Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the 2	2021 calend	dar year, or tax year beginning Apr 1 , 2021, and endi	ng Ma	r 31	, 20 22			
В	Check if a	pplicable:	C Name of organization Tahoe Rim Trail Association		D Empl	oyer identification number			
	Address o	hange	Doing business as		94-2	789846			
	Name cha	inge	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		none number			
	Initial retu	rn	PO Box 3267		(775)298-4485				
	Final return	n/terminated	City or town, state or province, country, and ZIP or foreign postal code						
	Amended	return	Stateline, NV 89449		G Gross	receipts \$3,322,751.			
$\overline{\Box}$	Applicatio	n pending	F Name and address of principal officer:	H(a) Is this a gro	oup return fo	or subordinates? Yes X No			
			Morgan Steel, PO Box 3267, Stateline, NV 8944	1		es included? Yes No			
ī	Tax-exem		X 501(c)(3)		ttach a li	st. See instructions.			
J	Website:	► WWW.T	AHOERIMTRAIL.COM	H(c) Group ex	up exemption number ▶				
ĸ	-		Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	nation: 1981	M State	of legal domicile: NV			
_	art I	Summa							
			cribe the organization's mission or most significant activities: 10 MAINTA	N AND ENHANCE THE TAHOE RI	M TRAIL SYST	TEM. PRACTICE AND INSPIRE STEWARDSHIP.			
ě	1		SERVE RECREATIONAL ACCESS TO THE NATURAL BEAU						
Activities & Governance	-			.==========					
ern	2 (Check this	box ▶ ☐ if the organization discontinued its operations or dispose	d of more than	25% of	its net assets.			
Š			voting members of the governing body (Part VI, line 1a)		3	13			
8	1		independent voting members of the governing body (Part VI, line 1)		4	13			
es	l l		i		5	13			
ΞΞ			per of volunteers (estimate if necessary)		6	242			
Act	l l		ated business revenue from Part VIII, column (C), line 12		7a	9,595.			
•			red business taxable income from Form 990-T, Part I, line 11		7b	0.			
	-	tot arriolat		Prior Year	_	Current Year			
	8 (Contributio	ons and grants (Part VIII, line 1h)		636.	3,121,033.			
Revenue	l l		ervice revenue (Part VIII, line 2g)		187.	91,398.			
	1	-	income (Part VIII, column (A), lines 3, 4, and 7d)	1,052,		92,238.			
æ	1		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		138.	9,595.			
	l l		ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,787,		3,314,264.			
			I similar amounts paid (Part IX, column (A), lines 1–3)	1,707,	099.	3,314,204.			
			aid to or for members (Part IX, column (A), line 4)						
	4- 6		her compensation, employee benefits (Part IX, column (A), lines 5–10)	40E	776.	E27 600			
ses	16a F		al fundraising fees (Part IX, column (A), line 11e)	405,	776.	527,680.			
Expenses	loa i								
Ä	17 (aising expenses (Part IX, column (D), line 25) 43,609.	227	589.	225 042			
			enses (Part IX, column (A), lines 11a-11d, 11f-24e)			225,943.			
		•			365.	753,623.			
_ (neveriue ie	ess expenses. Subtract line 18 from line 12	1,154,		2,560,641.			
tso	20	Fotal accet	o (Part V. line 16)	Beginning of Curr		End of Year			
Net Assets or Fund Balances	20		s (Part X, line 16)	3,947,	933.	6,264,039.			
let/	21 T		or fund balances. Subtract line 21 from line 20			153,003.			
	art II		re Block	3,552,	122.	6,111,036.			
_				-tamanta and to the	boot of	mu knowledge and holief it is			
			, I declare that I have examined this return, including accompanying schedules and sta e. Declaration of preparer (other than officer) is based on all information of which prepa			my knowledge and belief, it is			
		711.	rain Stool	0.1	/11 /0	.002			
Sig	an	// 23	rgan Steel	Date	/11/2	1023			
	ere	,		Date					
116	51 6		gan Steel, Executive Director r print name and title						
		'		Date					
Pa	aid	1							
Pr	eparer	`		01/11/2023					
Us	se Only	Firm's nan				84-3063845			
N 4 c	v the ID		this return with the preparer shown above? See instructions	Phone	no. (7	75)746-2900			
ıvıa	iv ine iKi	<i>-</i> 5 uiscuss 1	inis return with the preparer shown above? See instructions			. 🛛 Yes 🗌 No			

