Form **8868**

(Rev. January 2025)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment 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. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or The Tahoe Douglas Fire Protection Print 45-1290168 District Post Retirement Plan File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your PO Box 919 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. Zephyr Cove, NV 89448 01 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Is For Return Application Is For Code Code 09 Form 4720 (other than individual) 01 Form 990 or Form 990-EZ 10 Fc rm 52 27 Form 4720 (individual) 03 Forn. Cu69 11 04 Form 990-PF 05 Form 8870 12 Form 990-T (sec. 401(a) or 408(a) trust) Form 533u (Individual) 13 06 Form 990-T (trust other than above) 14 Form 53'.0 (owner than individual) Form 990-T (corporation) 15 Form 5 90-T (governmental entities) 08 Form 1041-A After you enter your Return Code, complete either Part or lart III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of David, Johnson, & Larson, LTD 308 Dorla Court #204 - Zephyr Cove, NV 89448 Telephone No. 775-588-5672 Fax No. If the organization does not have an office or Nace of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
 If this is for the whole group, check this box If it is for part of the group, check this box ... and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until November 15, 20, 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 24 or X ____ , 20 _____ , and ending __ tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	or the	2024 Calendar year, or tax year beginning	criaing						
В	Check if	C Name of organization The Tahoe Douglas Fire Protection		D Employer ide	ntific	ation number			
Γ-	Addres	District Post Retirement Plan							
	Name change	D. I.		45-1290168					
	Initial return		Room/suite	E Telephone number					
F	Final return/	PO Box 919		775-588-3591					
	termin- ated			G Gross receipts \$		1,854,344.			
	Amend return	Zephyl cove, NV 03440		H(a) Is this a gro					
	Application	F Name and address of principal officer: Benjamin P Sharit		for subordinates? Yes X No					
_	pendin	same as C above		H(b) Are all subordina					
1	Tax-exe	empt status: 501(c)(3) X 501(c) (9) (insert no.) 4947(a)(1) c	or 527			ist. See instructions			
_	Websit			H(c) Group exem					
		organization: Corporation X Trust Association Other	L Year	of formation: 201	<u> </u>	State of legal domicile; NV			
P	art I	Summary Briefly describe the organization's mission or most significant activities: To page 1971	rovide	health.	med	lical. &			
9	1	other benefits for Tahoe Douglas FPD qual	ifvin	retirees					
Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its ne	t ass	ets.			
/er	3				3	4			
G	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	0			
		Total number of individuals employed in calendar year 2024 (Part V, line 2a)			5	0			
Activities &	6	Total number of volunteers (estimate if necessary)			6	0			
iti.	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	1,758,287.			
Ā	b				7b	0.			
				Prior Year		Current Year			
	8	Contributions and grants (Part VIII, line 1h)			0.	0.			
nue	9	Program service revenue (Part VIII, line 2g)			0.	96,057.			
Revenue	10	Investment income (Part VIII, column (A), lines 3 (4, and 7d)		684,39		1,758,287.			
å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a d 11a)			0.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column A), line 12)		684,39	-	1,854,344.			
	13	Grants and similar amounts paid (Part IX, column (A), line s 1-3)			0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		408,44		404,250.			
U.	15	Salaries, other compensation, employee benefit's (Part 1.1, column (A), lines 5-10)			0.	0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A, line 11e)			0.	0.			
KDe	b	Total fundraising expenses (Part IX, colum. 1/2), ne 25)	0.	70 15	_	61 640			
Ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		78,15		61,648.			
		Total expenses. Add lines 13-17 (m. ıst eq ıal Part IX, column (A), line 25)		486,59 197,79		465,898.			
_	19	Revenue less expenses. Subtract line 15 from line 12			$\overline{}$	End of Year			
Net Assets or	4		B	eginning of Current Y		15,771,405.			
sets	20	Total assets (Part X, line 16)		14,580,90 312,23		74,785.			
A	21	Total liabilities (Part X, line 26)		14,268,67		15,696,620.			
		Net assets or fund balances. Subtract line 21 from line 20		14,200,07	0.1	13,030,020:			
	art II	Ities of perjury, I declare that I have examined this return, including accompanying schedules	e and statem	ents, and to the hest	of my	knowledge and belief, it is			
Und	ier pena	t, and complete. Declaration of proparer (other than officer) is based on all information of wh	nich nrenare	r has any knowledge.	01 1113	Moviedge and belief it to			
true	e, correc		non proparo	That any knowledge.					
0:		Signature of officer		Date	1/1	8/25			
Sig		Scott Lindgren, Trustee		//	11	2/25			
He	re	Type or print name and title							
Preparer's signature Date Check PTIN									
Pai	d	Kim Hunwardsen, CPA Kim Hunwardsen,	CPA	11/17/25 if self-	-employe	P00484560			
	u parer	Firm's name Eide Bailly LLP		Firm's Ell		5-0250958			
		Firm's address 800 Nicollet Mall, Ste. 1300							
Use Only Firm's address 800 Nicollet Mall, Ste. 1300 Minneapolis, MN 55402-7033 Phone no.612-253-6500									
Ma	v the If	RS discuss this return with the preparer shown above? See instructions			X Yes No				

orm	990 (2024) DISCITCU POSC RECTIONMENTS 45 1250100 Tage-	-
Pal	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	1
1	Briefly describe the organization's mission:	_
'	None	
		_
		_
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	-
	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?	
	If "Yes," describe these changes on Schedule O.	
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. (Code:) (Evnesses \$ including grants of \$) (Revenue \$	-
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$ Fund the Tahoe Douglas Fire Protection District post-retirement plan &	,
	trust so that future qualifying retiree group health and medical	
	insurance premium costs will be funded. In 2024 the Trust participants	
	consisted of 36 Retirees and a total of 64 participants including	_
	spouses recieving benefits from the Trust.	
		_
		_
		_
		_
		_
4b	(Code:) (Expenses \$ inc. din_ arents of \$) (Revenue \$)
		-
		_
		_
		_
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		-
		-
		=
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	_

