A SUSTAINABLE MANNER.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
Ū	If "Yes," describe these changes on Schedule O.	110
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a		• )
τu	STEWARDSHIP: THE ORGANIZATION CONTINUES TO MONITOR AND PROTECT ITS	
	LANDS AND EASEMENTS, WHICH ENCOMPASS OVER 20,000 ACRES. THE	
	ORGANIZATION PROVIDED RECREATIONAL OPPORTUNITIES TO THE PUBLIC WITH	
	TRAILS AND IMPROVEMENTS SUCH AS PICNIC TABLES, KIOSKS, SIGNAGE, AND	
	SIGNIFICANT IMPROVEMENTS TO THE WEBBER LAKE CAMPGROUND.	
	WE CONTINUE TO WORK CLOSELY WITH CALIFORNIA STATE PARKS, THE UNITED	
	STATES FOREST SERVICE, AND THE TAHOE DONNER ASSOCIATION TO PLAN FOR TH	जा
	NEXT PHASES OF THE DONNER LAKE RIM TRAIL. THE LAND TRUST COMPLETED THE	
	ROYAL GORGE RIM TRAIL AND CONTINUES WORK ON THE ELIZABETHTOWN MEADOWS	
	TRAIL IN MARTIS VALLEY.	
4b	(Code: ) (Expenses \$ 3,902,195. including grants of \$ ) (Revenue \$ 519,799	7.
70	NEGOTIATIONS AND ACQUISITION OF LAND AND EASEMENTS, INCLUDING RESEARCH	
	AND GENERAL CONTRACTS OF ACQUISITION. NOTEWORTHY PROJECTS INCLUDE	
	ACQUISITION OF 600 ACRES OF CARPENTER VALLEY AND TRANSFER OF VAN NORDE	IN
	MEADOWS TO THE US FOREST SERVICE.	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	, (	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 5,345,472.	

Form 990 (	TRUCKEI ecklist of Required Sc	
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TRUCKEE DONNER LAND TRUST

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	З		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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 other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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

TRUCKEE DONNER LAND TRUST Form 990 (2017) TRUCKEE DONNER LAN
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No", go to line 25a	24a		X
		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	05h		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		- 23
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<b>6-</b>		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	31	1	
30	Note. All Form 990 filers are required to complete Schedule O	38	х	
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Form	990 (2017) TRUCKEE DONNER LAND TRUST		68-0245	327	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	23			
b	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	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
	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		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).			
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 transa	ction?		5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions o	r gifts			
	were not tax deductible?			6b		
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	provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the second	ract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$			9b		
10	Section 501(c)(7) organizations. Enter:					
а	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:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		

Form <b>990</b> (2017)	m <b>990</b> (2017)	
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#### TRUCKEE DONNER LAND TRUST

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	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 15			
	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 1b 15			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	23	
C	in Schedule O how this was done	12c	х	
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	17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	X	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright  ext{CA}$			
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) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	PERRY NORRIS - 530-582-4711			
	10069 WEST RIVER STREET, TRUCKEE, CA 96162			

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate	d
	Employees, and Independent Contractors	

Check if Schedule O contains a response or note to any line 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.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(da	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week		cer ar	nd a d I	lirecto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for	or dir	e.			ated		organization	(W-2/1099-MISC)	from the
	related	istee	truste		e	bensi		(W-2/1099-MISC)		organization
	organizations below	ual tru	onal		ploye	t com				and related
	line)	divid	Institutional trustee	Officer	ey em	Highest compensated employee	Former			organizations
(1) JEFF BROWN	5.00	=	-	ò	l ₹	포뇽	R.			<u> </u>
PRESIDENT		x		x				0.	0.	0.
(2) KEVIN MITCHELL	1.00									
VICE PRESIDENT		X		X				0.	0.	0.
(3) TED OWENS	1.00									
SECRETARY		Х		Х				0.	0.	0.
(4) CHRISSY EARNHARDT	3.00									_
TREASURER		Х		х				0.	0.	0.
(5) J. THOMAS VAN BERKEM	1.00	l								
DIRECTOR	1 0 0	X						0.	0.	0.
(6) GINA BIONDI	1.00	l							0	0
DIRECTOR	1 00	X						0.	0.	0.
(7) BRITA TRYGGVI	1.00	l.,							0	0
DIRECTOR	1.00	X						0.	0.	0.
(8) JIM HOELTER	1.00	x						0.	0.	0.
DIRECTOR (9) MICHAEL SABARESE	1.00							0.	0.	0.
(9) MICHAEL SABARESE DIRECTOR	1.00	x						0.	0.	0.
(10) ANNE CHADWICK	1.00			-				0.	•	0.
DIRECTOR	1.00	x						0.	0.	0.
(11) APARNA REDDY	1.00									
DIRECTOR		x						0.	0.	0.
(12) DANIEL SIMMONS	1.00									
DIRECTOR		x						0.	Ο.	0.
(13) JEAN SNUGGS	1.00									
DIRECTOR		X						0.	0.	0.
(14) PACO LINDSAY	1.00									
DIRECTOR		X						0.	0.	0.
(15) JIM WINTERBERGER	1.00									
DIRECTOR		Х						0.	0.	0.
(16) PERRY NORRIS	40.00	1							_	
EXECUTIVE DIRECTOR				X				137,000.	0.	34,619.
		-								
		1								

Form 990 (2017) TRUCKEE			-			-			68-0	245	327	Pa	ige <b>8</b>	
Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C			<del></del>				
(A) Name and title	<b>(B)</b> Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			Average Position (do not check more box, unless person		than o is bot	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related	on	am	(F) timate ount d other	
	(list any hours for related organizations below line)	(list any hours for related organizations below							is	com fro orga and	oensat om the anizati I relate nizatio	e on ed		
								137,000.		0.	3	1,61	1 9	
1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	I, Section A							0.		0.		<b>1,</b> 61	0.	
2 Total number of individuals (including but n compensation from the organization ▶									),000 of reportab	-		_ ,	1	
												Yes	No	
3 Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s				-	•	•		highest compensated e			3		х	
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? If "Yes,	" CO	mple	ete S	Sche	edule	Ji	for such individual			4	x		
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com Section B. Independent Contractors					-			-			5		х	
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	rst	that received more than	\$100.000 of cor	npens	ation f	rom		
the organization. Report compensation for (A)											(C			
Name and business	address						_	Description of s	services	C		, isatior	1	
129 PARK DR, ROSEVILLE, (	CA 9568	7					-	TRAIL BUILDI	NG		12	3,00	59.	
							_							
2 Total number of independent contractors (i \$100,000 of compensation from the organi	-	iot lii	mite	d to		se lis 1	tec	d above) who received n	nore than					

		Oneck il Scheddle O conta	ans a response	of note to any in	(A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
oui	b	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts	с	Fundraising events	1c					
Gifl	d	Related organizations	1d					
ini,	е	Government grants (contributi	ions) <b>1e</b>	4,420,000.				
rior S	f	All other contributions, gifts, grant	ts, and					
ibu		similar amounts not included abov	/e 1f	4,485,997.				
d O	g	Noncash contributions included in lines	1a-1f: \$	801,092.				
an	h	Total. Add lines 1a-1f			8,905,997.			
				Business Code				
e	2 a	CONSERVATION FEES		900099	645,601.	645,601.		
ervi	b							
n Se	с	>						
ran Sev	d	1						
Program Service Revenue	е	)						
đ	f	All other program service reve	nue					
	g	<b>Total.</b> Add lines 2a-2f			645,601.			
	3	Investment income (including						
		other similar amounts)			98,645.			98,645.
	4	Income from investment of tax						
	5	Royalties						
	-		(i) Real	(ii) Personal				
		Gross rents	80,715.					
		Less: rental expenses	80,715.					
		Rental income or (loss)	,		90 715	75 015		5 500
					80,715.	75,215.		5,500.
	7 a	Gross amount from sales of	(i) Securities 3, 513, 695,	(ii) Other 2,753,100.				
	h	assets other than inventory	3,313,093.	2,755,100.				
	a	Less: cost or other basis	3 513 941	2,626,178.				
	~	and sales expenses Gain or (loss)	-246	126,922.				
		Net gain or (loss)			126,676.			126,676.
		Gross income from fundraising						
enue	0 0	including \$	of					
		contributions reported on line						
r R		Part IV, line 18						
Other Rev	b	Less: direct expenses						
0		Net income or (loss) from fund						
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	с	Net income or (loss) from gam	ing activities	►				
	10 a	Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold	b					
	с	Net income or (loss) from sales	s of inventory	►				
		Miscellaneous Revenue	e	Business Code				
		OTHER REVENUE		900099	43,594.	43,594.		
	b	)						
	С							
		All other revenue		L	40 503			
		• Total. Add lines 11a-11d			43,594.	<b>DCA</b> 440		000.001
	12	Total revenue. See instructions.		🕨	9,901,228.	764,410.	0.	230,821.

TRUCKEE DONNER LAND TRUST

Check if Schedule O contains a response or note to any line in this Part VIII
(A)
Total revenue

Form 990 (2017)

**Statement of Revenue** 

TRUCKEE DONNER LAND TRUST 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).