Page **2**

Part										
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>								
1	Briefly describe the organization's mission:									
	TO MAINTAIN AND ENHANCE THE TAHOE RIM TRAIL SYSTEM, PRACTICE AND INSPIRE STEWARDSHIP, AND PRESERVE RECREATIONAL ACCESS TO THE NATURAL BEAUTY OF THE LAKE TAHOE REGION.									
	AND PRESERVE RECREATIONAL ACCESS TO THE NATURAL BEAUTY OF THE LAKE TAHOE REC	iLON.								
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes ⊠ No								
	If "Yes," describe these new services on Schedule O.									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program									
	services?	Yes ⊠ No								
	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									
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocati the total expenses, and revenue, if any, for each program service reported.	ons to others								
4a	(Code:) (Expenses \$ 247,204. including grants of \$ 0.) (Revenue \$	0.)								
	TRAIL OPERATIONS PROGRAM: MAINTAINS AND ENHANCES THE TAHOE RIM TRAIL									
	SYSTEM BY ORGANIZING AND TRAINING VOLUNTEERS TO BUILD, MAINTAIN, AND									
	IMPROVE ITS NEARLY 200 MILES OF TRAIL. IN 2021, THE TRTA LEVERAGED THE									
	SUPPORT OF 242 VOLUNTEERS WHO CONTRIBUTED 14,170+ HOURS TO MAINTAIN									
	EVERY MILE OF THE TRAIL SYSTEM. THE ASSOCIATION BUILT 3 MILES OF NEW TRAIL,									
	REMOVED 187 DOWNED TREES FROM THE TRAIL, INSTALLED AND/OR UPGRADED 90									
	TRAIL SIGNS, COMPLETED CRITICAL MAINTENANCE ON 94 MILES OF TRAIL,									
	AND PERFORMED ASSESSMENTS ON AN ADDITIONAL 85 MILES OF TRAIL.									
41-	(O-dec) (Conserve the OO2 100 including quests of the OO) (December the									
4b	(Code:) (Expenses \$ 293,107. including grants of \$0.) (Revenue \$									
	EDUCATION AND OUTREACH PROGRAMS: DISTRIBUTE INFORMATION ABOUT EVENTS,									
	PROGRAMS, AND OPPORTUNITIES FACILITATED BY THE ASSOCIATION AND THE									
	TAHOE RIM TRAIL. IN 2021, TRTA STAFF AND VOLUNTEERS ANSWERED 1,114 TRAIL									
	INQUIRIES, PROVIDED OUTDOOR EDUCATION PROGRAMMING TO 246 YOUTH,									
	AND ENGAGED 900 INDIVIDUALS AT TRAILHEADS TO TEACH SUSTAINABLE TRAIL USE.									
4c	(Code:) (Expenses \$97,867. including grants of \$0.) (Revenue \$									
	TRAIL USE PROGRAMS: PROMOTES ENVIRONMENTAL STEWARDSHIP, INSPIRES A LOVE									
	FOR THE LAKE TAHOE REGION, AND ENCOURAGES HEALTHY AND SUSTAINABLE									
	LIVING. TRAIL USE PROGRAMS COORDINATES OPPORTUNITIES FOR THE PUBLIC TO									
	EXPERIENCE THE TRAIL IN MANY WAYS INCLUDING HIKES, SNOWSHOE TREKS,									
	YOUTH PROGRAMS, SEVERAL BACKCOUNTRY SKILLS COURSES SUCH AS SNOW CAMPING									
	101 AND BACKPACKING 101, WILDERNESS MEDICAL COURSES, AND OTHER									
	TRAININGS. IN 2021, TRAIL USE PROGRAMS HAD MORE THAN 150 PEOPLE PARTICIPATE									
	IN TRAIL CHALLENGES, 30 PEOPLE PARTICIPATE IN GUIDED EVENTS,									
	AND TRTA HAD 28 ACTIVE GUIDES.									
4d	Other program services (Describe on Schedule O.)									
-t u	(Expenses \$ including grants of \$) (Revenue \$)									
4e	Total program service expenses ► 638,178.									
	<u> </u>									