Form **990** (2024)

4e Total program service expenses

			Yes	No
4	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		
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 Rev. Proc. 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			77
	Schedule D, Part III	8	_	<u>X</u>
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?			7.7
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowment			v
	or in 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. Fords VI, VIII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Par X, line 177 If You," complete Schedule D,			Х
	Part VI	11a	_	A
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446	х	
	assets reported in Part X, line 16? If "Yes," complete Schedul D Con VII	11b	Λ	
C	Did the organization report an amount for investments - prog. an. related in Fart . Jing 13, that is 5% or more of its total	11c		х
	assets reported in Part X, line 16? If "Yes," complete School J, Part VIII	110		
d	Did the organization report an amount for other ass ts ir Part X, line 15 that s 5% or more of its total assets reported in	11d		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization report an amount for other liabilities in Part A line 25? If "Yes," complete Scriedule D, Part A line 25?	110		
f	the organization's liability for uncertain tax positions uncer FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
40-	Did the organization obtain separate, independent audited in ancial statements for the tax year? If "Yes," complete			
12a		12a		X
l.	Schedule D, Parts XI and XII	,		
D	If "Yes," and if the organization answered "No to mie 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		Х
14a	Did the organization maintain an office, en proyees, or agents outside of the United States?	14a		X
	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. See instructions	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			٦,
	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? # "Yes,"	,.		. v
	complete Schedule G, Part III	19		X
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	04		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21 Form	990	(2024)
132003	12-10-24	I VIIII		(エンピマ)

