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If this document contains any restriction based on race, color, religion, sex, gender, gender identity, gender expression, sexual orientation, familial status, marital status, disability, genetic information, national origin, source of income as defined in subdivision (p) of Section 12955, or ancestry that restriction violates state and federal fair housing laws and is void and may be removed pursuant to Section 12956.2 of the Government Code. Lawful restriction under state and federal law on the age of occupants in senior housing or housing for older persons shall not be construed as restriction based on familial status.

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\*Main Office:  
4000 Executive Pkwy, Ste 100  
San Ramon, CA 94583  
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111 N. Market St., Ste 300  
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(707) 937-0013

8340 Auburn Blvd., Ste 100  
Citrus Heights, CA 95610  
(916) 722-8110 Ofc  
(916) 722-8111 Fax

707 W. Main Ave, Ste B1  
Spokane, WA 99201  
(509) 639-3008

\*Please note: All Billings, Payments and Contracts should be mailed to our Main Office.  
Contractor: #0672692 DRE: #02055843

# **Tahoe Tyrol Homes Association**

## **2026 Budget Report**

Approved By: Board of Directors

Date: October 30, 2025

*For the Fiscal Year  
January 1, 2026  
to  
December 31, 2026*

*Prepared By  
The Helsing Group, Inc.*

## **NOTICE**

The California Civil Code requires disclosures pertaining to (1) the Status of the Reserve Funds, (2) the Association's Insurance coverage and possible effects of the coverage on homeowner liability. These notes are integral to the budget and should be attached to this document, as should be the budget itself. If any of these disclosures is missing you should contact your managing agent or Board of Directors.

## **INCOME**

**Assessments - Regular:** The Assessments are on an annual basis and have been allocated to the individual members in accordance with the provisions of the Governing Documents as more specifically set forth in the California Civil Code. This budget requires a monthly assessment of **\$135.00** per unit per month.

Certain items in the budget are exempt from assessments if they have not been built or annexed to the association. Such exemptions could reduce the amount of the assessment in any given month. Assessments are due on the first day of each month and will be delinquent if received after the fifteenth (15<sup>th</sup>) day of the month. All amounts delinquent plus 10% of the delinquent installment or \$10.00 whichever is greater, and interest at 12% per year on the outstanding balance commencing thirty (30) days from the due date shall be added to the regular assessment.

**Interest Revenues:** Reserve funds are invested in an interest bearing account. Interest revenues are allocated to the Reserve Fund rather than the Operating Fund, in order to remain consistent with the Association's reserve funding plan.

**Late and Interest Charge:** This line item has not been budgeted.

We assume and report all interest income, including interest, which may be earned on the restricted reserve funds.

## **ESTIMATES OF EXPENSES**

1. **Communications:** This line item has been removed by \$720 annually, to reflect historical data.
2. **Access Control:** This line item has been increased by 84% or from \$544 to \$1,000 annually, to reflect historical data.
3. **Socials:** This line item has been added by \$1,000 annually, to reflect anticipated expenses.
4. **Property & Liability:** This line item has been increased by 29% or from \$7,662 to \$9,892 annually, to reflect Insurance Broker's recommendation.
5. **General Liability:** This line item has been removed by \$1,074 annually and reallocated to GL93000.
6. **Umbrella:** This line item has been decreased by 41% or from \$3,296 to \$1,940 annually, to reflect Insurance Broker's recommendation.
7. **Directors & Officers:** This line item has been increased by 2440% or from \$60 to \$1,524 annually, to reflect Insurance Broker's recommendation.
8. **Irrig. Rep Supplies:** This line item has been added by \$150 annually, to reflect historical data.
9. **Management Services:** This line item has been increased by 2.7% or from \$26,940 to \$27,667 annually, to reflect CPI increase per management contract.
10. **Bulk Mailings:** This line item has been increased by 43% or from \$350 to \$500 annually, to reflect historical data.
11. **Non Rtn Mgmt.:** This line item has been decreased by 46% or from \$2,500 to \$1,350 annually, to reflect historical data.
12. **Non Rtn Bkpg.:** This line item has been decreased by 78% or from \$2,250 to \$500 annually, to reflect historical data.
13. **Office Expense Mgmt:** This line item has been decreased by 33% or from \$1,200 to \$800 annually, to reflect historical data.
14. **Janitorial:** This line item has been increased by 18% or from \$4,900 to \$5,800 annually, to reflect historical data.
15. **Patrol Service:** This line item has been increased by 17% or from \$7,200 to \$8,400 annually, to reflect historical data.