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Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
•	,	1	×	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3	×	×
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	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		×
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		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		×
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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10	×	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	×	
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	×	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1.40		_^

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

15

16

17

18

19

20a

20b

X

X

X

Part	Checklist of Required Schedules (continued)			
	one on the quite constants (see numbers)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	23		×
_		24a		×
b C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	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 or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			l
0.5	or IV, and Part V, line 1	34		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
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	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check if Confedence Confidence a response of flote to any fine fit tills fact v	• •	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6		- 55	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
	reportable garring (garribing) withings to prize withers?	1 1 0	ı X	í

Form **990** (2021)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		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 2a 13							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	×					
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	×					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×				
b	If "Yes," enter the name of the foreign country ▶							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods							
	and services provided to the payor?	7a		×				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	required to file Form 8282?	7c		×				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit 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, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8								
_	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.							
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
a	Initiation fees and capital contributions included on Part VIII, line 12							
b	Section 501(c)(12) organizations. Enter:							
11	Gross income from members or shareholders							
a b	Gross income from other sources. (Do not net amounts due or paid to other sources							
	against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which							
	the organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×				
b	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		×				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×				
4-	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 49532	_ ـ						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Secti	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
b 2	committee, explain on Schedule O. 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 officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		×
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	4 5		×
6 7a	Did the organization have members or stockholders?	6 7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	- d- \	×
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	×	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12b	×	
13 14	Did the organization have a written whistleblower policy?	13 14	×	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a b	The organization's CEO, Executive Director, or top management official	15a 15b	×	
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
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	Tod		
	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	Γ (sec	tion 5	501(c)
19	☑ Own website ☑ Another's website ☑ Upon request ☐ Other <i>(explain on Schedule O)</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re Tahoe Rim Trail Association, PO Box 3267, Stateline, NV 89449 (775)298-448		>	

Form 990 (2021)

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, 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.

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

		Ŭ		((C)				,	
(A)	(B)	ļ , .		Pos	ition			(D)	(E)	(F)
Name and title	Average	box,	unles	ss pe	rson	e than o is both	an	Reportable	Reportable	Estimated amount
	hours per week	officer and a director/truste						compensation from the	compensation from related	of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)Tricia Tong	3.00									
President		×		×						
(2) Dave Schnake	3.00									
Treasurer		×		×						
(3) Justin Knowles Executive Vice President	3.00	×		×						
(4) Michelle Glickert	3.00									
Secretary		×		×						
(5) Sharell Katibah	3.00									
VP Trail Use		×		×						
(6) Bryan Wright	3.00									
VP Trail Ops		×		×						
(7) Marissa Fox	1.00	×								
Director	1 00									
(8) Theresa Papandrea Director	1.00	×								
(9) Robin Soran	1.00	'								
Director		×								
(10) Larry Stites	1.00									
Director		×								
(11) Faye Provenza	1.00									
Director		×								
(12) Tom Fullerton	1.00	×								
Director	1 00	<u> </u>								
(13) John McCall Director	1.00	×								
(14) Morgan Steel	40.00	-								
Executive Director		1		×				67,916.	0.	0.
			_					0.10±0.	<u> </u>	<u> </u>

Part	VII Section A. Officers, Directors,	rustees,	Key I	Ξm _l	plo	yee	s, an	d F	lighest Compe	nsated Emp	loyees (continued)
						C)						
	(A) Name and title	(B) Average hours	box, ı	unles	neck ss pe	rson	e than o is both or/trus	n an	(D) Reportable compensation	(E) Reportable compensation	0	(F) ated amount of other
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W- 1099-MISC/ 1099-NEC)	·2/ fr organ	pensation om the ization and organizations
(15)												
(16)			-									
(17)			-									
(18)			-									
(19)			-									
(20)			-									
(21)			-									
(22)			-									
(23)												
(24)			-									
(25)			-									
1b c	Subtotal	VII, Section	n A					▶	67,916.	С	-	0.
d 2		t not limited		iose	e list	ted	 above	e) w	67,916. ho received mor	e than \$100,00		0.
3	Did the organization list any former of employee on line 1a? If "Yes," complete											Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	150,	000	? /	f "Ye	s,"	complete Sche			×
5	Did any person listed on line 1a receive of for services rendered to the organization										ıal	×
Secti	on B. Independent Contractors											'
1	Complete this table for your five high compensation from the organization. Rep											
	(A) Name and business add	lress							(B) Description of ser	vices	(C) Compens	
2	Total number of independent contractor received more than \$100,000 of compens	•	_					th	nose listed abov	e) who		