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, courting, (i), more 21 in Vision (ii), more 21 in Vision (iii), part 1 in Vision (iii), limit or grant part of the organization are well as the organization and forms officers, directors, trustees, key employees, and highest compensated orthogovean? If Vision, or on the last day of the variant part of the organization have a tax-exempt bond sease with an outstanding principal amount of more than \$100,000 and of the last day of the variant on lives a stax-exempt bond sease with an outstanding principal amount of more than \$100,000 and of the last day of the variant on lives and produced of tax-exempt bonds beyond a temporary period exception? 246 Did the organization maintain an excrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 258 Sections 501(6), 501(e)(4) and 501(e)(30) organization. Od the organization expends and the organization area that the organization wave that the regarded in an excess benefit transaction with a disqualified person during the year? If Yies, complete Schedule, L. Part I is the organization awave that the regarded in an excess benefit transaction with a disqualified person during the year? If Yies, complete Schedule, L. Part I is the organization wave that the regarded in an excess benefit transaction has not been reported on any of the organization's prior Forms 900 or 900-E2? If Yies, complete Schedule, Part I is the organization wave that the regarded in an excess benefit transaction with a disqualified person during the year? If Yies, complete Schedule, L. Part I I is the organization wave that the regarded in an excess benefit transaction with a disqualified person during the year? If Yies, complete Schedule, L. Part I I is the organization wave that the regarded in a excess benefit transaction with a disqualified person of any organization and the transaction with a disqualified person during the year? If				Yes	No
29 Did the organization answer "Yes" to Part VII. Section A, Irine 3, 4, 75, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," compiles Schedule I, Part II. 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 fines 24b through 24d and compiles Schedule IV. If No., 70 or 16ne 25e. 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary particle exception? 26b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary particle exception? 27c Did the cognization invest any proceeds of tax-exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? 28c Sections 01(96), 501(96), 400 office), and 501(96)290 organizations. Did the organization expense in an excess benefit trustaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 28c Sections 01(96), 501(96), 400 office), and 501(92)290 organizations. Did the organization expense that it has transaction with a disqualified person during the year? If yes, complete Schedule I, Part I 28c Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustase, key employee, creator or founder, substantial contributor or employee thereof, a gradient of from the satisfance to any current or former officer, director, trustase, key employee, creator or founder, substantial contributor or employee thereof, a gradient on which are the following partier of employee thereof or any different only the following partier officer, during the partier of any different or formity member of any of these personal if Yes, complete Schedule I, Part IV 28c A Stiff contributed entity of one or more individuals a soly organization escoled in line 28a or	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 28		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
Schedule / I was at a 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 24th through 24d and complete Schedule / I who," go to line 25a. Did the organization minest any proceeds of tax-exempt bonds beyond a temporary parcicl exception? Did the organization mentant an escrive account other than a refunding escrive at any time during the year to defease any tax-evempt bonds? Did the organization mentant an escrive account other than a refunding escrive at any time during the year? 24d	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
24a Did the organization have a tax-excempt 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," "resp." "answer lines 24b brough? 24d and complete Schedule It. "If "No," you for line 25d a					
stated way of the year, that was issued after December 31, 2002? If "Yes," annover lines 24th through 24th and complete Schauble K. If "No," go to fine 28s Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization mentant an escrive account other than a refunding escrive at any time during the year to defease any tax-event bonds? Did the organization act as an 'on behalf of "issuer for bonds outstanding at any time during the year? 24d 25d Did the organization act as an 'on behalf of "issuer for bonds outstanding at any time during the year? 25d Did the organization act as an 'on behalf of "issuer for bonds outstanding at any time during the year? 25d Did the organization access that the graged in an excess benefit transaction with a disqualified person during the year? If "yes," complete Schedule I, Part I 25a Is the organization aware that the graged in an excess benefit transaction with a disqualified person of uniting the year? If "yes," complete Schedule I, Part I 25a Did the organization is provide a grant or other assistance to any outstanding at any time during the year? If "Yes," complete Schedule I, Part I 25b Did the organization provide a grant or other assistance to any ourself or former officer, director, trustee, key employee, creator of former officer, director, trustee, key employee, creator of former, substantial contributor or propiyes thereof, a grant selection contributed or part year. Yes, and yes the organization approve thereof or family member of any of these pirsons? If "Yes, Complete Schedule I, Part II 27c A 35% controlled ending of one or more individual of the Quown parties? See the Schedule I, Part II 27c A 35% controlled ending of one or more individual of the Quown parties? See the Schedule I, Part II 27c Did the organization liquidistic terminate, or dissolve family experience or other aimlar assets, or qualified conservation contributions? If "Yes," complete Schedule I, Part I 27c Did t		Schedule J	23	Α	
Schedule K. If Yio, "po to line 25s	24 a				
b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any taxevempt bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? d Did the organization act as an "on behalf of Issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of Issuer for bonds outstanding at any time during the year? d Did the organization exact as an "on behalf of Issuer for bonds outstanding at any time during the year? d Did the organization exact that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I b Is the organization exact 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 I, Part I I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any cumnt or former officer, director, trustee, key employee, creator or founder, substantial contributior or major part or former officer, director, trustee, key employee, creator or founder, substantial contribution or against selection committee nember, or to a 35% controlled entity (including an employee thereof) or family member of any of these pilesons? If "Yes," complete Schedule I, Part II I A standard and the organization and part to a business transaction with one of the legions g parties? See the Schedule I, Part II II A 18 A standard and part or a business transaction with one of the legions g parties? See the Schedule II, Part IV A 28 A 28% controlled esthips of one or more individuations and programization seed one or more individuations and programization receive contributions of art, historical treasure, or other smillar assets, or qualified conservation contributions? If "Yes," complete Schedule II, Part IV II Did			240		x
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempts bonds? 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)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? #"'ex", "complete Schedule I., Part I. 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 an any of the organization's prior Forms 990 or 969CE? #"Ves", "complete Schedule I., Part II. Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, ciractor, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or founder, substantial contributor or employee thereof, a grant selection committee in embe, for to a 55% controlled entity for founder, substantial contributor or employee thereof, a grant selection committee in embe, for to a 55% controlled entity for founder, substantial contributor or employee thereof, a grant selection committee in embe, for to a 55% controlled entity for former officer, director, trustee, key employee, oreastor or founder, substantial contributor? #" "Yes" complete Schedule I., Part IV. Was the organization a party to a business transaction with one of the february partier? See the Schedule I., Part IV. A family member of any individual described in line 2830 is "Yes" "complete Schedule I., Part IV. A family member of any individual described in line 2830 is "Yes" "complete Schedule II., Part IV. Did the organization receive more than \$25,000 in noncash cryminations? If "Yes" complete Schedule II., Part II. Did the organization receive more than \$25,000 in noncash cryminations? If "Yes" complete Schedule II., Part II. Did the organization		Schedule K. If "No," go to line 25a			
any tax-exempt bonds? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 50 (c)(3), 601(c)(4), and 501(c)(26) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? ""Yes," complete Schedule L, Part I 25b Is the organization aware that the negage in an excess benefit transaction with a disqualified person during the year? ""Yes," complete Schedule L, Part I 25c Is the organization report and the the negation are 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-E2? If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part II	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	2.70		_
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 801(c)(4), and 601(c)(26) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if "ves," complete Schedule L, Part I b is the organization waver that it engaged in an excess benefit transaction with a disqualified person during the year? if "ves," complete Schedule L, Part I b is the organization report any warount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, clinector, frustee, key employee, creator or founder, substantial contribution, or 35% controlled entity or family member of any of these persons? if "ves," complete Schedule L, Part II 25b	С		24c		
25a Saction 501(c)(3), 301(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? #"Yes," complete Schedule 1, Part 1 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled entity fincluding an employee thereof) or family member of any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof) or family member of any of these pirsons? #"Yes," complete Schedule L, Part III. Was the organization applicable filling thresholds, conditions, and exceptions: a A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? #"Yes," complete Schedule L, Part IV. b A family member of any individual described in line 282°, keyes "complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals is effor organizations? #"Yes," complete Schedule M. Did the organization receive more than \$25,000 in noncash cyrilline in \$2 \text{ "Yes," complete Schedule M.} Did the organization receive more than \$25,000 in noncash cyrilline in \$2 \text{ "Yes," complete Schedule M.} 25 Did the organization related to any tax-exe and art, historical trustee, or other similar assets, or qualified conservation contributions? #"Yes," complete Schedule A, Part II. 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? #"Yes,					
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? # "Yes," complete Schedule L, Part I 25b 25b 25c	d	Did the organization act as an "on behalf of Issuer for bolids outstanding at any time during the year."	2		
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-E27 // **Yes,** complete **Schedule L, Part I** 25b	25a		25a		
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // *Yes,' complete Schedule // Part I **Old the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any cumont or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? // *If Yes,' complete Schedule // Part I */ Part I *					
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27 Did the organization provide a grant or other assistance to any current or former officer, director, It's "Se, key employee, creator or founder, substantial contributor or employee thereof), a grant selention committee riember, or to a 35% controlled entity (including an employee thereof) or family member of any of these pirsons? If "Yes," Complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, or afto or nunder, or a sistantial contributor? If "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28s? "" "Yes," complete Schedule L, Part IV. 28a X 28b X 4 A 35% controlled entity of one or more individuals as id/o organizations seed by the second of the second o			26		X
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instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, crist) or nounder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? ""Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals a lofo organizations secrobed in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in noncash continuitions? If "Yes," complete Schedule M 29 X 20 Did the organization receive contributions of art, historical tre sure, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cee operations? If "Yes," complete Schedule N, Part II 31 X 32 Did the organization sell, exchange, dispose of east rosse more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X 32 Did the organization own 100% of an entity disparded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? "("Yes" complete Schedule R, Part II 33 X 34 Was the organization related to any tax-exunity or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, IIne 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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, IIne 2 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, IIne 2 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, IIne 2 36 Sectio	28	Was the organization a party to a business transaction with one of the following parties? See the Schedule L, Part IV,			
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b A family member of any individual described in line 28s ² , it "yes," complete Sci edule L, Part IV c A 35% controlled entity of one or more individuals at d/o organizations secrosed in line 28s or 28b? If "Yes," complete Schedule L, Part IV 28b X 28c X 28c X 29 Did the organization receive more than \$25,000 in noncash cyntinguines? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical trensure, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cell experiments. If "Yes," complete Schedule N, Part I I 31 Did the organization sell, exchange, dispose of setting the sections? If "Yes," complete Schedule N, Part I I 32 Did the organization on 100% of an entity discipated as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? "Eyes," complete Schedule R, Part I I 34 Was the organization related to any tax-excent or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35 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, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V Iine 2 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 V Iine 2 38 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	а	A current or former officer, director, trustee, key employee, creato ar nounder, or a stantial contributor? If			
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If "Yes," complete Schedule R, Part V, line 2	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
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 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V 10 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on 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?	00		36		
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 on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on 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?	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 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 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X			37		X
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 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on 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? 1c X	38				
Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on 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? 1c X		Note: All Form 990 filers are required to complete Schedule O	38	X	
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on 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? Yes No 1a 2 1b 0 C X	Pai				
ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on 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? 1c X		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included on 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? 1c X				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		Enter the number reported in box 3 of Point 1090. Enter 10 in for applicable			
(gambling) winnings to prize winners?	b	Enter the number of Forms W-2d included on line 1a. Enter of it not applicable			
(Ualibility) Williams to prize withers:	С		10	x	
	_	(gambling) winnings to prize winners?			(2024)