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	20,000.	20,000.		
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	171,619.	86,464.	65,901.	19,254
6	Compensation not included above, to disqualified	,	/ -		- , -
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	347,425.	180,893.	134,673.	31,859
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	5,687.	3,136.	2,111.	440
9	Other employee benefits	41,904.	17,672.	15,480.	8,752
0	Payroll taxes	36,373.	18,806.	12,987.	4,580
1	Fees for services (non-employees):				
		8,768.	411.	8,265.	92
	Management	33,335.	33,335.	072001	
		85,957.	1,541.	84,072.	344
	Accounting	05,557.	1,541.	04,072.	J11
	Lobbying	30,000.			30,000
	Professional fundraising services. See Part IV, line 17	19,257.		19,257.	50,000
	Investment management fees	1,2,7,		17,237.	
g		641,579.	635,753.	5,500.	326
	column (A) amount, list line 11g expenses on Sch 0.)	40,279.	8,177.	1,371.	30,731
2	Advertising and promotion	72,633.	45,180.	18,616.	8,837
13	Office expenses	11,520.	4,833.	3,913.	2,774
14	Information technology	11,520.	4,033.	5,915.	2,//4
15	Royalties	26,772.	13,755.	0 0 4 7	3,070
6	Occupancy			9,947.	
7	Travel	19,779.	17,879.	586.	1,314
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.005	2 4 6 7	4 702	405
9	Conferences, conventions, and meetings	8,665.	3,467.	4,703.	495
20	Interest				
21	Payments to affiliates	17 070	15 004	2 0 0 1	<i>с</i> л г
2	Depreciation, depletion, and amortization	17,970.	15,234.	2,091.	645
3	Insurance	30,325.	24,529.	4,271.	1,525
4	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 0.)				
~	amount, list line 24e expenses on Schedule 0.) DONATION OF LANDS	4,173,920.	4,173,920.		
a b	TAXES AND LICENSES	36,334.	36,082.	228.	24
		50,5540	50,002.	220•	41
C d					
d		5,807.	4,405.	864.	538
	All other expenses	5,885,908.	<u>4,405</u> . 5,345,472.	394,836.	145,600
5	Total functional expenses. Add lines 1 through 24e	J,005,908.	5,545,472.	374,030.	140,000
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here time if following SOP 98-2 (ASC 958-720)				

TRUCKEE	DONNER	LAND	TRUST

I GI		Dalance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			82,748.	1	175,174.
	2	Savings and temporary cash investments			2,102,697.	2	3,558,558.
	3	Pledges and grants receivable, net			1,819,619.	3	2,347,152.
	4	Accounts receivable, net			3,148.	4	14,759.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
S		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net		F		7	
¥	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			36,287.	9	88,410.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	310,156.			
	b	Less: accumulated depreciation	10b	52,277.	27,327.	10c	257,879.
	11	Investments - publicly traded securities	LL		1,483,446.	11	5,027,998.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		36,506,995.	15	34,692,120.	
	16	Total assets. Add lines 1 through 15 (must equ			42,062,267.	16	46,162,050.
	17	Accounts payable and accrued expenses			50,338.	17	16,569.
	18	Grants payable				18	
	19	Deferred revenue				19	1,200.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
S	22	Loans and other payables to current and former	officer	s, directors, trustees,			
liti		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s <b>1</b> 7-24)	. Complete Part X of			
		Schedule D			50,349.	25	<u>47,760.</u> 65,529.
	26	Total liabilities. Add lines 17 through 25			100,687.	26	65,529.
		Organizations that follow SFAS 117 (ASC 958		k here ► <u>X</u> and			
ses		complete lines 27 through 29, and lines 33 an					40 400 500
anc	27	Unrestricted net assets			38,601,874.	27	43,138,730.
Fund Balances	28	Temporarily restricted net assets			3,303,481.	28	2,901,566.
pu	29				56,225.	29	56,225.
		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 🛄 📗			
õ		and complete lines 30 through 34.					
iets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ec		F		31	
Net Assets or	32	Retained earnings, endowment, accumulated in		F	41 061 500	32	
2	33	Total net assets or fund balances			41,961,580.	33	46,096,521.
	34	Total liabilities and net assets/fund balances			42,062,267.	34	46,162,050.

Form **990** (2017)

## Part X | Balance Sheet

_		/ · -
Form	990	(2017

_	990 (2017) TRUCKEE DONNER LAND TRUST	68	-024	5327	Pa	ige <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	(	9,90	1 2	28.
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,88		
2		2		1,01		
3 4	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		L,96		
4 5	Net unrealized gains (losses) on investments	4				521.
6		6			,,,	
7		7				
8	Investment expenses Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	3				•••
10		10	46	5,09	6 5	521.
Pa	column (B)) t XII Financial Statements and Reporting			,,,,	• / •	
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis	З,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	Э.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired au	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	<u></u> .	3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

	OMB No. 1545-0047
I	2017
	Open to Public Inspection
Employer	identification number

Name of the organization

i teiri		TRUC	KEE DONNER	LAND TRUST				6	8-0245327			
Pa	rt I	Reason for Public (			omplete th	is part.) Se	ee instruction			-		
The		nization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)				-		
1		A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>										
2	$\square$	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)										
3		A hospital or a cooperative					•					
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	d in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,			
_		city, and state:										
5		An organization operated for		llege or university owned	d or operat	ted by a g	overnmental u	unit describ	bed in			
_		section 170(b)(1)(A)(iv). (C										
6	37	A federal, state, or local gov	0									
7	X	An organization that norma	-	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in			
		section 170(b)(1)(A)(vi). (C	-									
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state o	f the colleg	le or			
		university:								_		
10		An organization that norma	Ily receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	and gross receipts from			
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its support	t from gross investment	t		
		income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusi	ively to test for public sa	afety.See	section 50	09(a)(4).					
12		An organization organized a	and operated exclusi	ively for the benefit of, to	o perform t	the functio	ons of, or to ca	arry out the	e purposes of one or			
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section &	509(a)(2).	See section &	5 <b>09(a)(3).</b> (	Check the box in			
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.				
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	/ giving			
		the supported organization	on(s) the power to reg	gularly appoint or elect a	a majority o	of the dire	ctors or truste	es of the s	supporting			
		organization. You must o	omplete Part IV, Se	ections A and B.								
b		<b>Type II.</b> A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	aving			
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	ige the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
с		Type III functionally inte	grated. A supporting	g organization operated	in connec <sup>-</sup>	tion with, a	and functiona	lly integrate	ed with,			
		its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.					
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	ization(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	tisfy a disti	ribution re	quirement an	d an attent	iveness			
		requirement (see instruct			•		-					
е		Check this box if the orga	anization received a v	written determination fro	om the IRS	that it is a	a Type I, Type	II, Type III				
		functionally integrated, or	r Type III non-function	nally integrated support	ing organiz	zation.						
f	Ent	er the number of supported of	• •	, , , , , , , , , , , , , , , , , , , ,								
g	Pro	vide the following informatior	about the supporte	ed organization(s).					·			
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed na document?	(v) Amount of	monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)	!		
										_		
										_		
Tota	al											

### Schedule A (Form 990 or 990 EZ) 2017 TRUCKEE DONNER LAND TRUST

Part II

68-0245327 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8,469,591.	5,753,791.	4,034,776.	5,162,997.	8,905,997.	32,327,152.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	8,469,591.	5,753,791.	4,034,776.	5,162,997.	8,905,997.	32,327,152.
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)						3,643,807.
6	Public support. Subtract line 5 from line 4.						28,683,345.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	8,469,591.	5,753,791.	4,034,776.	5,162,997.	8,905,997.	32,327,152.
8	Gross income from interest,				· · ·		
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	60,920.	71,897.	117,463.	103,220.	179,360.	532,860.
9	Net income from unrelated business		,	,		_ ,	,
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)			41,879.	38,158.	43.594.	123,631.
11	Total support. Add lines 7 through 10			12,0190		10,0010	32,983,643.
	Gross receipts from related activities,	etc (see instructio	ans)			12 1	,883,694.
	First five years. If the Form 990 is for	•	,	d fourth or fifth ta			,,
10	organization, check this box and stop						
Sec	tion C. Computation of Publ	ic Support Pe	rcentage	<u></u>			
	Public support percentage for 2017 (I			olumn (f))		14	86.96 %
	Public support percentage from 2016					15	91.37 %
	<b>33 1/3% support test - 2017.</b> If the c						,-
	stop here. The organization qualifies	-					► X
b	<b>33 1/3% support test - 2016.</b> If the c						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
a	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				-	-	. —
h	10% -facts-and-circumstances tes	-	-	• • • •	-		
U.	more, and if the organization meets the						
					• •		´ <b>▶</b> 🗖
10	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	п ий пот спеск а		a, 100, 17a, 01 17t	D, CHECK THIS DOX 2	and see instruction	<u>s 🕨 📖 </u>

Schedule A (Form 990 or 990-EZ) 2017

### Schedule A (Form 990 or 990-EZ) 2017 TRUCKEE DONNER LAND TRUST Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2	017	<b>(f)</b> Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness 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							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Se	ction B. Total Support			•				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2	017	(f) Total
9	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3	3) organiz	ation,
	check this box and stop here						<u></u>	
Se	ction C. Computation of Public	c Support Pe	ercentage					
15	Public support percentage for 2017 (lir	ne 8, column (f) c	divided by line 13,	column (f))		15		%
16	Public support percentage from 2016	Schedule A, Par	t III, line 15			16		%
Se	ction D. Computation of Inves	tment Incom	ne Percentage	1				
17	Investment income percentage for 201	17 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17		%
18			`			18		%
	<b>33 1/3% support tests - 2017.</b> If the c						and line 1	
	more than 33 1/3%, check this box an							
k	33 1/3% support tests - 2016. If the o							
	line 18 is not more than 33 1/3%, chec	k this box and <b>s</b>	<b>top here.</b> The orga	nization qualifies	as a publicly supp	orted orga	nization	
20	Private foundation. If the organization	i did not check a	u box on line 14, 19	a, or 19b, check t	his box and see in	structions		

Vos No

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1		Yes	No
2			
2	1		
3a			
3a	2		
3b			
3c	3a		
3c			
3c	3b		
4a			
4b	3c		
4b			
4c	4a		
4c			
5a	4b		
5a			
5a	4c		
5b			
5b	5a		
5c            6            6            7            8            9a            9b            9c            10a			
6			
7	5c		
7			
8	6		
8			
9a	7		
9a			
9b 9c 10a	8		
9b 9c 10a	0-		
9c	9а		
9c	Qh		
10a	55		
10a	9c		
10b	10a		
	10b		

### Schedule A (Form 990 or 990-EZ) 2017 TRUCKEE DONNER LAND TRUST Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	stion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		- 1		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions			
a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b				
c		truction	5)	
2	Activities Test. Answer (a) and (b) below.	action	Yes	No
			163	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	these supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
ь.	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	Зb		

Schedule A (Form 990 or 990-EZ) 2017

### Schedule A (Form 990 or 990-EZ) 2017 TRUCKEE DONNER LAND TRUST Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integrat	ed Type III supporting or	nanization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

1

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<u> </u>
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	IS		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		i	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2013			
	Excess from 2014			
-	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			(Forme 000 or 000 FZ) 0047

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

· · ·	
MISCELLANEOUS	
2015 AMOUNT: \$ 4	1,879.
2016 AMOUNT: \$ 3	8,158.
2017 AMOUNT: \$ 4	3,594.

SCHEDULE D

(Form	990)
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Part I

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

68-0245327

Department of the Treasury Internal Revenue Service Name of the organization

#### TRUCKEE DONNER LAND TRUST Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, lin	ne 6.		
		(a) Donor advised funds	<b>(b)</b> Fun	ds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of 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 advised	d funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
			•	Yes No
Pa	t II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	X Preservation of land for public use (e.g., recreation or e	education) X Preservation of a histori	cally impo	tant land area
	X Protection of natural habitat	Preservation of a certifie		
	X Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	31
b				11,169.00
с	Number of conservation easements on a certified historic str			0
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			0
3	Number of conservation easements modified, transferred, re			n during the tax
	year ► 1			
4	Number of states where property subject to conservation ea	sement is located  1		
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements i	t holds?		X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
	► <u>60</u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatio	on easeme	nts during the year
	▶\$ <u>2,905.</u>			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			X Yes No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense s	tatement, a	and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes th	e organiza	tion's accounting for
	conservation easements.			
Pa	t III Organizations Maintaining Collections o		er Simil	ar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exi	hibition, education, or research in furtheranc	e of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	nd balance	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	c service,	provide the following amounts
	relating to these items:			
	(i) Revenue included on 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 tre	asures, or other similar assets for financial g	jain, provic	le
	the following amounts required to be reported under SFAS 1			
а	Revenue included on Form 990, Part VIII, line 1		►	\$
b	Assets included in Form 990, Part X			\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 732051 10-09-17

Schedule D (Form 990) 2017

Sche	edule D (Form 990) 2017 TRUCKEE	DONNER LAI	ND TRUST			6	8-02	4532	7 <sub>Pa</sub>	age <b>2</b>
Pa	rt III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or	Other	Simila	r Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that a	re a sigr	nificant u	se of its	collectio	n item	s
	(check all that apply):									
а	Public exhibition	d	Loan or excl	hange programs	S					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they further th	ne organization'	s exemp	ot purpo	se in Par	t XIII.		
5	During the year, did the organization solicit o							-		-
	to be sold to raise funds rather than to be ma							Yes		No
Pa	rt IV Escrow and Custodial Arran		te if the organizatio	n answered "Ye	es" on Fo	orm 990,	Part IV,	line 9, or	•	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod		•				_	7		1
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amoun	t	
	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance									1
	Did the organization include an amount on F							Yes		J No ∣
_	If "Yes," explain the arrangement in Part XIII. <b>rt V</b> Endowment Funds. Complete i									
1 0				(c) Two years b			are back	(e) Four	Voare	back
10	Pagipping of year balance	(a) Current year 306,225.	(b) Prior year 306,225.	(C) Two years D 306,2			6,225.	(e) i oui		225.
	Beginning of year balance	500,225.	300,223.	500,2			50,000.		500,	225.
	Contributions Net investment earnings, gains, and losses					25	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Grants or scholarships									
	Other expenditures for facilities									
e		250,000.								
f	and programsAdministrative expenses									
g	End of year balance	56,225.	306,225.	306,2	225.	30	6,225.		306	225.
2	Provide the estimated percentage of the cur	,	,	,			-,•		,	
	Board designated or quasi-endowment	forte your one balante	%							
	Permanent endowment  100.00	%								
	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse		ation that are held a	nd administered	d for the	organiza	ation			
	by:	-				-			Yes	No
	(i) unrelated organizations							3a(i)		Х
	(ii) related organizations									Х
b	If "Yes" on line 3a(ii), are the related organiza									
_4	Describe in Part XIII the intended uses of the	e organization's endo	wment funds.							
Pa	rt VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, P	art X, lin	ne 10.				
	Description of property	<b>(a)</b> Cost or ot basis (investm	• • •		. ,	umulated eciation	k	( <b>d)</b> Boo	k value	Э
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment		31	0,156.	5	52,27	7.	25	7,8	79.
e	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part .	X, column (B), line 1	0c.)				25	7,8	79.

Schedule D (Form 990) 2017

#### 

#### Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

### Part IX Other Assets.

(H)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) LAND HOLDINGS	34,687,120.
(2) OTHER INTERESTS IN LAND	5,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	34,692,120.

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PAYROLL LIABILITI	ES 47,760.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990 Part X col (B) lir	e 25) ► 47,760.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 TRUCKEE DONNER LAND TRUST			68-	0245327 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	10,181,057.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	119,621.		
b			160,208.		
с	Recoveries of prior year grants				
d					
е				2e	279,829.
3	Subtract line 2e from line 1			3	9,901,228.
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 XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	9,901,228.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nents Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total expenses and losses per audited financial statements			1	6,046,116.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	_ 2a	160,208.		
b	Prior year adjustments	_ 2b			
С	Other losses	_ 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	160,208.
3	Subtract line 2e from line 1			3	5,885,908.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
с	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	5,885,908.
Pa	rt XIII Supplemental Information.				

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

PART II, LINE 5:

THE LAND TRUST POLICY IS TO CULTIVATE A PROACTIVE AND POSITIVE						
RELATIONSHIP WITH LANDOWNERS TO AVOID EASEMENT VIOLATIONS. THIS IS DONE						
THROUGH INITIAL EDUCATION AND ANNUAL MONITORING AND REGULAR						
COMMUNICATION. DOCUMENTATION OF BASELINES, ANNUAL MONITORING, VIOLATIONS,						
COMMUNICATIONS, AND CORRECTIVE ACTIONS ARE ALL ESSENTIAL AND REQUIRED IN						
THE POLICY. IN THE EVENT OF A VIOLATION, COOPERATIVE RESOLUTION AND						
CORRECTION WITH THE LANDOWNER IS SOUGHT. IF THIS IS NOT POSSIBLE,						
MEDIATION AND/OR LITIGTAION IS UTILIZED TO THE EXTENT NECESSARY.						

PART II, LINE 9:

### CONSERVATION EASEMENTS ARE VALUED AT APPRAISED VALUE OR COST AT TIME OF

PART V, LINE 4:

THE ENDOWMENTS ARE FOR STEWARDSHIP EXPENSES.

PART X, LINE 2:

THE LAND TRUST HAD APPLIED THE ACCOUNTING PRINCIPLES RELATED TO ACCOUNTING

FOR UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT THERE IS NO

MATERIAL IMPACT ON THE FINANCIAL STATEMENTS.

SCHEDULE G	Suppleme	ental Information Regarding	n Fun	draig	ing or Gaming	∆ cti		OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if th	e organization answered "Yes" or	Form	990, I	Part IV, line 17, 18, c			2017
Department of the Treasury	c	organization entered more than \$1 Attach to Form 99	0 or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service		► Go to www.irs.gov/Form990	for th	e late	st instructions.		Employer id	Inspection entification number
Name of the organization		DONNER LAND TRUST	С				68-024	
		- Complete if the organization answ		es" o	n Form 990, Part IV,	line 1		
<ul> <li>a X Mail solicitation</li> <li>b X Internet and</li> <li>c Phone solicitation</li> <li>d X In-person solicitation</li> <li>2 a Did the organization</li> <li>key employees lister</li> </ul>	ions email solicitations ations licitations n have a written o ed in Form 990, F highest paid indi	s <b>f</b> X Solicita <b>g</b> Specia or oral agreement with any individua Part VII) or entity in connection with p viduals or entities (fundraisers) purs	ation of ation of I fundra I (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	X Ye	
(i) Name and address or entity (fund	s of individual	(ii) Activity	or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
JENNA HOLLAND - PO	,	CONSULTING SUPPORTING IN	Yes	No				
SIERRAVILLE, CA 96	5126	HOUSE FUNDRAISING		X	0.		30,000	. 0.
Total				. 🕨			30,000	•
or licensing.	ch the organizatio	on is registered or licensed to solicit	contrik	oution	s or has been notified	d it is	exempt from	registration
CA								

Schedule G (Form 990 or 990-EZ) 2017

 Schedule G (Form 990 or 990-EZ) 2017
 TRUCKEE
 DONNER
 LAND
 TRUST
 68-0245327 Page

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro		· · · · · · · · · · · · · · · · · · ·		ots greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
0			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
Reve	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ŝ	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Exp						
ect	7	Food and beverages				
Ē						
	8	Entertainment				
	9 10	Other direct expenses Direct expense summary. Add lines 4 through	1 9 in column (d)	II	•	
		Net income summary. Subtract line 10 from li	( )			
Pa	irt I			n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
IUe			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				0 1 0 0		
æ	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	,	Nonooch prizoo				
ËX	3	Noncash prizes				
irect	4	Rent/facility costs				
Δ						
	5	Other direct expenses			<b>I</b>	
		Veloute en le le en	Yes%	Yes%	└── Yes %	
	0	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	ו 5 in column (d)		▶	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		►	
•	<b>F</b>		isto goming activitian			
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a		states?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:	woked, suspended, or t	erminated during the tax	year?	Yes No

Sch	nedule G (Form 990 or 990-EZ) 2017 TRUCKEE DONNER LAND TRUST 68-	0245	327	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	• An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			/0
17				
	Name			
	Address ►			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
ł	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party $\blacktriangleright$ \$			
Ċ	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
ł	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year <b>&gt;</b> \$			
Pa	<b>art IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9	9h 1(	)h 15h
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	11103 0,	55, 10	, 100,
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:		
(1	) NAME OF FUNDRAISER: JENNA HOLLAND			
<u>, </u>				
(1	) ADDRESS OF FUNDRAISER: PO BOX 142, SIERRAVILLE, CA 96126			


SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury Internal Revenue Service		Go to www.ir	Attach to For s.gov/Form990 fo		nation.		Open to Public Inspection			
Name of the organization TRUCKEE D	ONNER LAN	ID TRUST					Employer identification number $68 - 0245327$			
Part I General Information on Grants a	nd Assistance									
<ol> <li>Does the organization maintain records to criteria used to award the grants or assis</li> <li>Describe in Bart IV/the event instants or assis</li> </ol>	stance?									
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to					anization answord "	(os" on Form 000 Par	t IV line 21 for any			
recipient that received more than S					anization answered	les on on 550, Fai				
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT - 11603 DONNER PASS ROAD - TRUCKEE, CA 96161		GOVERNMENT	5,000.	0.			GENERAL SUPPORT			
CALIFORNIA STATE PARKS P.O. BOX 266										
ТАНОМА, СА 96142		GOVERNMENT	15,000.	0.			GENERAL SUPPORT			
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organizations</li> <li>LHA For Paperwork Reduction Act Notice</li> </ul>	s listed in the line	1 table	ne line 1 table				≥ 2 • 2 • 2 • 2 • 2 • 2 • 2 • 2 • 2 • 2			

### Schedule I (Form 990) (2017) TRUCKEE DONNER LAND TRUST

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

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

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE TWO GRANTS ARE AWARDED TO GOVERNMENT AGENCIES TO SUPPORT SPECIFIC

PROGRAMS. NO MONITORING REPORTS ARE REQUIRED AND THE GOVERNMENT RESULTS ARE

KNOWN BY THE TRUCKEE DONNER LAND TRUST.