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	ise or note to ai	າy line in this Pa	ırt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d e f	Federated campaig Membership dues Fundraising events Related organization Government grants All other contribution and similar amounts no	 ns . (cont	tributions)	1a 1b 1c 1d 1e	10,376.				
ontributi nd Othe	g	Noncash contribution lines 1a–1f	ons in	ncluded in	1f 1g	3,110,657. \$ 18,477.				
ā ŏ	h	Total. Add lines 1a-	-1f .			<u> •</u>	3,121,033.			
_						Business Code				
Program Service Revenue	2a	Course Income				611600	58,018.	58,018.	0.	0.
e Zi	b	Thru Hike				900099	33,380.	33,380.	0.	0.
yram Ser Revenue	С									
m Ve	d									
gra Re	e									
ro	f	All other program se								
Д		• =				•	01 200			
	<u>g</u>	Total. Add lines 2a- Investment income					91,398.			
	3		•	•			00.000			00.000
	_	other similar amoun					92,238.	0.	0.	92,238.
	4	Income from investr			•	•				
	5	Royalties				<u> 🕨</u>				
				(i) Rea	I	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)					1			
	d	Net rental income o		s)		•				
	7a	Gross amount from	(.55	(i) Securit		(ii) Other				
	7 a	sales of assets other than inventory	7a	(4) 0000		(ii) Carioi				
Revenue	b	Less: cost or other basis and sales expenses .	7b							
eve	С	Gain or (loss)	7c							
-	d	Net gain or (loss)				•				
Other		Gross income from	m fu	ındraising						
Q	-	events (not including of contributions rel 1c). See Part IV, line	\$ porte		8a					
	b	Less: direct expens	es .		8b					
	С	Net income or (loss)) from	n fundraisin	g eve	ents ►				
	9a	Gross income factivities. See Part I	from	gaming	9a					
	b	Less: direct expens	es .		9b		-			
		Net income or (loss)			ctivitie	es >				
		Gross sales of ir returns and allowan	nvent		10a	18,082.				
	b	Less: cost of goods	sold		10b					
	C	Net income or (loss)					9,595.	0.	9,595.	0.
(0		1.3123.110 01 (1000)	,	. 30.00 01 11		Business Code	7,373.	J.	7,373.	0.
Miscellaneous Revenue	11a					200,1000,000				
ne	_						+			
llaı /en	b									
scellaneo Revenue	C .	A.IIII								
Mis F	d	All other revenue								
_		Total. Add lines 11a							-	
	12	Total revenue. See	instr	uctions		•	3,314,264.	91,398.	9,595.	92,238.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . . (D) Fundraising expenses (B) Program service expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and general expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 67,916. 59,433. 6,570. 1,913. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 10,358. 367,671. 321,745. 35,568. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 51,030. 44,655. 4,937. 1,438. 10 Payroll taxes 41,063. 35,934. 3,972. 1,157. Fees for services (nonemployees): 11 Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . 40,792. 2,296. 36,828. 1,668. 12 Advertising and promotion 13 Office expenses 51,143. 50,043. 197. 903. 14 Information technology 19,729. 6,667. 12,690. 372. 15 $1,3\overline{59}$. 1,749.21,008. Occupancy 17,900. 16 363. 363. 17 0. 0. Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 1,047. 29. 0. 19 Conferences, conventions, and meetings . 1,076. 1,282. 1,282. 0. 20 0. 21 Payments to affiliates 11,277. 11,830. 553. 0. 22 Depreciation, depletion, and amortization . 23 14,218. 12,986. 560. 672. Other expenses. Itemize expenses not covered 24 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 O.) Volunteer and Staff Training 11,670. 0. 15. 11,655. Awards and Recognition 4,367. 2,810. 0. 1,557. Bank Fees 17,218. 0. 52. 17,166. Utilities 6,770. 6,089. 401. 280. All other expenses 24,477. 18,746. 1,998. 3,733. 25 **Total functional expenses.** Add lines 1 through 24e 753,623. 638,178. 71,836. 43,609.