Part V

	î î		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return		=	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	v	
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 on Schedule O	3b	Α	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4.		х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Λ
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		Х
5a		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	- 30		
6a	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
	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
D		6b		
-	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			
7	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		
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
D	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
С	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
6	Did the organization receive any funds, directly or indirectly, to pay premi Ims on a personal be efficient contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirect, on a personal renefit contract?	7f		
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, airplaner, or oner vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised func's. Viri a donor advised function and maintained by the			
	sponsoring organization have excess business holdings at any lime during the year?	8		
9	Sponsoring organizations maintaining donor adv sed funds.			
а	Did the sponsoring organization make any taxable disubutions ur der oction 4966?	9a		_
b	Did the sponsoring organization make a distribution to a donc., 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	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	alloults due of received nom atoms	12a		
12a	Section 4947(a)(1) non-exempt charitab. Trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
U	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			1
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	F===	900	(2024)
40000	5 40 40 04	LOU	11 330	(2024)

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 4 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 on Schedule O. 0 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-ched at the X organization's mailing address? If "Yes," provide the names and addresse s on Schedule ... Section B. Policies (This Section B requests information about policies in Appured by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliate ? 10a Х b If "Yes," did the organization have written policies and proce 'ur s poverning the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent w. h the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Firm 990 to all nembers of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Did the organization have a written conflict of interest policy? // , /o, // co to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X on Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document about n and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contempora neous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director or top management official 15a X Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 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 16b exempt status with respect to such arrangements? Section C. Disclosure None List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records David, Johnson, & Larson, LTD - 775-588-5672 308 Dorla Court #204, Zephyr Cove, NV

Form 990 (2024)

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

X

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 -O- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

 See the instructions for the order in which to list the persons above.