68-0245327

SC	HEDULE J	Compensation Information	OMB No.	1545-00	)47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	2017				
•	-	Compensated Employees	<b>Z</b> U				
Depa	rtment of the Treasury	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>	Open to Public				
	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.	-	Inspection			
Nam	ne of the organization		/er identificat		mber		
_			8-024532	17			
Pa	rt I Questions Regar	rding Compensation					
				Yes	No		
1a		s) if the organization provided any of the following to or for a person listed on Form 990,					
		complete Part III to provide any relevant information regarding these items.					
	First-class or charter trav	, , , , , , , , , , , , , , , , , , ,					
	Travel for companions	Payments for business use of personal residence					
	Tax indemnification and						
	Discretionary spending	account Personal services (such as, maid, chauffeur, chef)					
h	If any of the bayes on line 1a	are checked, did the organization follow a written policy regarding payment or					
b	•	of all of the expenses described above? If "No," complete Part III to explain	1b				
2		substantiation prior to reimbursing or allowing expenses incurred by all directors,					
-	•	ing the CEO/Executive Director, regarding the items checked on line 1a?	2				
			······				
3	Indicate which, if any, of the	following the filing organization used to establish the compensation of the organization's					
		eck all that apply. Do not check any boxes for methods used by a related organization to					
		e CEO/Executive Director, but explain in Part III.					
	Compensation committe						
	Independent compensa	ation consultant I Compensation survey or study					
	X Form 990 of other organ		e				
4	During the year, did any pers	on listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related orga	anization:					
а		nt or change-of-control payment?			X		
b		ment from, a supplemental nonqualified retirement plan?			X		
С		ment from, an equity-based compensation arrangement?	4c		X		
	If "Yes" to any of lines 4a-c, li	ist the persons and provide the applicable amounts for each item in Part III.					
_		c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		90, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
_	contingent on the revenues of		5.		x		
					X		
a	If "Yes" on line 5a or 5b, desc	criba in Part III	00				
A		190, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
0	contingent on the net earning						
а		yo ol.	6a		x		
					x		
~	If "Yes" on line 6a or 6b, desc						
7		90, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
		6? If "Yes," describe in Part III	7		X		
8		on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
		cribed in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X		
9		anization also follow the rebuttable presumption procedure described in					
		-6(c)?					
LHA			hedule J (For	m 990	) 2017		

Schedule J (Form 990) 2017

68-0245327

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(b)(l)-(U)	reported as deferred on prior Form 990
(1) PERRY NORRIS	(i)	120,000.	17,000.	0.		30,509.		0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2017

SCHEDULE	Μ
(Form 990)	

### **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Open To Public Inspection Employer identification number

Name of the organization

Go to www.irs.gov/Form990 for the latest information.

	TRUCKEE DONNER LAND TRUST 68-02							
Par	t I Types of Property				·			
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of de noncash contribu		0	 S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property			60.065				
9	Securities - Publicly traded	X	17	62,965.	PUBLISHED R	ATE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution - Historic structures							
14	Qualified conservation contribution - Other	Х	1	731,641.	COMPARABLE	SALE	2	
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	37		C 40C				
25	Other (MISCELLANEOUS)	Х	5	6,486.	FAIR MARKET	' VAL	JUE	
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization completed Form 828							
						<b></b>	Yes	No
30a	During the year, did the organization receive by		• • • •		-			
	must hold for at least three years from the date							37
	exempt purposes for the entire holding period?	?				30a		<u>x</u>
	If "Yes," describe the arrangement in Part II.			<b>,</b> , ,				v
31	Does the organization have a gift acceptance p				itions?	31		X
32a	Does the organization hire or use third parties of		•	· · ·				v
						32a		X
	If "Yes," describe in Part II.				a lua al			
33	If the organization didn't report an amount in co	oiumn (c) fo	r a type of propert	y for which column (a) is che	скеа,			
	describe in Part II.	4 h o 1 m o 4 m	tions for Form 00	0	Cabadul - I		0001	2017
LHA	For Paperwork Reduction Act Notice, see	me instruc	uons for Form 99	υ.	Schedule N	n (Form	aan)	2017

Part II

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 68 - 0245327

TRUCKEE DONNER LAND TRUST

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND FINANCE COMMITTEE. AFTER THIS REVIEW AND COMMENTS, THE FINAL VERSION IS DISTRIBUTED TO THE BOARD OF

DIRECTORS FOR REVIEW AND APPROVAL BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR THE BOARD OF DIRECTORS ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY AND DISCLOSE ANY CONFLICTS. FOR EACH LAND DEAL THE BOARD PRESIDENT AND EXECUTIVE DIRECTOR CONSIDER POTENTIAL CONFLICTS OF INTEREST FOR THEMSELVES OR ANY OTHER BOARD MEMBER. ADDITIONALLY, IT IS ENCUMBENT UPON EACH BOARD MEMBER TO PONDER AND DIVULGE ANY CONFLICT OF INTEREST FOR EACH DEAL.

FORM 990, PART VI, SECTION B, LINE 15:

A PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR IS DONE ANNUALLY WITH A CORRESPONDING REVIEW AND APPROVAL OF ANNUAL COMPENSATION BY THE BOARD OF DIRECTORS AS PART OF THE BUDGET APPROVAL PROCESS. IN ORDER TO EVALUATE THE REASONABILITY OF COMPENSATION FOR ALL EMPLOYEES, OTHER REGIONAL LAND TRUSTS, AS WELL AS OTHER REGIONAL NONPROFITS OF SIMILAR SIZE ARE QUERIED. ALSO COMPENSATION DATA PUBLISHED BY THE LAND TRUST ALLIANCE MAY BE CONSIDERED. THIS PROCESS WAS LAST UNDERTAKEN IN 2017.

BOARD MEMBERS/OFFICERS OF THE CORPORATION ARE VOLUNTEERS AND ARE NOT

FORM 990, PART VI, SECTION C, LINE 19:

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization	Page 2 Employer identification number
TRUCKEE DONNER LAND TRUST	68-0245327
GOVERNING DOCUMENTS, FINANCIAL INFORMATION, AND POLICIES	S ARE AVAILABLE UPON
REQUEST TO THE ORGANIZATION'S ADMINISTRATIVE OFFICE. ADD	DITIONALLY, MANY
DOCUMENTS ARE AVAILABLE UPON REQUEST IN PDF VIA EMAIL.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
APPRAISALS:	
PROGRAM SERVICE EXPENSES	12,167.
MANAGEMENT AND GENERAL EXPENSES	-1,129.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,038.
ENGINEERING:	
PROGRAM SERVICE EXPENSES	29,103.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	29,103.
ENVIRONMENTAL:	
PROGRAM SERVICE EXPENSES	413,133.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	413,133.
FORESTRY:	
PROGRAM SERVICE EXPENSES	107,221.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	107,221.
	hedule O (Form 990 or 990-EZ) (2017)

Name of the organization TRUCKEE DONNER LAND TRUST	Employer identification number 68-0245327
OTHER PROFESSIONAL FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	74,129.
MANAGEMENT AND GENERAL EXPENSES	6,629.
FUNDRAISING EXPENSES	326.
TOTAL EXPENSES	81,084.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	641,579
FORM 990, PART XII, LINE 2C:	
THE PROCESS FOR OVERSIGHT OF THE FINANCIAL STATEMENT A	UDIT AND THE
SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED	FROM THE PRIOR
YEAR.	

\_\_\_\_

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

### Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifyi	ng number			
Type or print	Name of exempt organization or other filer, see instru	Employer identification number (EIN							
•	TRUCKEE DONNER LAND TRUST		45327						
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s P.O. BOX 8816	Social se	Social security number (SSN)						
instructions									
Enter the	Return Code for the return that this application is for (fi	le a separa	te application for each return)			0 1			
Applicat	ion	Return	Application			Return			
ls For		Code	Is For			Code			
Form 990	) or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 990	D-BL	02	Form 1041-A			08			
Form 472	20 (individual)	03	Form 4720 (other than individual)			09			
Form 990	)-PF	04	Form 5227			10			
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990	D-T (trust other than above) PERRY NORRIS	06	Form 8870			12			
● If this box ▶ 1 I re	organization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box equest an automatic 6-month extension of time until the organization named above. The extension is for the	Group Exe and atta	emption Number (GEN) I ch a list with the names and EINs or MBER 15, 2018 , to file	f this is fo f all memb	r the whole over the exte	group, check this nsion is for.			
	$\underline{X}$ calendar year $\underline{2017}$ or								
	tax year beginning	/	d ending		·				
2 If t	he tax year entered in line 1 is for less than 12 months, o	check reas	on: L Initial return	Final retur	'n				
3a lft	his application is for Forms 990-BL, 990-PF, 990-T, 4720	), or 6069,	enter the tentative tax, less any						
no	nrefundable credits. See instructions.			3a	\$	0.			
	his application is for Forms 990-PF, 990-T, 4720, or 6069		-			•			
	timated tax payments made. Include any prior year over			3b	\$	0.			
	lance due. Subtract line 3b from line 3a. Include your pa	5	, , ,			0			
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.			
Caution: instruction	If you are going to make an electronic funds withdrawa	l (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 887	9-EO for payment			
LHA F	For Privacy Act and Paperwork Reduction Act Notice	, see instru	uctions.		Form 8	868 (Rev. 1-2017)			