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) . . .

	1 990 (2	,			Page 11
P	art X		1 V		
		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	366,285.	1	244,727.
	2	Savings and temporary cash investments	300,2001	2	
	3	Pledges and grants receivable, net	14,468.	3	0.
	4	Accounts receivable, net	•	4	
	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			
its		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	10,280.	8	11,751.
ĕ	9	Prepaid expenses and deferred charges	9,658.	9	20,333.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 95,043.			
	b	Less: accumulated depreciation 10b 86,411.	21,215.	10c	8,632.
	11	Investments—publicly traded securities	2,980,197.	11	5,428,132.
	12	Investments—other securities. See Part IV, line 11	540,532.	12	522,543.
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	4,420.	14	27,921.
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,947,055.	16	6,264,039.
	17	Accounts payable and accrued expenses	32,134.	17	19,197.
	18	Grants payable	40.700	18	54 540
	19	Deferred revenue	42,709.	19	51,563.
	20	Tax-exempt bond liabilities		20	
	21 22	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
蕽		controlled entity or family member of any of these persons		00	
<u>a</u>	00	_ · · · · · · · · · · · · · · · · · · ·		22	
_	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
	2 4 25	Other liabilities (including federal income tax, payables to related third		24	
	20	parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	320,090.	25	82,243.
	26	Total liabilities. Add lines 17 through 25	394,933.	26	153,003.
-Sa		Organizations that follow FASB ASC 958, check here ▶ 区	3317333.		13370031
anc		and complete lines 27, 28, 32, and 33.			
3al	27	Net assets without donor restrictions	3,207,423.	27	5,522,392.
ō	28	Net assets with donor restrictions	344,699.	28	588,644.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
šet	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	3,552,122.	32	6,111,036.
Ž	33	Total liabilities and net assets/fund balances	3,947,055.	33	6,264,039.
		REV 07/25/22 PRO			Form 990 (2021)

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Part XI Reconciliation of Net Assets

Part	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,3	14,2	64.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	53,6	23.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,5	60,6	41.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,5	52,1	22.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-1,7	27.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	6,1	11,0	36.
Part	XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				×
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," expl	lain on			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .	[2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	[2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a			
	separate basis, consolidated basis, or both:				
	☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	sight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant	t? .	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, exp	lain on			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	n in the			
	Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the	-		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	DEV 07/05/02 DDO		Form	. aan	(2021

REV 07/25/22 PRO Form **990** (2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

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

► Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization Tahoe Rim Trail Association 94-2789846 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Schedule A (Form 990) 2021 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (f) Total (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 720,823. 3,211,723. 6,096,411. 732,275. 624,335. 807,255. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3. . . . 4 732,275. 624,335. 807,255. 720,823.3,211,723.6,096,411. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1,979,925. Public support. Subtract line 5 from line 4 4,116,486. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 732,275. 624,335. 807,255. 720,823.3,211,723.6,096,411. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources -322,421. 1,052,938. 51,700. 125,462. 92,238. 999,917. Net income from unrelated business 9 activities, whether or not the business is regularly carried on 9,595. 7,340. 6,387. 5,403. 14,138 42,863. 10 Other income. Do not include gain or

	loss from the sale of capital assets											
	(Explain in Part VI.)	20,089.	23,623.	5,514.	0.		708.	49,	934.			
11	Total support. Add lines 7 through 10							7,189,	,125.			
12	Gross receipts from related activities, etc	. (see instruction	ons)			12						
13	First 5 years. If the Form 990 is for the	organization's	s first, second	, third, fourth,	or fifth tax ye	ar as	a sectio	n 501(c)	(3)			
	organization, check this box and stop here											
Section C. Computation of Public Support Percentage												
14	Public support percentage for 2021 (line (6, column (f), d	livided by line	11, column (f))		14		57.	26 %			
15	Public support percentage from 2020 Sch	nedule A, Part	II, line 14 .			15		53.	38 %			
16a												
	box and stop here. The organization qua	lifies as a publ	icly supported	organization					▶ 🗙			
b	331/3% support test-2020. If the organi	zation did not	check a box o	n line 13 or 16	a, and line 15	is 331	¹ /3% or m	ore, che	eck			
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	on							
17a	10%-facts-and-circumstances test-2	021. If the orga	anization did n	ot check a bo	x on line 13, 1	6a, oı	r 16b, an	d line 14	is			
	10% or more, and if the organization m	eets the facts	-and-circumsta	ances test, ch	eck this box a	nd st	op here.	Explain	in			
	Part VI how the organization meets the	facts-and-circ	umstances tes	st. The organiz	ation qualifies	as a	publicly	support	:ed			
	organization											
b	10%-facts-and-circumstances test-2	020. If the orga	anization did n	ot check a bo	x on line 13, 1	6a, 1	6b, or 17	a, and li	ine			
	15 is 10% or more, and if the organization	_										
	in Part VI how the organization meets the	e facts-and-cir	cumstances te	st. The organi	zation qualifies	s as a	a publicly	support	.ed			
	organization											
18	Private foundation. If the organization	did not check	a box on line	13, 16a, 16b	, 17a, or 17b,	chec	k this bo	x and s	ee			
	instructions								ightharpoonup			