Check this box if neither the organization no	or any related o	orga	niza	tion	con	npen	sat	ed any current officer, d	irector, or trustee.	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior more) than c	one	Reportable	Reportable	Estimated
	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)			is both	n an	compensation	compensation	amount of	
	week		Jer all	luau	BCIC	T	100)	from	from related	other
	(list any	recto						the	organizations (W-2/1099-MISC/	compensation from the
	hours for	or d	98			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	related organizations	nstee	trust		8	ubeu		1099-NEC	1033 NEO	and related
	below	ual tr	tional		l g	st con	L	100011120		organizations
	line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated imployee	Former			
(1) Scott Lindgren	0.10						1			
Trustee	39.90	X						0.	242,284.	0.
(2) Scott E. Vandover	0.10								100 036	14 475
Trustee	39.90	X		h	\sim	H		0.	129,236.	14,475.
(3) Matt Steventon	0.10	7,7			Ι.	K	1	0.	109,767.	13,976.
Trustee	39.90	X.						0.	109,707.	13,370.
(4) Benjamin P. Sharit	0.00	х		X		U		0.	0.	11,317.
Chairperson	0.00	Λ		A	D	\vdash		- 0.		
					Ī					
		1								
	(4)	_	_	_	-		_			
)		-		-	\vdash	-			
					_					
		-		\vdash		\vdash	-			
					_					
		-			\vdash	+				
				_	_	_	_			= 000 (ccc.4)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
	(A)	(B)				C)			(D)	(E)		(F)
	Name and title	Average	Average Position (do not check more than one					nne	Reportable	Reportable		Estim	ated
		hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	۱	amou	
		week	officer and a director/trustee)			n/uus	lee)	from	from related	- 11 -	oth		
		(list any hours for							the	organizations (W-2/1099-MIS		omper from	sation
		related	or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	0.00	organi	
		organizations	rustee	trus		8	ubeu:		1099-NEC)	10001420)		and re	
		below	dual tr	utiona	ایا	nploy	st cor		100011207			rganiz	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
						_		_			_		
					_	_	-	-		1			
					\vdash		\vdash		\				
								1					
			Ļ		4		L			401 00	7	2.0	760
	Subtotal							. /	0.	481,28	0.	39,	768. 0.
C	Total from continuation sheets to Part VI	I, Section A)					0.	481,28		20	768.
_d	Total (add lines 1b and 1c)	<u></u>							0.		1.	39,	100.
2	Total number of individuals (including but n	ot limited to th	ose	liste	1 ah	e) wh	o re	eceived more than \$100,	000 of reportable			0
_	compensation from the organization				1							Ye	
_	Did the organization list any former officer,	director to set	00 1	(0)/(0	mpl	lovo	0.01	hia	hast compensated emp	lovee on			
3				_								3	Х
	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	ucn inai\ auai ,	100						ner compensation from t				
4	and related organizations greater than \$150											4 X	
_	Did any person listed on line 1a receive or												
5	rendered to the organization? If "Yes," 2m											5	X
Sec	tion B. Independent Contractors	ion he schedun	- 14.1	7/ 31	-	VVI.32	9//						
1	Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensation	from	
	the organization. Report compensation for												
-	(A)								(B)		0	(C)	Alam.
	Name and business	address	N	INC	3			_	Description of s	services	Con	pensa	tion
_								-					
_													
				_									
_						41-			ahaya) wha wa-tivad	oro than			
2	Total number of independent contractors (i \$100,000 of compensation from the organic		ot lir	nite	10		se lis)	ted	above) who received m	DIE HIMII			

Form 990 (2024)

The Tahoe Douglas Fire Protection 45-1290168 Page 9 District Post Retirement Plan Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded Related or exempt Unrelated Total revenue business revenue from tax under function revenue sections 512 - 514 1a 1 a Federated campaigns b Membership dues 1c c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f **Business Code** 84,366. 84,366. 525100 2 a Employer Contributions Program Service Revenue 11,691. 11,691. b Plan Member Contributions 525100 f All other program service revenue 96.057. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 390,755. 390,755 other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties (i) Real (ii) Persona 6 a Gross rents 6a 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 1,367,532, assets other than inventory b Less: cost or other basis and sales expenses Other Revenue 1,367,532 1367532. 1,367,532. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ __ contributions reported on line 1c, See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code**

1,854,344.

1758287.

96,057.

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions

scellaneous

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				X
_		(A)	(B) Program service	(C) Management and	(D) Fundraising
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	404,250.			
5	Compensation of current officers, directors,			0	
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include			1	
	section 401(k) and 403(b) employer contributions)	1			
9	Other employee benefits			Θ	
10	Payroll taxes				
11	Fees for services (nonemployees):) ·	
а	Management	1,200.			
b	Legal	4,396.			
С	Accounting	4,500.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	4) 163.			
f	Other. (If line 11g amount exceeds 10% of line 25,	7) 3/2001			
g	column (A), amount, list line 11g expenses on Sch 0.)	51,863			
12	Advertising and promotion				
13	Office expenses	116.			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public of cials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
a					
b					
C					
d	All other expenses				
	All other expenses	465,898.			
25 26	Joint costs. Complete this line only if the organization				
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

Parl	ŧΧ	Balance Sheet			
		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	400 060
	2	Savings and temporary cash investments		2	190,963.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	11,691.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
,,	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other			
	104	basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	15,568,751
	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 33)		16	15,771,405
_	17	Accounts payable and accrued expenses	312,237.	17	74,785
	18	Grants payable		18	
	19	Deferred revenue		19	
- 1	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part V of Schedule		21	
- 1	22	Loans and other payables to any current or fc mer officer, director			
i ge		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated thi d par es		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
- 1	25	Other liabilities (including federal income tax, payable to related third			
- 1	20	parties, and other liabilities not included or lines 17 24). Complete Part X			
- 1		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 2.	312,237.	26	74,785
\neg	20	Organizations that follow FASE ASC \\ 58, check here			
တ္က		and complete lines 27, 28, 32, and 3.			
ğ	27	Net assets without donor restrictions		27	
<u>a</u>	28	Net assets with donor restrictions		28	
<u> </u>	20	Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds	0.	29	0
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	0
ŝ	31	Retained earnings, endowment, accumulated income, or other funds		31	15,696,620
Net Assets or Fund Balances	32	Total net assets or fund balances	14 269 670	32	15,696,620
z	33	Total liabilities and net assets/fund balances	14,580,907.	33	15,771,405
	00	1900 INAMINING MINING WOOD IN THE PROPERTY OF			Form 990 (202