### Truckee Donner Land Trust Balance Sheet

As of December 31, 2018	
(Unaudited)	Dec 31, 18
ASSETS	
Current Assets	
Checking/Savings	
11050 · Checking and Sweep Account	\$ 593,587
11205 · B of W - Restricted Cash	350,029
11500 · Investments	9,350,303
Total Checking/Savings	10,293,920
Accounts Receivable	
13100 · Contributions Receivable-Net	2,000
13310 · Grants Receivable	57,605
13380 · Services Contract Receivable	2,424
13400 · Bequest Receivable-Net	1,775,606
Total Accounts Receivable	1,837,635
Other Current Assets	, ,
13600 · Other Receivables	-
14500 · Prepaid Expenses & Deposits	58,507
Total Other Current Assets	58,507
Total Current Assets	12,190,062
Fixed Assets	, ,
15000 · Fixed Assets	761,031
15900 · Accumulated Depreciation	(88,750)
Total Fixed Assets	672,281
Other Assets	,
16010 · Land	34,881,576
18100 · Easements	-
19500 · Other Interest in Land	155,000
Total Other Assets	35,036,576
TOTAL ASSETS	\$ 47,898,920
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
20000 · Accounts Payable	\$ 17,958
Total Accounts Payable	17,958
Credit Cards	
20200 · Chase - Office Card	(492)
Total Credit Cards	(492)
Other Current Liabilities	. ,
21000 · Accrued Expenses	40,978
22000 Deferred Income	6,223
23500 · Funds Held For Others	280
24000 · Other Current Liabilities	(6,033)
	-

(Unaudited)	Dec 31, 18
Total Other Current Liabilities	41,447
Total Current Liabilities	58,913
Total Liabilities	58,913
Equity	
Net Assets	46,096,522
Net Income	1,743,485
Total Equity	47,840,007
TOTAL LIABILITIES & EQUITY	\$ 47,898,920

Truckee Donner Land Trust Surplus (Deficit)	
January through December 2018	
(Unaudited)	Jan - Dec 18
Ordinary Income/Expense	
Income	
41000 · Public Support	\$ 2,761,930
45000 · Revenue	596,483
Total Income	3,358,412
Gross Profit	3,358,412
Expense	
70500 · Employment Costs	
70505 · Compensation	666,301
70600 · Payroll Taxes and Insurance	55,612
70700 · Employee Benefits	138,961
Total 70500 · Employment Costs	860,874
71000 · Computer & Telecom	24,579
71200 · Contract Services	335,408
71700 · Depreciation	36,472
72000 · Insurance	45,753
72500 · Maint & Improvements	55,484
73000 · Occupancy	33,174
73300 · Other Expenses	165,493
74000 · Property Taxes, Interest, Lease	18,217
74300 · Supplies, Postage & Printing	31,306
75000 · Travel & Meetings	8,167
Total Expense	1,614,927
Net Surplus (Deficit)	1,743,485
Less Capitalized Transactions:	
Land improvements and deposits on acquisitions	(795,422)
Adjusted Surplus (Deficit)	\$ 948,063



### Truckee Tahoe Airport District Nonprofit Warehouse Space Proposal Truckee Donner Land Trust

Contact: Kevin Starr, Stewardship Coordinator kevin@tdlandtrust.org, (530)582-4711

### **District Constituent Benefit from the Applicant**

The work of the Truckee Donner Land Trust – to protect and preserve scenic, historic and recreational lands with high natural resource values in the greater Truckee-Donner region, while managing recreational activities on those lands in a sustainable manner – directly and indirectly benefits the constituents of the Truckee Tahoe Airport District.

Since its inception in 1990, the Land Trust has preserved more than 36,000 acres of open space throughout the region either by acquisition or dedicated conservation easements. These lands are managed for public access and recreation, forest health, and watershed restoration and protection. Miles of trails provide public access to these wild places, improving recreation opportunities for constituents and visitors alike. Watershed protection work protect important fish and wildlife habitat along with municipal water for hundreds of thousands of downstream users. In the current climate of catastrophic wildfires, not only does preserving these lands decrease rural sprawl that can exacerbate firefighting challenges, but Land Trust stewardship also includes forest health operations on Land Trust lands. Many of these projects have been made possible through the Land Trust's longstanding partnership with the Truckee Tahoe Airport District, both on the two properties Land Trust Airport jointly owned properties in the Martis Valley, and beyond.

All of this contributes to the Airport District's community health, community character and the quality of life prized in the Truckee-Tahoe region. The Land Trust will continue to preserve and manage new lands as opportunities arise, protecting more and more open space for the public to enjoy. With that growing acreage – the responsibilities and work of Land Trust Board and Staff also grow.

The Airport space could be utilized by the Land Trust to store and maintain the equipment critical to trail construction, land stewardship and other projects – offering a significantly more efficient and useful option than current arrangements (with a mix of outdoor storage and small, cramped storage spaces scattered around town). A work bench would be constructed to maintain tools and equipment, and the additional space would improve organization and access. The Land Trust would not necessarily need the entire space and would be open to sharing with other organizations. We appreciate your consideration of this proposal.



### Truckee Tahoe Airport District Nonprofit Warehouse Space Proposal Truckee Donner Land Trust

Contact: Kevin Starr, Stewardship Coordinator kevin@tdlandtrust.org, (530)582-4711

### **Policy 507 Criteria for Selection**

The Truckee Donner Land Trust (TDLT) is a registered 501(c)(3) nonprofit submitting for consideration the use of the Truckee Tahoe Airport District's warehouse rental space for the purposes of equipment and document storage.

As outlined in Policy Instruction 507 provided by the Truckee Tahoe Airport District, TDLT qualifies for submittal per the following:

### Section 2.

A. The operation and service offering of the organization does not exceed a maximum occupancy of 25 persons aside from occasional special events.

TDLT employs seven year-round staff, and seasonally will increase that capacity by two or three. The intent is to consolidate storage of our vehicles, tools, files, and other infrastructure to one central location, allowing for more efficient operations.

B. The operation and service offering of the organization does not primarily serve those listed as prohibited use within the Truckee Tahoe Airport Land Use Compatibility Plan including but not limited to children's schools or training centers, libraries, nursing care facilities, or medical centers.

Use of the storage facility will be limited to TDLT staff, Board of Directors, and interns.

C. The use of the space is not prohibited by local building code, regulations, fire code, or the Truckee Tahoe Airport Land Use Compatibility Plan.

### TDLT does not intend to store or otherwise partake in any activity that would be in violation of any of the above rules and regulations.

D. The use of the space does not require significant modification, structural improvement, or capital investment on the part of the District.

Any improvements, if any should take place, would be the financially responsibility of TDLT.



## **Truckee Community Theater**

## **Response to**

## **Truckee Tahoe Airport Authority**

## For:

# Non-Profit Use of Excess Warehouse Space

February 1, 2019





Truckee Community Theater Response to Truckee Tahoe Airport District Request for Proposal for Non-Profit Use of Excess Warehouse Space. February 1, 2019



February 1, 2019

Mr. Hardy S. Bullock Director of Aviation and Community Services Truckee Tahoe Airport Authority 10356 Truckee Airport Road, Truckee, CA 96161

Dear Mr. Bullock:

Truckee Community Theater (TCT), a 501c-3 non-profit organization, is pleased and excited to submit this response to Truckee Tahoe Airport District's Request for Proposal for Non-Profit Use of Excess Warehouse Space. We look forward to working with you and your team as you evaluate our proposal and are hopeful we will have the opportunity to present much more about our organization and our goals for growth to your Board of Directors on February 27, 2019.

Without doubt, winning this opportunity would be a dream come true for our Theater Group.

In this response, as requested, we have restricted our narrative responses covering our benefits to your constituents and responding as to how and why TCT complies with Policy Instruction #507. In addition to these two descriptive responses, we have also included our Profit and Loss Statement for 2018, our current Balance Sheet and our Tax Form 990-EZ for 2017.

Truckee Tahoe Airport District has requested a single point of contact for all matters related to this submission. In that regard, please direct any questions to me ether by phone: 415.613.5664 (mobile), or by email: <a href="mailto:pwmorris@hotmail.com">pwmorris@hotmail.com</a>

Very sincerely,

P. W. Verley

Peter W. Morris, Board Treasurer, Truckee Community Theater

(m): 415.613.5664 (e): <u>pwmorris@hotmail.com</u>



Truckee Community Theater Response to Truckee Tahoe Airport District Request for Proposal for Non-Profit Use of Excess Warehouse Space. February 1, 2019



### The Benefits of Truckee Community Theater to the Community

### Overview:

Truckee Community Theater (TCT) was formed just a few short years ago with a need and passion to fill the significant void in the community for theater performance and training for all ages. We have quickly become an integral part of the greater Truckee-Tahoe region, offering a multitude of diverse types of theatrical performance and training. Nationally there is little to no funding for arts in schools and while there are many opportunities for youth and adult athletes in this region, the chances for adults and children interested in the arts to participate have been slim to none. We are proud therefore, to have helped create this unique opportunity for all people and have successfully encouraged the region to welcome and cherish the arts. TCT program graduates have gone on to study theatre at prestigious schools like AMDA, UCLA, UCSB, Cal Poly, and NYU.

In addition to offering other performing arts opportunities, we have already begun expanding our reach across the region. For example, our improv troupe now performs at many other local venues, we have danced and sung in the July 4th Truckee parade, we have performed for service clubs, and we are beginning to support programs for arts in schools in Tahoe City and beyond, all the while actively seeking new ways to partner with other local non-profit organizations.

Despite significant constraints on rehearsal and performance space as well as budget, in 2018 alone TCT provided artistic opportunities for approximately 200 children and close to 100 adults. Additionally, audience numbers have totaled well over 1,000. While we are proud of these impressive numbers, we are also greatly saddened that we have had to turn significant numbers of participants away due to lack of space. *This space will allow us to offer so much more to so many more.* 

### Current programs and demographics served:

TCT presents many program and performance types including plays, workshops, camps, and classes. The 10-minute play festival was just started two years ago and has already grown from presenting one night of published plays to primarily original, never performed extra-short plays presented over three nights. Local writers, actors, directors and audiences come together to create an exciting synergy. We also presented our first (and now annual) Shakespeare play last fall. This is an opportunity to inspire actors, back-stage and audiences alike and has been was very well received. We provide multiple weeklong camps for kids from kindergarten through high school, both during summer and after school. In 2019, as well as offering camps that provide a closing showcase, we are now offering our first "tech" camp - teaching costuming, set design and building, lights, sound and all other aspects of backstage. With this space we could offer even more training and provide professional experience and opportunities which no-one else in the region does.