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			•	·	,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year				<u> </u>		
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support		1	I	1	1	
	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.						
h	-						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	⊥ s first, second	third, fourth.	or fifth tax ve	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	•			•		. , . ,
Secti	on C. Computation of Public Suppor						_
15	Public support percentage for 2021 (line 8	3, column (f), c	livided by line	13, column (f))		15	%
16	Public support percentage from 2020 Sch	nedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In-	come Perce	ntage		-		
17	Investment income percentage for 2021 (-			%
18	Investment income percentage from 2020						%
19a	331/3% support tests—2021. If the organ						
	17 is not more than 331/3%, check this box		_	-		_	_
b	331/3% support tests—2020. If the organiz						
00	line 18 is not more than 331/3%, check this l	_	_	=	· · · · · · · · · · · · · · · · · · ·		
20	Private foundation. If the organization di	g not check a	pox on line 14	. 19a. or 19b. (cneck this box	and see instru	CTIONS P

Supporting Organizations Part IV

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

Se

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

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
_	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
a b c 2	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below. 	(see ir	struct Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

				9
Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	gani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970 (exp.	lain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sec	tions A through E.
Sect	ion A—Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_ 5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-function	ally i	ntegrated Type III suppo	rting organization
	(see instructions)	-		

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2021 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) **Underdistributions** Section E—Distribution Allocations (see instructions) **Distributable Excess Distributions** Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 **a** From 2016 From 2017 **c** From 2018 **d** From 2019 **e** From 2020 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2021 distributable amount Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2021 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j and 4c. Breakdown of line 7: Excess from 2017 . . . Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . .

Excess from 2021 . . .

Schedule A (Form 990) 2021 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Pt II Ln 10: Other Income Part II, Line 10 Description: Fundraising income 2017: 20089. 2018: 23623. 2019: 5514. 2020: 0. 2021: 708.

SCHEDULE D (Form 990)

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.

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.