Pai	t XI Reconciliation of Net Assets				_			
	Check if Schedule O contains a response or note to any line in this Part XI	·····						
			1 0	54,3	4.4			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		65,8				
2	Total expenses (must equal Part IX, column (A), line 25)	2		88,4				
3	nevertue less experises, Subtract life 2 from the 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,2	39,5				
5	Net unrealized gains (losses) on investments	5		39,5	04.			
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 on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		1 - 6	ac c	00			
	column (B))	10	15,6	96,6	20.			
Pai	t XII Financial Statements and Reporting				[4 2]			
	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 on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	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:							
	Separate basis Consolidated basis Both consolidated and separate bas.							
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 in a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Boti, consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committive that assumes reconsibility 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 a vring the tax year, explain on School	edule O.						
За	As a result of a federal award, was the organization equired to undergular all dit or audits as set forth in the				l			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	a	X			
b	If "Yes," did the organization undergo the required audit or audit. If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taker to undergo such audits		3					
			Fo	_{rm} 990	(2024)			
	,5							
	()							

SCHEDULE D

(Rev. December 2024) Department of the Treasury Internal Revenue Service

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. (Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

The Tahoe Douglas Fire Protection District Post Retirement Plan

Employer identification number 45-1290168

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
_	organization answered Tes on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
	Total number at and of year	(4) 20101 301111	
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 L Did the organization inform all donors and donor advisors in w	witing that the genete hold in donor advis	end funde
5			
_	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Pa		enjection analysis of "Vas" on Form 900	
			raitiv, into 7.
1	Purpose(s) of conservation easements held by the organization		of a historically important land area
	Preservation of land for public use (for example, recreati	·	of a certified historic structure
	Protection of natural habitat	Preservation o	1 > CE Tilled Historic structure
	Preservation of open space	ad a succession and why then in the form	of a concentation assument on the last
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the lon-	Held at the End of the Tax Year
	day of the tax year.		2a
a	Total number of conservation easements		2b
b		et un instrude on line de	0-
C	Number of conservation easements on a certified historic structure of the conservation easements on a certified historic structure.		
d			2d
	on a historic structure listed in the National Register	and extinguished or terminated by the	
3		a: ed, extinge sit d, or terminated by the	s organization during the tax
	year	amout in leadard	
4	Number of states where property subject to conservation ease Does the organization have a written policy regarding the period	monit ring increation handling of	
5	violations, and enforcement of the conservation easements it		Voc I No
•	Staff and volunteer hours devoted to monitoring, inspecting, h	noids	
6	Stall and volunteer flours devoted to morntoning, inspecting,	and of violations, and officially con-	
7	Amount of expenses incurred in monitoring, inspecting, hundli	ing of violations, and enforcing conserva	ation easements during the year
-	Although of expenses incurred in morntoning, insight, and	ing of violations, and officering contents	
8	Does each conservation easement reported or line 2d above s	satisfy the requirements of section 170(r	n)(4)(B)(i)
0	and section 170(h)(4)(B)(ii)?		37
9	In Part XIII, describe how the organization oports conservation		
9	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	s, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for publ		
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 958	s, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public 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 trea		
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

The Tahoe Douglas Fire Protection District Post Retirement Plan

Sche	dule D (Form 990) (Rev. 12-2024) Distri	ct Post Ret	rirement P	lan		45-12	90168	Pa	ge 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or Othe			(continu	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the t	following that make s	significant ι	use of its			
	collection items (check all that apply).								
а	Public exhibition	d		hange program					
b	Scholarly research	е	Other						_
С	Preservation for future generations								
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 3								
5	During the year, did the organization solicit o					_	_		
	to be sold to raise funds rather than to be ma						Yes		No
Par		-	te if the organization	answered "Yes" on	Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi						٦.,		
	on Form 990, Part X?					L	」 Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				Amount		
					-		Amount		
	Beginning balance								
d	Additions during the year								
е	Distributions during the year							-	_
f	Ending balance				1f		1		
	Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided in Part XIII					
Par	t V Endowment Funds Complete if			(c) Two years hack	(a) Throng	roore back	(a) Four	veare h	ack
		(a) Current year	(b) Prior year	(c) Two years to ak	(a) Thee	real S Dack	(e) i oui	y cai s L	aun
1a	Beginning of year balance			—() ·					
b	Contributions		\longrightarrow		-				_
C	Net investment earnings, gains, and losses								_
d	Grants or scholarships								
e	Other expenditures for facilities		$b^{\vee} \wedge X$						
	and programs								
f	Administrative expenses								
g	End of year balance							_	
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%)						
C	TOTH OHGO WHIGH	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%							
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administered for t	he		1	. 1	
	organization by:	5						Yes	No
	(i) Unrelated organizations?						3a(i)	_	
	(ii) Related organizations?						3a(ii)	-	_
b	If "Yes" on line 3a(ii), are the related organization						3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm				: i: 10				
	Complete if the organization answere						400		
	Description of property	(a) Cost or o	1 11 .	, ,	Accumulate epreciation		(d) Book	value	
		basis (investr	nent) basis	(other) d	epreciation				
1a	Land							_	
b	Buildings							_	
С	Leasehold improvements								
	Equipment						_		_
_	Other		V201400000000000000000000000000000000000						0.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part	X. line 10c. column	(B))					•