- 16. Minor Repairs:** This line item has been decreased by 73% or from \$18,600 to \$5,000 annually; per the Board of Director's request.
- 17. Pool Chemicals:** This line item has been increased by 7% or from \$6,060 to \$6,500 annually, to reflect historical data.
- 18. Pool/Spa Repairs:** This line item has been decreased by 14% or from \$3,500 to \$3,000 annually, to reflect historical data.
- 19. Maintenance Personnel:** This line item has been added by \$18,000 annually; per the Board of Director's request.
- 20. Reserve Contribution:** This line item has been increased by 20% or from \$22,900 to \$27,470 annually; per the Board of Director's request.
- 21. Electricity:** This line item has been decreased by 48% or from \$20,000 to \$10,500 annually, to reflect historical data.
- 22. Gas:** This line item has been increased by 85% or from \$6,500 to \$12,000 annually, to reflect historical data.
- 23. Water-Domestic:** This line item has been increased by 153% or from \$1,500 to \$3,800 annually, to reflect historical data.
- 24. Water – Landscape:** This line item has been removed by \$2,500 annually, to reflect historical data.
- 25. Sewer – Domestic:** This line item has been decreased by 57% or from \$3,500 to \$1,500 annually, to reflect historical data.
- 26. Internet:** This line item has been added by \$720 annually; per the Board of Director's request.

## LOAN DISCLOSURE

The Association does not have any outstanding loans with an original term of more than one year.

## INSURANCE DISCLOSURE REQUIREMENTS

**A summary of the Association's Insurance Policy is attached to this Budget Packet.**

The association is required to provide you with certain disclosures concerning the association's insurance coverage annually.

**This summary of the association's policies of insurance provides only certain information, as required by Section 5300 of the Civil Code, and should not be considered a substitute for the complete policy terms and conditions contained in the actual policies of insurance. Any association member may, upon request and provision of reasonable notice, review the association's insurance policies and, upon request and payment of reasonable duplication charges, obtain copies of those policies. Although the association maintains the policies of insurance specified in this summary, the association's policies of insurance may not cover your property, including personal property or real property improvements to or around your dwelling, or personal injuries or other losses that occur within or around your dwelling. Even if a loss is covered, you may nevertheless be responsible for paying all or a portion of any deductible that applies. Association members should consult with their individual insurance broker or agent for appropriate additional coverage.**

**Tahoe Tyrol Homes Association**  
**ANNUAL PROFORMA BUDGET**

**2026**

Built out

116 # Units

**REVENUES**

		<b>2026</b>		
		<b>Per Unit Per Month</b>	<b>Monthly Budget</b>	<b>Annual Budget</b>
62000	Average Members Assessments	135.00	15,660	187,923
63140	Post Office Box Rental	1.08	125	1,500
<b>TOTAL</b>	<b>REVENUES</b>	<b>136.08</b>	<b>15,785</b>	<b>189,423</b>
<b>OPERATING COSTS</b>				
	<b>Community</b>			
81001	CPA Services/Review	1.04	121	1,450
81000	Legal Service	0.72	83	1,000
80013	Communications	0.00	0	0
87011	Access Control	0.72	83	1,000
80017	Meetings	0.22	25	300
80018	Socials	0.72	83	1,000
96200	Inspector of Elections Svcs	1.02	119	1,425
94006	CA Corp Fee	0.03	3	35
<b>TOTAL</b>	<b>Community</b>	<b>4.46</b>	<b>518</b>	<b>6,210</b>
	<b>Insurance</b>			
93000	Property & Liability	7.11	824	9,892
93007	General Liability	0.00	0	0
93002	Umbrella	1.39	162	1,940
93004	Directors & Officers	1.09	127	1,524
93005	Fidelity Bond	0.27	31	375
93006	Workers Comp.	0.27	31	375
<b>TOTAL</b>	<b>Insurance</b>	<b>10.13</b>	<b>1,176</b>	<b>14,106</b>
	<b>Landsaping</b>			
84002	Tree Mntc	21.55	2,500	30,000
84210	Irrig. Rep Supplies	0.11	13	150
84213	Addl Landscape Services	0.72	83	1,000
<b>TOTAL</b>	<b>Landsaping</b>	<b>22.38</b>	<b>2,596</b>	<b>31,150</b>
	<b>Management</b>			
80100	Management Services	19.88	2,306	27,667
80001	Postage	0.43	50	600
80121	Bulk Mailings	0.36	42	500
81006	Non Rtn Mgmt.	0.97	113	1,350
80107	Non Rtn Bkpg	0.36	42	500
80022	Office Expense Mgmt	0.57	67	800
<b>TOTAL</b>	<b>Management</b>	<b>22.57</b>	<b>2,618</b>	<b>31,417</b>
	<b>Repairs &amp; Maintenance</b>			
86012	Pool & Spa Certificate	0.65	75	900
83000	Janitorial	4.17	483	5,800
83007	Patrol Service	6.03	700	8,400
83003	Minor Repairs	3.59	417	5,000
89390	Snow Removal	2.12	246	2,950