Name of the organization Employer identification number Tahoe Rim Trail Association 94-2789846 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not 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 furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, 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 furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Part	Organizations Maintaining	Collections of A	Art, Histo	rical T	reasures,	, or Ot	her Similar Ass	ets (cont	tinued)
3	Using the organization's acquisition, collection items (check all that apply):		her records	s, check	k any of the	e follow	ving that make sig	ınificant u	se of its
а	☐ Public exhibition		d 🗆	Loan	or exchang	e progr	am		
b	☐ Scholarly research		e 🗆	Other					
С	☐ Preservation for future generations	3							
4	Provide a description of the organiza XIII.	tion's collections a	and explain	how th	ney further	the org	anization's exemp	ot purpose	e in Part
5	During the year, did the organization assets to be sold to raise funds rathe							☐ Yes	☐ No
Part									
	Complete if the organization 990, Part X, line 21.								orm
1a	Is the organization an agent, trustee included on Form 990, Part X?								
b	If "Yes," explain the arrangement in P							☐ Yes	∐ No
_		a		,			Am	ount	
С	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f	_		
2a	Did the organization include an amou							☐ Yes	No
	If "Yes," explain the arrangement in P								
Par									
	Complete if the organization	n answered "Yes"	" on Form	990, F	art IV, line	e 10.			
	1 5	(a) Current year	(b) Prior		(c) Two year		(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance	3,621,671.	2,453,	493.	2,637,		2,439,133.		,523.
b	Contributions	4,000.		437.	193,		110,389.		,677.
C	Net investment earnings, gains, and	,	,				, , , , , , ,		
	losses	-7,948.	1,074,	784.	-260,	760.	106,698.	183	3,636.
d	Grants or scholarships	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , ,				,		,
e	Other expenditures for facilities and								
	programs	3,089,570.	226,	180.	95,	397.		30	784.
f	Administrative expenses	5,610.		863.		201.	18,764.		,919.
g	End of year balance	522,543.					2,637,456.		,133.
2	Provide the estimated percentage of							,	,
a	Board designated or quasi-endowme			((-)	,,			
b	Permanent endowment ► 6		1						
C	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.						
3a	Are there endowment funds not in th	•		tion tha	t are held	and ad	ministered for the		
	organization by:		_					Y	es No
	(i) Unrelated organizations							3a(i)	×
	•							3a(ii)	×
b	If "Yes" on line 3a(ii), are the related of	organizations listed	as require	d on Sc	hedule R?			3b	
4	Describe in Part XIII the intended use	•	•						
Part									
	Complete if the organization	n answered "Yes	" on Form	990, F	art IV, line	11a.	See Form 990, F	art X, lin	e 10.
	Description of property	(a) Cost or ot (investm	her basis (t) Cost o	r other basis ther)	(c) /	Accumulated epreciation	(d) Book v	
	Land		0.						0.
b	Buildings								<u> </u>
C	Leasehold improvements								
d	Equipment			9	95,043.		86,411.	8	,632.
e	Other								
	Add lines 1a through 1e. (Column (d) r		90, Part X,	column	(B), line 10)c.)	•	8	,632.

 $\mathsf{B}\mathsf{A}\mathsf{A}$

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on For	m 990. Part IV. lin	e 11b. See Form	990. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Meth	nod of valuation: of-year market value
(1) Financial				
	neld equity interests			
	poled Investment Funds	522,543.	FMV	
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	522,543.		
Part VIII	Investments—Program Related.	322,313.		
- are viii	Complete if the organization answered "Yes" on For	m 990. Part IV. lin	e 11c. See Form	990. Part X. line 13.
	(a) Description of investment	(b) Book value		nod of valuation:
	(a) Description of investment	(b) Book value		of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.	<u> </u>		
I alt X	Complete if the organization answered "Yes" on For	m 990 Part IV lin	e 11e or 11f See	Form 990 Part X
	line 25.	111 000, 1 art 14, 111	10 110 01 111.000	71 01111 000, 1 41174,
1.	(a) Description of liability			(b) Book value
(1) Federal in	***			(a) Dook raido
	ce Payments			61,346.
	Liability			20,897.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			82,243.
	runcertain tax positions. In Part XIII, provide the text of the footne	ote to the organizatio	n's financial stateme	

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.

X

Part			Return.	•				
	Complete if the organization answered "Yes" on Form 990, Pa							
1	Total revenue, gains, and other support per audited financial statements .		1	3,314,264.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1						
а	Net unrealized gains (losses) on investments	2a						
b	Donated services and use of facilities	2b						
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII.)	2d						
е	Add lines 2a through 2d		2e					
3	Subtract line 2e from line 1		3	3,314,264.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а		4a						
b		4b						
	Add lines 4a and 4b	-	4c					
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12		5	3,314,264.				
Part			-					
· a.c	Complete if the organization answered "Yes" on Form 990, Pa		. Hota	•				
1	Total expenses and losses per audited financial statements		1	753,623.				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•	755,025.				
		00						
a	-	2a						
b	. , ,	2b						
C	<u> </u>	2c						
d	,	2d						
е	Add lines 2a through 2d		2e					
3	Subtract line 2e from line 1		3	753,623.				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	· · · · · · · · · · · · · · · · · · ·	4a						
b	Other (Describe in Part XIII.)	4b						
С	Add lines 4a and 4b		4c					
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	753,623.				
Part XIII Supplemental Information.								
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to							
Pt V	, Line 4: THE ENDOWMENT WAS ESTABLISHED FOR THE MAI	NTENANCE OF THE T	AHOE					
RIM '	TRAIL.							
Pt X	, Line 2: THE ASSOCIATION IS EXEMPT FROM FEDERAL IN	COME TAXES UNDER	INTERI	NAL				
REVE	NUE CODE SECTION 501(C)(3) AS A NON-PRIVATE FOUNDAT	'ION. MANAGEMENT	ANNUA	LLY				
REVI	EWS ITS TAX POSITIONS, WHICH ARE SUMMARIZED AS FOLL	OWS:1)IT HAS NOT	ENGAG	ED				
IN ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS; 2)IT HAS APPROPRIATELY								
REPO	RTED ANY ACTIVITIES THAT WOULD RESULT IN UNRELATED	BUSINESS INCOME T	AX; 3)IT 				
HAS 1	DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX	POSITIONS THAT R	EQUIR	E				
RECO	GNITION IN THE FINANCIAL STATEMENTS. THE ASSOCIATIO	N DOES HAVE UNREL	ATED					
BUSI	BUSINESS INCOME, HOWEVER IT DID NOT CREATE ANY TAXABLE INCOME FOR THE YEAR ENDED							
MARCH 31, 2021 AND 2019. IN ADDITION, THE ASSOCIATION DOES NOT EXPECT ANY MATERIAL								