Part VII Investments - Other Securities			
		1b. See Form 990, Part X, line 12.	af au mandrat value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-or-year market value
(1) Financial derivatives			
(3) Other			
	15 560 551	End of Vone Markot	7721110
	15,568,751.	End-of-feat Market	value
. 			
- 10_At			
	15,568,751.		
Part VIII Investments - Program Related.			
	on Form 990, Part IV, line 1	1c. 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
(5)			
(6)			
(7)			
(8)			
(9)			
	- COV		
	on Form 9.00 Part IV line 1	1d. See Form 990. Part X. line 15.	
		10.000 (0.000 (0.000)	(b) Book value
7277			
(5)			
(5) (6)			
(2) Closely held equity interests (3) Other (A) Investments Held Through (B) RBIF Pooled Funds (C) (C) (D) (E) (F) (G) (H) (Total, (Col. (b) must equal Form 990, Part X, line 12, col. (B)) (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) (6) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (6) (7) (6) (9) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (6) (6) (7) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (6) (6) (7) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (6) (7)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, "ir a 15, co.	I. (B))		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, i'r e 15, con			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, "ir e 15, con Part X Other Liabilities Complete if the organization answered "Yes"			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, "re 15, con Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, "ire 15, con Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, ir e 15, con Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, "re 15, co. Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, "r e 15, co. Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, "re 15, co. Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, "re 15, conpert X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, "ire 15, con Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, ire 15, conpart X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

The Tahoe Douglas Fire Protection

Schedule D (Form 990) (Rev. 12-2024) District Post Retirement Plan 45
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Schedule D (Form 990) (Rev. 12-2024) District Post Retirement Plan

	Reconciliation of Revenue per Auditeu Financial States			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		1	
	3-10-10-10-10-10-10-10-10-10-10-10-10-10-			
	ounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
	unrealized gains (losses) on investments	I I		
	ated services and use of facilities			
	overies of prior year grants			
	er (Describe in Part XIII.)			
	lines 2a through 2d			
	tract line 2e from line 1		3	
	ounts included on Form 990, Part VIII, line 12, but not on line 1:	1 40 1		
	stment expenses not included on Form 990, Part VIII, line 7b			
	er (Describe in Part XIII.)		4c	
	lines 4a and 4b			
5 Tota	al revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial State	ments With Expe		
Part Ai	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a		
			1	
	al expenses and losses per audited financial statements			
	bunts included on line 1 but not on Form 990, Part IX, line 25:	00		
	ated services and use of facilities			
	r year adjustments			
	er losses			
	er (Describe in Part XIII.)		2e	
	lines 2a through 2d		3	
	tract line 2e from line 1			
	ounts included on Form 990, Part IX, line 25, but not on line 1:	1 40		
	estment expenses not included on Form 990, Part VIII, line 7b	4a /b		
	er (Describe in Part XIII.)		4c	
	lines 4a and 4b			
5 Tota	al expenses. Add lines 3 and 4c. (This must equal Form 990 Part I. line 18.). II Supplemental Information			
mandala Ala	e descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1 c. no 4; F	art IV lines 1b and 2b	Part V. line 4: Part X. line 2; Pa	rt XI,
rovide tri	nd 4b; and Part XII, lines 2d and 4b. Also complete this particle provide any a	additional information.	, , , , , , , , , , , , , , , , , , , ,	
nes za ai	no 40; and Part XII, lines 20 and 45. Also complete this part to 31. do any c	to an in the initial of the		
	, 0			
	6			

SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Inspection

Name of the organization

The Tahoe Douglas Fire Protection District Post Retirement Plan Employer identification number 45-1290168

OMB No. 1545-0047

Open to Public

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use		l E	
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
D	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
-	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	trustees, and officers, frictioning the OLO/Excounty Shocker, regarding the femotion shocker should be sho			
2	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
3	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a relater or panization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Independent compensation consultant Cor pens tion survey or cody Approver by the board or compensation committee			
	Form 990 of other organizations Ap, noval by the sorte of compensation committee			
	During the year, did any person listed on Form 990, Part VII, S. ctic., A, line 1a, with respect to the filing			
4				
	organization or a related organization:	4a		х
a	Receive a severance payment or change-of-control payme, t? Participate in or receive payment from a supplement of no negatified retirement plan?	4b		Х
b		4c		Х
С	Participate in or receive payment from an equity-based compensation an angement? If "Yes" to any of lines 4a-c, list the persons and provide the argument's mounts for each item in Part III.	10		
	If "Yes" to any of lines 4a-c, list the persons and provide the all pile to announts for each term in a art in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organications must complete lines 5-9.			
_	For persons listed on Form 990, Part VII, Section A, I ne 1a, U'd the organization pay or accrue any compensation			
5				
	contingent on the revenues of:	5a		
a	The organization?	5b		
b	Any related organization?			
_	If "Yes" on line 5a or 5b, describe in Par III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6				
	contingent on the net earnings of:	6a		
a		6b		
b	Any related organization?	0.0		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		
_	not described on lines 5 and 6? If "Yes," describe in Part III	-		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8		
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
		. 0		

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

Schedule J (Form 990) (Rev. 12-2024)

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.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MISG compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Scott Lindgren	(i)	0.	0.	0.	0.	0.	0.	0.
Trustee	(ii)	242,284.	0.	0.	0.	366.	242,650.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
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	(ii)							
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·	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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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		
r towide the information, explanation, or descriptions required for Part I, lines Ta, Tb, S, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this	part for any additional information.	

SCHEDULE O (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

Employer identification number

45-1290168

OMB No. 1545-0047

Inspection

Name of the organization

The Tahoe Douglas Fire Protection District Post Retirement Plan

Part VI, Section A, line 1a:

The Board of Trustees consists of three employees of the plan sponsor and one Trustee that is not employed by the plan sponsor, contributing employer, or any organization that is considered related to The Tahoe Douglas Fire Protection District Post Retirement Plan. The compensation reported in Form 990 Part VII is not provided for the services provided by Trustees to The Tahoe Douglas Fire Protection District Post Retirement Due to this, the board members are not considered independent Trustees at year end and the one Trustee that is not an employee received benefits of more than \$10,000 and is therefore not considered independent at year end.

Form 990, Part VI, Section A, line 7a:

The Fire Chief will make recommendations to the Fire Board of Trustees for appointments to the Post-Retirement Plan Board via a resolution. The resolution must be adopted by the Post Retirement Plan Board by a vote.

Form 990, Part VI, Section A, line 7b:

In addition to the trustees, the Fire Chief will also make recommendations to the Fire Board via resolution for transfers of furds to the Post Resolution must be Retirement Plan for investment and expense purposes. adopted by the Post Retirement Plan Foard by a vote.

Form 990, Part VI, Section A, line

There are no committees with the authority to act on behalf of the Trustees.

line 11b: Form 990, Part VI, Section B,

The draft Form 990 will be submitted via email to Trustees (and will be reviewed by the current chairperson, before it is filed. The return will discussed among all the Trustses of the next regularly scheduled meeting, which is after the filing date.

Part VI, Section E, Line 12c:

Trustees are covered by the policy. No issues have been reported.

Form 990, Part VI, Section C, Line 19:

The organization makes governing document, financial information, and conflict of interest policy available to the public upon request.

Form 990, Part VII, Section A, Columns (E) and (F):

The compensation reported in columns E and F represent compensation paid by the Tahoe Douglas Fire Protection District to their employees for services the employees provide to the Tahoe Douglas Fire Protection District. No portion of this compensation is paid for services provided as a Trustee of The Tahoe Douglas Fire Protection District Post Retirement Plan.

Form 990, Part IX, Line 11g, Other Fees:

HSA/ HRA Fees

2,687.

Administrative Fees

49,176.

Name of the organization The Tahoe Douglas Fire Protection	Employer identification number 45-1290168
District Post Retirement Plan	51,863.
Total Other Fees on Form 990, Part 1X, line 11g, Col A	JI,00J.
Form 990, Part XII, Line 2c:	
The board of directors of Tahoe-Douglas Fire Protection Di	strict, a
related entity assumes responsibility for oversight of the	le audit and
selection of an independent accountant. This process has n	ot changed
from the prior year	
from the prior year.	
Name of the organization The Tahoe Douglas Fire Protection District Post Retirement Plan Total Other Fees on Form 990, Part IX, line 11g, Col A Form 990, Part XII, Line 2c: The board of directors of Tahoe-Douglas Fire Protection related entity, assumes responsibility for oversight of selection of an independent accountant. This process in from the prior year.	
	-

SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

The Tahoe Douglas Fire Protection District Post Retirement Plan

Employer identification number 45-1290168

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controllin entity
			4		
		C C	8		
		10,0			
		18-7			

(c) (d) (e) (f) (g) Section 512(b)(13) (a) (b) **Exempt Code** Public charity Direct controlling Name, address, and EIN Primary activity Legal domicile (state or controlled status (if section section entity of related organization foreign country) entity? 501(c)(3)) Yes No Tahoe-Douglas Fire Protection District -Providing Fire P otection 88-0162034, PO Box 919, Zephyr Cove, NV Service. For the Community N/A X 89448

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

Schedule R (Form 990) (Rev. 1-2025)

Schedule R (Form 990) (Rev. 1-2025) District Post Retirement Plan

Part III Identification of Related Organizations treated as a part	ganizations Taxable a rtnership during the tax	s a Partne k year.	ership. Complete if	the organization answe	ered "Yes" on Forr	n 990, Part IV, line	34, be	ecause	e it had one or mo	e rela	ed	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h	1)	(i)	(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Dispropo allocat		Code V-UBI amount in box 20 of Schedule	General managi partne	or Per ow	centage nership
		foreign country)		sections 512-514)		a55615	Yes	No	K-1 (Form 1065)	Yes N	o	
						1						
					CO							

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal omicile (stale or	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	OIIL	
	60	country)						Yes	No
	O								

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	_	Yes	NO_
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		_X_
b	Gift, grant, or capital contribution to related organization(s)	1b		_X_
C	Gift, grant, or capital contribution from related organization(s)	10		_X_
d	Loans or loan guarantees to or for related organization(s)	1d		_X_
е	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
ï	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
n	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
	Sharing of paid employees with related organization(s)	10	Х	
_				
p	Reimbursement paid to related organization(s) for expenses	1p	Х	
	Reimbursement paid by related organization(s) for expenses	1g		X
-				
r	Other transfer of cash or property to related organization(s)	1r		Х
	Other transfer of cash or property from related organization(s)	1s		X
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) Name of related organization (b) Transaction type (a-s) (c) Amount involved Method of determining amount involved	/olved		
1)				
(O)				
4				
(3)				
(4)				
(5)				
(6)				
	Schodulo D /Form	ODON (F	1	2025)

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are a	all	(f)	(g)	(h	1)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are a partners 501 (c) orgs.		Share of total income	Share of end-of-year assets	tion allocat	ate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin partner	ownership
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The Tahoe Douglas Fire Protection Schedule R (Form 990) (Rev. 1-2025) District Post Retirement Plan 45-1290168 Page 5 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.