At the other end of the age spectrum we have also found a special place among seniors in the area through our presentations of an annual 'radio show' as well as a melodrama which, though it appeals to all ages, has certainly been well received by seniors in the community.

An essential part of TCT's mission is that no-one is turned away for financial reasons: we provide discounted ticket prices for seniors and students and – critically – we also provide scholarships for ALL who request one. Scholarships are an important component of serving the community and money spent on high rent significantly reduces our ability to provide them.

### Future programming:

In 2018 alone, we spent over \$20,000 just to rent space. And, we 'lost' another estimated \$10,000 in class fees that are currently paid direct to TDRPD from which TCT gets nothing. Thus, a larger space and these significant cost savings would allow us to significantly expand our programming during the day and offer preschool theater/play programs, private performance development for adults and the ability to offer programming to local home schools, charter schools, and private schools in the area. We are also seeking collaboration with other non-profits. These are all exciting possibilities for the future.

Thus, our plan would be to not only use this great space during evening and weekends, but also maximize day-time use every weekday, as well as evening and weekends. It would not just sit as an 'empty shell' for most of the week. TCT has many members who are retired or non- or part-time working who would relish the opportunity to assist in conducting kids' workshops, camps and theater programs that we could now offer because of this space. To say nothing of the other allied non-profit organizations we could also invite to use it.



Truckee Community Theater Response to Truckee Tahoe Airport District Request for Proposal for Non-Profit Use of Excess Warehouse Space. February 1, 2019



### **Policy Instruction Number 507 Compliance**

### 1. Criteria for Selection of Appropriate Community Benefit Organizations:

### A. Benefiting the constituents of the Truckee Tahoe Airport District.

Truckee Community Theater (TCT) provides theater programs, camps, performance opportunities and technical training to over 250 seniors, adults, teens, and kids from Truckee, Kings Beach, Tahoe City and West Tahoe: essentially the same region as Truckee Tahoe Airport District. We also reach to Incline and occasionally to Reno. Our audiences, volunteers, staff and Board members come from all over.

With a larger space, not only could we extend our offerings to the many that we currently must turn away, but we could also greatly expand our collaboration with other local groups. For example, we already work with the Mountain Belles, who contribute to our Christmas and other seasonal shows; we have begun welcoming local art groups to help design and decorate scenery and props for our productions; we would love to bring in orchestral and other musical groups to add atmosphere and quality to our productions as well as practice and perform in their own right; and we invite dance groups to perform as well.

Importantly, with the absence of art in schools, we collaborate with local schools to both take productions to them as well as to seek ways to involve their students in more theater engagement. For example, we perform free 'school days' shows to kids at elementary schools in the area. It is important to note many of our young and junior performers plan on majoring in the performing arts at college and our graduates have gone on to study theatre at prestigious schools like AMDA, UCLA, UCSB, Cal Poly, and NYU.

With these expansion plans, it is important Truckee Tahoe Airport District understand that TCT would be the overarching organization for all this collaboration, no impact or workload would fall onto your staff. Given TCT's significant experience in these efforts already, we are very comfortable with this responsibility.

### B. Organization's mission supports the mission, vision, and strategic direction of the Airport District.

The Truckee Tahoe Airport District's mission states, in part, "to provide facilities and services to meet local needs.... while enhancing the benefits to the community at large." TCT's mission is to create opportunities for community participation in theatrical offerings of the highest possible quality presented to audiences at affordable prices. Both of or organizations emphasize community building and meeting local needs.

### **C.** Pose no hazard to the operation of the airport, the public, its tenants or staff members.

TCT does not use any materials or equipment that would be expected to be hazardous to the airport or its facilities and it is fully insured.

### **D.** Readiness to take possession, make and fund needed improvements, sign agreements, and complete required planning and permit activity.

TCT is ready to take possession at the earliest opportunity. We believe only minimal improvements would be required: a large open space is in fact quite perfect for set building, rehearsals, camps and costuming.

Regarding funding improvements, we are extremely well placed for at least three key reasons:

- 1. We will be immediately benefit from large inflows of cash given we will save very significant rental expenses. Plus, we will be able to keep all the camp and other fees that currently go to TDRPD (+\$25,000)
- 2. We will be able to run even more camps etc., increasing still further this cash availability
- 3. We can pursue even more grant, and donation money. You will see from our financials that we are already quite successful in this area. Given our own space, we will be able to seek additional very significant grants, donations and sponsorships that until now have been precluded from us.





### E. Verifiable financial stability and reasonable access to capital and timely and workmanship.

Please refer to our financial statements attached. TCT runs a cash-positive, financially stable organization. Additionally, as stated in response to *D*. above, we have demonstrated our ability to go after and obtain significant grants, donations and sponsorships.

Regarding workmanship, with the reach of TCT, especially through our children's and youth programs, we enjoy the close involvement of significant numbers of parents and members who represent all areas of construction. From civil engineers, to contractors to tradesmen and general laborers, we already enjoy significant professional contributions to not only perform many of the improvements we might want, but also at a very significant discount to using commercial companies.

### 2. Criteria for Selection of Appropriate Community Benefit Uses:

### A. Operation and service offering does not exceed 25 persons aside from occasional special events.

TCT rehearsals, camps and other activities typically have under 20 participants, we would expect that to continue. By arrangement with Truckee Tahoe Airport Authority we would look to hold occasional public events, primarily for example, parents watching an end of camp performance, plus if appropriate, some productions at weekends. Most of our large productions would continue to be held at Truckee High School or in the TDRPD auditorium. This smaller venue at the airport would though, give us the chance to host smaller, more intimate, new and potentially less popular events that we could not support if we had to pay the high rents through TDRPD.

### B. Service offering does not primarily serve those listed as prohibited

TCT does not operate or serve any prohibited uses as defined in the Truckee Tahoe Airport Land Use Compatibility Plan

### C. Use not prohibited.

TCT does not intend to – and will not – use the space for anything prohibited by local building code, regulations, fire code, or the Truckee Tahoe Airport Land Use Compatibility Plan

### D. The use of the space does not require significant modification, structural improvement, or capital investment on the part of the District.

TCT is primarily interested in the space specifically because of its openness, size and ceiling height. Therefore, we do not foresee any need for very significant modifications, structural improvements or capital investment on the part of the Truckee Tahoe Airport District.

### Truckee Community Theater

### PROFIT AND LOSS

January - December 2018

	TOTAL
Income	
Concessions	3,639.83
Donation or Grant	26,518.01
Non-Profit Income	73.20
Production Fees	10,406.17
Program Ads	1,260.00
Refunds-Allowances	300.00
Sales	36.00
Snack Shack Income	1,485.50
TCT Bar proceeds	5,060.00
TDRPD 70% of enrollment fees	17,195.86
Ticket Sales	51,698.30
Tips	383.00
Uncategorized Income	625.00
Total Income	\$118,680.87
GROSS PROFIT	\$118,680.87
Expenses	
Advertising	340.00
Advertising/Promotional	6,365.48
Arts and Crafts Supplies	251.20
Bank Charges	-150.93
Book Keeping	2,115.00
Concessions supplies	2,023.42
Costumes	11,109.47
Dues & Subscriptions	736.34
Financial Aid	400.00
Insurance	1,486.00
Interest on Credit Card	1,675.63
Legal & Professional Fees	3,223.00
Lighting Design	850.00
Lighting equipment	99.15
Lobby Display	342.60
Merchandise	63.70
Musical tracks	1,491.39
Office/General Administrative Expenses	5,514.05
Paper Goods	18.94
Programs	2,573.11
Props	3,119.56
Rent or Lease	17,165.69
Royalties	6,883.15
Salaries and wages	2,760.60
Scripts and Scores	1,638.01
Sets	5,761.05
Snack Shack supplies	1,082.98

	TOTAL
Sound consultation	100.00
Sound equipment	2,609.65
Stipends	26,869.61
Supplies & Materials	2,702.52
Supplies (deleted)	19.99
Taxes & Licenses	731.11
TCT Bar	1,972.51
TDRPD Enrollment fees	50.00
Travel	484.73
Website	925.17
Total Expenses	\$115,403.88
NET OPERATING INCOME	\$3,276.99
Other Expenses	
Miscellaneous	172.37
Total Other Expenses	\$172.37
NET OTHER INCOME	\$ -172.37
NET INCOME	\$3,104.62

### Truckee Community Theater Balance Sheet As at December 31, 2018

Total ASSETS **Current Assets Bank Accounts** \$310.00 **Petty Cash** \$1,558.51 **Tri Counties Checking Tri County Savings** \$230.72 **Total Bank Accounts** \$2,099.23 **Total Current Assets** \$2,099.23 **Fixed Assets** Costumes \$4,500.00 Less Depreciation (\$675.00) \$3,825.00 **Total Costumes** Sets \$3,500.00 Less Depreciation (\$525.00) **Total Sets** \$2,975.00 **Mobile Staging** \$3,000.00 Less Depreciation (\$450.00) \$2,550.00 **Total Mobile Staging Total Fixed Assets** \$9,350.00 TOTAL ASSETS \$11,449.23 LIABILITIES Liabilities **Current Liabilities Credit Cards** \$8,032.30 Chase \$8,032.30 **Total Credit Cards Total Current Liabilities** \$8,032.30 **Total Liabilities** \$8,032.30 TOTAL: ASSETS - LIABILITIES \$3,416.93

-	qq	0-EZ	Short Form Return of Organization Exempt From Income	Tay	OMB No. 1545-1150
For	m VV	Ιαλ	2017		
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private four	-	
D		- <b>6</b> 44 - <b>T</b>	Do not enter social security numbers on this form as it may be made public	с.	Open to Public
		of the Treasury enue Service	Go to www.irs.gov/Form990EZ for instructions and the latest information		Inspection
Α	For th	ne 2017 calen	dar year, or tax year beginning , and ending		
В		if applicable:	C Name of organization	D Employ	ver identification number
		s change	Truckee Community Theater           Number and street (or P.O. box, if mail is not delivered to street address)         Room/suite	_	
	Name o Initial re			F Telepho	47-3251761
		urn/terminated	11260 Donner Pass Rd. Ste C1       City or town     State	E Telephic	
H		ed return	Truckee CA 96161		(530) 214-8348
	Applica	tion pending	Foreign country name Foreign province/state/county Foreign postal code	F Group	Exemption
				Numb	er 🕨
G	Accou	nting Method:	X Cash Accrual Other (specify)	- Check	if the organization is
Т		-	ruckeetheater.org		ed to attach Schedule B
J	Tax-exe	mpt status (che	ck only one) — X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or 527	(Form 990	, 990-EZ, or 990-PF).
к	Form o	f organization:	X Corporation Trust Association Other		
		-	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	ssets	
-			elow) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$ 122,046
Pa	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the i		
		Check if	the organization used Schedule O to respond to any question in this Part	Ι	X
	1		ns, gifts, grants, and similar amounts received		12,563
	2		rvice revenue including government fees and contracts		2 109,483
	3		p dues and assessments		3
	4	Investment		· · · ·	1
	5a b		unt from sale of assets other than inventory     5a       or other basis and sales expenses     5b	_	
	c		s) from sale of assets other than inventory (Subtract line 5b from line 5a)	5	<b>c</b> 0
	6	-	d fundraising events		
0	а	Gross incor	ne from gaming (attach Schedule G if greater than		
nue			6a 6a	_	
Revenue	b		ne from fundraising events (not including \$ of contributions		
Å			ising events reported on line 1) (attach Schedule G if the n gross income and contributions exceeds \$15,000) <b>6b</b>		
	с		expenses from gaming and fundraising events 6c		
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
			· · · · · · · · · · · · · · · · · · ·	6	<b>d</b> 0
	7a		s of inventory, less returns and allowances		
	b		of goods sold		
	с 8		or (loss) from sales of inventory (Subtract line 7b from line 7a)		c 0 3
	9		<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		122,046
	10	Grants and	similar amounts paid (list in Schedule O)	1	0
	11		id to or for members		1
es	12		her compensation, and employee benefits.....................		2
Expenses	13		I fees and other payments to independent contractors		<b>3</b> 36,414
зdх	14		, rent, utilities, and maintenance		4 15,157
ш	15 16		blications, postage, and shipping		5 458 6 76,606
	16 17	Total exper	nses (describe in Schedule O)		<b>7 128,635</b>
	18	Excess or (	deficit) for the year (Subtract line 17 from line 9).	1	<b>8</b> -6,589
Net Assets	19	•	or fund balances at beginning of year (from line 27, column (A)) (must agree with	-	.,
As		end-of-year	figure reported on prior year's return)		9 -2,159
let	20		ges in net assets or fund balances (explain in Schedule O)		0
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	🏲 🛛 2	<b>1</b> -8,748

For Paperwork Reduction Act Notice, see the separate instructions.  $\ensuremath{\mathsf{HTA}}$ 

-	990-EZ (2017) Truckee Community Theater					47 <b>-</b> 325´	1761	Page <b>2</b>
Par	t II Balance Sheets. (see the instructions for							
	Check if the organization used Schedule O to re	espond to any qι	estion in th	his Part II...				X
					(A) Begi	inning of year		(B) End of year
22	Cash, savings, and investments					8,469	22	2,181
23	Land and buildings						23	3,624
24	Other assets (describe in Schedule O)						24	
25	Total assets					8,469	25	5,805
26	Total liabilities (describe in Schedule O)					10,628	26	14,553
27	Net assets or fund balances (line 27 of column (B	B) <b>must</b> agree w	ith line 21).			-2,159	27	-8,748
Pa	rt III Statement of Program Service Accomplis	hments (see the	e instructior	ns for Part III)				
	Check if the organization used Schedule O	to respond to any	/ question	in this Part III.		X		Expenses
Wha	at is the organization's primary exempt purpose?	See Scedule O						quired for section
	cribe the organization's program service accomplish	ments for each o	f its three la	argest program se	ervices,			(c)(3) and 501(c)(4) anizations; optional
	neasured by expenses. In a clear and concise manne			• • •			for c	others.)
	sons benefited, and other relevant information for eac			,				
-	Six theatrical offerings were presented during the ye		ities				_	
	for adults, teens, and children, to learn new skills ar							
	and enjoyment.							
	(Grants \$ 13,185 ) If this amoun	nt includes foreigi	n grants, cl	neck here		. 🕨 🗖	28a	113,292
29			0				100	110,202
	(Grants \$ ) If this amoun	nt includes foreia	n arants. cł	neck here		. 🕨 🗖	29a	
30							254	
50								
	(Grants \$ ) If this amoun	t includes foreig	arante ch	neck here			20-	
24	Other program services (describe in Schedule O).						30a	
31				neck here			24-	
~~							31a	
	Total program service expenses. (add lines 28a th						32	113,292
Pa	rt IV List of Officers, Directors, Trustees, and K	(ev Emplovees (	list each on					
		• • •		•				· · · ·
-	Check if the organization used Schedule O to	• • •		n this Part IV				· · · ·
	Check if the organization used Schedule O to (a) Name and title	• • •	question in age week	n this Part IV (c) Reportable compensation (Forms W-2/1099-MIS	5C) er		 s, ins,	· · · ·
Con	(a) Name and title	o respond to any (b) Avera hours per	question in age week	n this Part IV	5C) er	(d) Health benefits contributions to mployee benefit pla	 s, ins,	(e) Estimated amount of
	(a) Name and title	o respond to any (b) Aver- hours per- devoted to p	question in age week osition	n this Part IV (c) Reportable compensation (Forms W-2/1099-MIS	SC) er <b>)-)</b> and	(d) Health benefits contributions to mployee benefit pla	s, ns, ation	(e) Estimated amount of other compensation
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Exe Jen	(a) Name and title stance Simson cutive Director nifer Boehm	o respond to any (b) Aver- hours pervidevoted to p	question in age week osition 30.00	n this Part IV (c) Reportable compensation (Forms W-2/1099-MIS	SC) er <b>-)</b> and 0	(d) Health benefits contributions to mployee benefit pla	s, ns, ation 0	(e) Estimated amount of other compensation
Exe Jen Pres	(a) Name and title stance Simson cutive Director nifer Boehm sident	o respond to any (b) Aver- hours per- devoted to p	question in age week osition	n this Part IV (c) Reportable compensation (Forms W-2/1099-MIS	SC) er <b>)-)</b> and	(d) Health benefits contributions to mployee benefit pla	s, ns, ation	(e) Estimated amount of other compensation
Exe Jeni Pres Cari	(a) Name and title stance Simson cutive Director nifer Boehm sident rie Haines	<ul> <li>respond to any</li> <li>(b) Averative of the second to any</li> <li>(c) Averative of the second to any<td>question in age week osition 30.00 10.00</td><td>n this Part IV (c) Reportable compensation (Forms W-2/1099-MIS</td><td>SC) er ) and 0</td><td>(d) Health benefits contributions to mployee benefit pla</td><td>s, ns, ation 0</td><td>(e) Estimated amount of other compensation</td></li></ul>	question in age week osition 30.00 10.00	n this Part IV (c) Reportable compensation (Forms W-2/1099-MIS	SC) er ) and 0	(d) Health benefits contributions to mployee benefit pla	s, ns, ation 0	(e) Estimated amount of other compensation
Exe Jen Pres Carr Vice	(a) Name and title stance Simson cutive Director nifer Boehm sident rie Haines President	o respond to any (b) Aver- hours pervidevoted to p	question in age week osition 30.00	n this Part IV (c) Reportable compensation (Forms W-2/1099-MIS	SC) er <b>-)</b> and 0	(d) Health benefits contributions to mployee benefit pla	s, ns, ation 0	(e) Estimated amount of other compensation
Exe Jeni Pres Cari Vice Micl	(a) Name and title stance Simson cutive Director nifer Boehm sident rie Haines e-President nele Jones	<ul> <li>respond to any</li> <li>(b) Avernhours per or devoted to per or dev</li></ul>	question in age week osition 30.00 10.00 10.00	n this Part IV (c) Reportable compensation (Forms W-2/1099-MIS	CC) er and 0 0 0	(d) Health benefits contributions to mployee benefit pla	s, ns, ation 0 0	(e) Estimated amount of other compensation 0 0 0
Exe Jeni Pres Cari Vice Micl	(a) Name and title stance Simson cutive Director nifer Boehm sident rie Haines Peresident nele Jones ctor	<ul> <li>respond to any</li> <li>(b) Averative of the second to any</li> <li>(c) Averative of the second to any<td>question in age week osition 30.00 10.00</td><td>n this Part IV (c) Reportable compensation (Forms W-2/1099-MIS</td><td>SC) er ) and 0</td><td>(d) Health benefits contributions to mployee benefit pla</td><td>s, ns, ation 0</td><td>(e) Estimated amount of other compensation</td></li></ul>	question in age week osition 30.00 10.00	n this Part IV (c) Reportable compensation (Forms W-2/1099-MIS	SC) er ) and 0	(d) Health benefits contributions to mployee benefit pla	s, ns, ation 0	(e) Estimated amount of other compensation
Exe Jeni Pres Carr Vice Mich Dire Pete	(a) Name and title stance Simson cutive Director nifer Boehm sident rie Haines President nele Jones ctor er Morris	<ul> <li>respond to any</li> <li>(b) Averative of the second to any</li> <li>(b) Averative of the second to any devoted to perative of the second to any devoted to perative of the second term of term</li></ul>	question in age veek osition 30.00 10.00 10.00 10.00	n this Part IV (c) Reportable compensation (Forms W-2/1099-MIS	SC)         er           0         and           0         0           0         0           0         0	(d) Health benefits contributions to mployee benefit pla	 s, ation 0 0 0	(e) Estimated amount of other compensation 0 0 0 0 0 0
Exe Jeni Pres Carr Vice Micl Dire Pete Trea	(a) Name and title stance Simson cutive Director nifer Boehm sident rie Haines e-President nele Jones ctor er Morris asurer	<ul> <li>respond to any</li> <li>(b) Avernhours per or devoted to per or dev</li></ul>	question in age week osition 30.00 10.00 10.00	n this Part IV (c) Reportable compensation (Forms W-2/1099-MIS	CC) er and 0 0 0	(d) Health benefits contributions to mployee benefit pla	s, ns, ation 0 0	(e) Estimated amount of other compensation 0 0 0
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Exe Jeni Pres Carr Vice Micl Dire Trea Mike Dire Lisa	(a) Name and title stance Simson cutive Director nifer Boehm sident rie HainesPresident nele Jones ctor er Morris asurer a English ctor-Publicity Ann Abrahams	<ul> <li>o respond to any</li> <li>(b) Averative of the second to any</li> <li>(b) Averative of the second to perative of the second term of term</li></ul>	question in age week osition 10.00 10.00 10.00 10.00	n this Part IV (c) Reportable compensation (Forms W-2/1099-MIS	SC)     er       0     and       0     0       0     0       0     0       0     0       0     0       0     0	(d) Health benefits contributions to mployee benefit pla	, , , , , , , , , , , , , , , , , , ,	(e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Exe Jeni Pres Carr Vice Micl Dire Pete Trea Mike Dire Lisa Dire	(a) Name and title (a) Name and title (a) Name and title (b) Stance Simson (cutive Director nifer Boehm Sident rie HainesPresident nele Jones (ctor er Morris asurer e English (ctor-Publicity Ann Abrahams (ctor-Volunteer Coor	<ul> <li>o respond to any</li> <li>(b) Averative of the second to any</li> <li>(b) Averative of the second to perative of the second to perative of the second to perative of the second term of term</li></ul>	question in age week osition 10.00 10.00 10.00 10.00	n this Part IV (c) Reportable compensation (Forms W-2/1099-MIS	SC)     er       0     and       0     0       0     0       0     0       0     0	(d) Health benefits contributions to mployee benefit pla	, , , , , , , , , , , , , , , , , , ,	(e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Exe Jeni Pres Carr Vice Micl Dire Pete Trea Mike Dire Lisa Dire Stev	(a) Name and title (a) Name and title (a) Name and title (b) Stance Simson (cutive Director nifer Boehm (cutive Director (cut	<ul> <li>o respond to any</li> <li>(b) Averation (b) Avera</li></ul>	question in           age           veek           osition           30.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00	n this Part IV (c) Reportable compensation (Forms W-2/1099-MIS	SC)     er       0     and       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0	(d) Health benefits contributions to mployee benefit pla	s, ns, ation 0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Exe Jenn Press Carn Vice Mich Dire Pete Trea Mike Dire Stev Dire	(a) Name and title (a) Name and title (a) Name and title (b) Name and title (c) Name and	<ul> <li>o respond to any</li> <li>(b) Averative of the second to any</li> <li>(b) Averative of the second to perative of the second term of term</li></ul>	question in age week osition 10.00 10.00 10.00 10.00	n this Part IV (c) Reportable compensation (Forms W-2/1099-MIS	SC)     er       0     and       0     0       0     0       0     0       0     0       0     0       0     0	(d) Health benefits contributions to mployee benefit pla	, , , , , , , , , , , , , , , , , , ,	(e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Exe Jenn Pres Carn Vice Mict Dire Pete Tree Mike Dire Lisa Dire Lisa	(a) Name and title stance Simson cutive Director nifer Boehm sident rie Haines e-President nele Jones ctor er Morris asurer e English ctor-Publicity Ann Abrahams ctor-Volunteer Coor wart Ayers ctor-Technical Advisor Fraas	<ul> <li>o respond to any</li> <li>(b) Averation (b) Avera</li></ul>	question in           age week osition           30.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00	n this Part IV (c) Reportable compensation (Forms W-2/1099-MIS	SC)     er       0     and       0	(d) Health benefits contributions to mployee benefit pla	s, ns, ation 0 0 0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Exe Jenn Pres Carri Vice Micc Dire Peta Trea Mikk Dire Lisa Dire Lisa Dire	(a) Name and title stance Simson cutive Director nifer Boehm sident rie HainesPresident nele Jones ctor er Morris asurer a English ctor-Publicity Ann Abrahams ctor-Volunteer Coor wart Ayers ctor-Technical Advisor Fraas ctor-Legal	<ul> <li>o respond to any</li> <li>(b) Averation (b) Avera</li></ul>	question in           age           veek           osition           30.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00	n this Part IV (c) Reportable compensation (Forms W-2/1099-MIS	SC)     er       0     and       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0	(d) Health benefits contributions to mployee benefit pla	s, ns, ation 0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Exe Jenn Pres Carr Vice Mict Dire Pete Trea Mike Dire Stev Dire Lisa Dire Mict	(a) Name and title stance Simson cutive Director nifer Boehm sident rie HainesPresident nele Jones ctor er Morris asurer e English ctor-Publicity Ann Abrahams ctor-Volunteer Coor wart Ayers ctor-Technical Advisor Fraas ctor-Legal nele Greenwood	<ul> <li>o respond to any</li> <li>(b) Averation (b) Avera</li></ul>	question in           age week osition           30.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           5.00	n this Part IV (c) Reportable compensation (Forms W-2/1099-MIS	SC)     er       0     and       0	(d) Health benefits contributions to mployee benefit pla	s, ns, ation 0 0 0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Exe Jenn Pres Carr Vice Mict Dire Pete Trea Mike Dire Stev Dire Lisa Dire Mict	(a) Name and title stance Simson cutive Director nifer Boehm sident rie HainesPresident nele Jones ctor er Morris asurer a English ctor-Publicity Ann Abrahams ctor-Volunteer Coor wart Ayers ctor-Technical Advisor Fraas ctor-Legal	<ul> <li>o respond to any</li> <li>(b) Averation (b) Avera</li></ul>	question in           age week osition           30.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00	n this Part IV (c) Reportable compensation (Forms W-2/1099-MIS	SC)     er       0     and       0	(d) Health benefits contributions to mployee benefit pla	s, ns, ation 0 0 0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Exe Jenn Pres Carr Vice Mict Dire Pete Trea Mike Dire Stev Dire Lisa Dire Mict	(a) Name and title stance Simson cutive Director nifer Boehm sident rie HainesPresident nele Jones ctor er Morris asurer e English ctor-Publicity Ann Abrahams ctor-Volunteer Coor wart Ayers ctor-Legal nele Greenwood	<ul> <li>o respond to any</li> <li>(b) Averation (b) Avera</li></ul>	question in           age week osition           30.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           5.00	n this Part IV (c) Reportable compensation (Forms W-2/1099-MIS	SC)     er       0     and       0	(d) Health benefits contributions to mployee benefit pla	s, ns, ation 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation  (e) Estimated amount of other compensation  (c) 0
Exe Jenn Pres Carr Vice Mict Dire Pete Trea Mike Dire Stev Dire Lisa Dire Mict	(a) Name and title stance Simson cutive Director nifer Boehm sident rie HainesPresident nele Jones ctor er Morris asurer e English ctor-Publicity Ann Abrahams ctor-Volunteer Coor wart Ayers ctor-Legal nele Greenwood	<ul> <li>o respond to any</li> <li>(b) Averation (b) Avera</li></ul>	question in           age week osition           30.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           5.00	n this Part IV (c) Reportable compensation (Forms W-2/1099-MIS	SC)     er       0     and       0	(d) Health benefits contributions to mployee benefit pla	s, ns, ation 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation  (e) Estimated amount of other compensation  (c) 0
Exe Jenn Pres Carr Vice Mict Dire Pete Trea Mike Dire Stev Dire Lisa Dire Mict	(a) Name and title stance Simson cutive Director nifer Boehm sident rie HainesPresident nele Jones ctor er Morris asurer e English ctor-Publicity Ann Abrahams ctor-Volunteer Coor wart Ayers ctor-Legal nele Greenwood	<ul> <li>o respond to any</li> <li>(b) Averation (b) Avera</li></ul>	question in           age week osition           30.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           10.00           5.00	n this Part IV (c) Reportable compensation (Forms W-2/1099-MIS	SC)     er       0     and       0	(d) Health benefits contributions to mployee benefit pla	s, ns, ation 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation  (e) Estimated amount of other compensation  (c) 0

Form 9	90-EZ (2017) Truckee Community Theater 4	7-32517	61	Page <b>3</b>
Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in	this Pa		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
• •	detailed description of each activity in Schedule O.	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	24		v
35 3	change on Schedule O (see instructions)	34		Х
55 a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	. 35a		х
h	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.	35b		X
	Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$ notice,	000		<u></u>
-	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N.	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	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?	38a	Х	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	_		
b	Gross receipts, included on line 9, for public use of club facilities	_		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
h	section 4911 ►; section 4912 ►; section 4955 ► Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
U	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? If "Yes," complete Schedule L, Part I.	40b		х
с	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		<u></u>
Ū	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed.			
42 a	The organization's books are in care of <a>Courtney Simson</a> Telephone no. <a>Telephone no.</a>	(530) 2	06-656	6
	Located at ► 11260 Donner Pass Rd City Truckee ST CA ZIP + 4 ► 96	161		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
	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			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ			<u>X</u>
	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i>			V
45 -	explanation in Schedule O.	44d		X X
45 a 45 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
45 b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions).	45b		

Form	990	)-EZ	(2017)
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Part VI

Truckee Community Theater

Yes

No

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 experimetion used Cahadula O to respond to any superior in this Dart VI	

	Check if the organization used Schedule O to respond to any question in this Part VI		• •	
			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax			
	year? If "Yes," complete Schedule C, Part II	47		Х
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		Х
49 a	Did the organization make any transfers to an exempt non-charitable related organization?.	49a		Х
b	If "Yes," was the related organization a section 527 organization?	49b		
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and	d key		

employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

<b>(b)</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
Hr/WK .00	)		
Hr/WK .00	)		
Hr/WK .00	)		
Hr/WK .00	)		
Hr/WK .00	)		
	hours per week devoted to position           Hr/WK         .00           Hr/WK         .00	hours per week devoted to position     compensation (Forms W-2/1099-MISC)       Hr/WK     .00       Hr/WK     .00       Hr/WK     .00	(b) / Verage hours per week devoted to position     (c) / (e) /

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		
Name None	Str				
City	ST ZIP				
Name	Str				
City	ST ZIP				
Name	Str				
City	ST ZIP				
Name	Str				
City	ST ZIP				
Name	Str				
City	ST ZIP				
· · · · · ·	ST ZIP				

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 must attach a

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		C	Date			
	Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check X if	PTIN		
	Sally Lyon	Sally Lyon	9/29/2018		P01079618		
	Firm's name		F	Firm's EIN ►			
	Firm's address ► 11151 Dorchester Dr, Truckee, CA 96161			Phone no. (530) 582-4943			
May the IRS di	scuss this return with the preparer	shown above? See instructions		►	X Yes No		

No