Schedule D (Form 990) 2021 Page 5 Supplemental Information (continued) Part XIII CHANGE IN UNCERTAIN TAX POSITIONS WITHIN THE NEXT TWELVE MONTHS. Pt XI, Line 4b: Difference due to direct fundraising costs included as expenses in audited financials while they are netted against fundraising income in Form 990. ------Pt XII, Line 4b: Difference due to direct fundraising costs included as expenses in audited financials while they are netted against fundraising income in Form990.

SCHEDULE 0 (Form 990)

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 the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Tahoe Rim Trail Association	94-2789846
Pt VI, Line 11b: A DRAFT COPY OF THE FORM 990 IS PROVIDED TO) AND APPROVED BY
THE FINANCE COMMITTEE PRIOR TO FILING. THE DRAFT IS REVIEWE	ED IN CONJUNCTION
WITH THE AUDIT. THE FINANCE COMMITTEE MAKES ANY NECESSARY A	ADJUSTMENTS BASED
ON THEIR REVIEW. THE FINAL DRAFT IS ACCEPTED AND THE 990 IS	S FILED.
Pt VI, Line 12c: THE BOARD OF DIRECTORS ARE REQUIRED TO DISC	CLOSE POSSIBLE CONFLICT
OF INTEREST WHEN IT ARISES, IT IS THEN ADDRESSED BY THE BOAF	RD TO DETERMINE IF
A CONFLICT DOES EXIST. BOARD MEMBERS SIGN A CONFLICT OF INTE	EREST POLICY ON AN
ANNUAL BASIS.	
Pt VI, Line 15a: THE COMPENSATION OF THE ASSOCIATIONS EXECUT	
OTHER OFFICERS AND KEY EMPLOYEES IS BASED UPON A NEVADA NONE	PROFIT COMPENSATION
STUDY, OTHER LOCAL NON PROFITS AND THE REVIEW AND APPROVAL C	OF THE EXECUTIVE COMMITTEE
OF THE BOARD OF DIRECTORS.	
Pt VI, Line 15b: THE COMPENSATION OF THE ASSOCIATIONS EXECUT	TIVE DIRECTOR AND
OTHER OFFICERS AND KEY EMPLOYEES IS BASED UPON A NEVADA NONE	PROFIT COMPENSATION
STUDY, OTHER LOCAL NON PROFITS AND THE REVIEW AND APPROVAL O	OF THE EXECUTIVE COMMITTEE
OF THE BOARD OF DIRECTORS.	
Pt VI, Line 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTERES	ST POLICY, FINANCIAL
STATEMENTS AND FORM 990 ARE AVAILABLE UPON REQUEST FOR PUBLI	C INSPECTION AT THE
ASSOCIATION OFFICE. THE TAX RETURN IS ALSO AVAILABLE AT GUI	DESTAR.ORG AND THE
ASSOCIATIONS WEBSITE.	
Pt XII, Line 2c: A FINANCE COMMITTEE ACTS AS THE AUDIT COMMI	TTEE AND REVIEWS
AND RECOMMENDS ACCEPTANCE OF THE AUDIT.	