86000	Pool Chemicals	4.67	542	6,500
86011	Pool/Spa Repairs	2.16	250	3,000
85010	Maintenance Personnel	12.93	1,500	18,000
<b>TOTAL</b>	<b>Repairs &amp; Maintenance</b>	<b>36.31</b>	<b>4,213</b>	<b>50,550</b>
	<b>Reserve</b>			
91002	Reserve Contribution	19.73	2,289	27,470
<b>TOTAL</b>	<b>Reserve</b>	<b>19.73</b>	<b>2,289</b>	<b>27,470</b>
	<b>Utilities</b>			
92000	Electricity	7.54	875	10,500
92001	Gas	8.62	1,000	12,000
92003	Water - Domestic	2.73	317	3,800
92013	Water - Landscape	0.00	0	0
92015	Sewer - Domestic	1.08	125	1,500
92090	Internet	0.52	60	720
<b>TOTAL</b>	<b>Utilities</b>	<b>20.49</b>	<b>2,377</b>	<b>28,520</b>
<b>TOTAL BUDGET BEFORE REVENUE OFFSET</b>		<b>136.08</b>	<b>15,785</b>	<b>189,423</b>
Revenue Offset - Post Office Box Rental		-1.08	-125	-1,500
<b>TOTAL BUDGET AFTER REVENUE OFFSET</b>		<b>135.00</b>	<b>15,660</b>	<b>187,923</b>

## **Tahoe Tyrol Homes Association INSURANCE SUMMARY DISCLOSURE**

Pursuant to Section 5300 (b)(9) of the California Civil Code, the Association is providing you with the following information regarding its insurance policies. Pursuant to Civil Code Section 5300 (a), this summary is being distributed not less than 30 days nor more than 90 days preceding the beginning of the Association's fiscal year.

**I. GENERAL LIABILITY INSURANCE**

A. Name of insurer:	None
B. Policy limits:	
C. Amount of deductible (if any):	
D. Umbrella coverage, if applicable:	\$15,000,000
E. Umbrella carrier:	Greenwich Insurance Company
F. Policy dates:	6/1/2025 - 6/1/2026

**II. PROPERTY INSURANCE**

A. Name of insurer:	
B. Policy limits:	
C. Amount of deductible:	
D. Policy dates:	

**III. EARTHQUAKE INSURANCE**

A. Name of insurer:	None
B. Policy limits:	
C. Amount of deductible:	
D. Policy dates:	

**IV. FLOOD INSURANCE**

A. Name of insurer:	None
B. Policy limits:	
C. Amount of deductible:	
D. Policy dates:	

**V. FIDELITY BOND INSURANCE**

A. Name of insurer:	None
B. Policy limits:	
C. Amount of deductible:	
D. Policy dates:	

**This summary of the association's policies of insurance provides only certain information, as required by Section 5300 of the Civil Code, and should not be considered a substitute for the complete policy terms and conditions contained in the actual policies of insurance. Any association member may, upon request and provision of reasonable notice, review the association's insurance policies and, upon request and payment of reasonable duplication charges, obtain copies of those policies. Although the association maintains the policies of insurance specified in this summary, the association's policies of insurance may not cover your property, including personal property or real property improvements to or around your dwelling, or personal injuries or other losses that occur within or around your dwelling. Even if a loss is covered, you may nevertheless be responsible for paying all or a portion of any deductible that applies. Association members should consult with their individual insurance broker or agent for appropriate additional coverage.**

Pursuant to Section 5810 of the California Civil Code, if the association receives any notice of nonrenewal of a policy described in the annual budget report, the association shall immediately notify its members if replacement coverage will not be in effect by the date the existing coverage will lapse.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/07/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME:	
STEVE BUCHANAN 508 2nd St Davis, CA 95616		PHONE (A/C, NO, EXT): (530) 812-0748	FAX (A/C, NO): 000-000-0000
		E-MAIL ADDRESS: sbuchanan@farmersagent.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Truck Insurance Exchange	21709
		INSURER B: Farmers Insurance Exchange	21652
		INSURER C: Mid Century Insurance Company	21687
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	603673476	06/01/2025	06/01/2026	EACH OCCURRENCE	\$1,000,000		
	DAMAGE TO RENTED PREMISES (Ea Occurrence)					\$75,000			
	MED EXP (Any one person)					\$5,000			
	PERSONAL & ADV INJURY					\$1,000,000			
	GENERAL AGGREGATE					\$2,000,000			
	PRODUCTS - COMP/OP AGG					\$1,000,000			
						\$			
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> X HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>	603673476	06/01/2025	06/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
	BODILY INJURY (Per person)				\$				
	BODILY INJURY (Per accident)				\$				
	PROPERTY DAMAGE (Per accident)				\$				
					\$				
					\$				
					\$				
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>	OCCUR <input type="checkbox"/>				EACH OCCURRENCE	\$		
	AGGREGATE					\$			
						\$			
						\$			
						\$			
						\$			
						\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ <input type="checkbox"/> EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A <input type="checkbox"/>				PER STATUTE	<input type="checkbox"/>	OTHER	\$
	E.L. EACH ACCIDENT					\$			
	E.L. DISEASE - EA EMPLOYEE					\$			
	E.L. DISEASE - POLICY LIMIT					\$			
						\$			
						\$			
						\$			

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
3345 PINE HILL RD, S LAKE TAHOE, CA, 96150

CERTIFICATE HOLDER	CANCELLATION
THE HELSING GROUP, INC. 4000 EXECUTIVE PKWY STE 100 SAN RAMON CA 945834381	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE