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Revenue Procedure 2014-11, Retroactive Reinstatement

Short Form

Form **990-EZ**

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 1545-1150

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2014 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **The Sequoians, Inc**

**D** Employer identification number: **94-6104460**

Number and street (or P O box, if mail is not delivered to street address): **10200 Cull Canyon Road**

Room/suite: \_\_\_\_\_

**E** Telephone number: **510-852-0194**

City or town, state or province, country, and ZIP or foreign postal code: **Castro Valley CA 94552**

**F** Group Exemption Number: \_\_\_\_\_

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

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

**I** Website: **https://sequoians.com/**

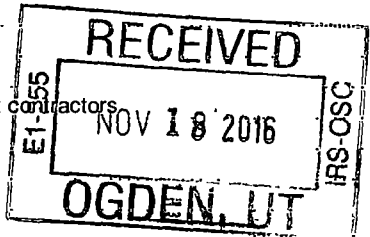
**J** Tax-exempt status (check only one):  501(c)(3)  501(c)(7) (insert no) \_\_\_\_\_ 4947(a)(1) or  527

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

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 131,972**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	2,975
2	Program service revenue including government fees and contracts	27,191
3	Membership dues and assessments	101,806
4	Investment income	
5a	Gross amount from sale of assets other than inventory	
5b	Less: cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
6c	Less: direct expenses from gaming and fundraising events	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
7a	Gross sales of inventory, less returns and allowances	
7b	Less: cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe in Schedule O)	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	131,972
10	Grants and similar amounts paid (list in Schedule O)	
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	4,474
13	Professional fees and other payments to independent contractors	7,142
14	Occupancy, rent, utilities, and maintenance	75,715
15	Printing, publications, postage, and shipping	675
16	Other expenses (describe in Schedule O)	48,565
17	<b>Total expenses.</b> Add lines 10 through 16	136,571
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-4,599
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	345,868
20	Other changes in net assets or fund balances (explain in Schedule O)	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	341,269



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For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2014)

68  
24

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

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	56,262	22	84,656
23 Land and buildings	228,574	23	218,527
24 Other assets (describe in Schedule O)	61,032	24	50,431
25 Total assets	345,868	25	353,614
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	345,868	27	353,614

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

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

What is the organization's primary exempt purpose?

See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 See Schedule O

(Grants \$ ) If this amount includes foreign grants, check here  28a **124,258**

29

(Grants \$ ) If this amount includes foreign grants, check here  29a

30

(Grants \$ ) If this amount includes foreign grants, check here  30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here  31a

32 Total program service expenses (add lines 28a through 31a)  32 **124,258**

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
William Hendricks President	15.00	0	0	0
Jeanette Bergmann Vice President	15.00	0	0	0
David Ross Secretary	15.00	0	0	0
Beverly Axelrad Treasurer	5.00	0	0	0
Robbie Phillips Rules	5.00	0	0	0
JoAnn Keesee Membrship	5.00	0	0	0
David Gotwisner Legal	5.00	0	0	0
Yvonne Bowman Social	5.00	0	0	0
David Twomey Grounds	5.00	0	0	0

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	X	
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	X	
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	▶ <b>37a</b>	
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	▶ <b>38b</b>	
39	Section 501(c)(7) organizations Enter: Please see Facts & Circumstances Statement	▶ <b>39a</b> <b>964</b>	
39a	Initiation fees and capital contributions included on line 9	▶ <b>39b</b> <b>32,205</b>	
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____		
40b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
40c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ _____	
40d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization	▶ _____	
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ <b>None</b>		
42a	The organization's books are in care of ▶ <b>Jeanette Bergmann</b>	Telephone no ▶ <b>510-852-0194</b>	
	10200 Cull Canyon Road	CA ZIP + 4 ▶ <b>94552</b>	
	Located at ▶ <b>Castro Valley</b>		
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country. ▶ _____	Yes	No
42c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		X
42d	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country. ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	▶ <b>43</b>	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c	Did the organization receive any payments for indoor tanning services during the year?		X
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

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

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

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

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

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

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

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

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

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

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A

Yes  No

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

**Sign Here**  
 Signature of officer: *Jeanette Bergmann* Date: 11/15/2016  
 Type or print name and title: **Jeanette Bergmann Director**

**Paid Preparer Use Only**  
 Print/Type preparer's name: Marjorie Williams-Jones  
 Preparer's signature: *Marjorie Williams-Jones* Date: 11/15/16  
 Check  if self-employed PTIN: P00564614  
 Firm's name: **MarjTax Incorporated** Firm's EIN: **45-4570537**  
 Firm's address: **3542 Fruitvale Ave Oakland, CA 94602-2327** Phone no: **510-482-6204**

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

Yes  No

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

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

OMB No 1545-0047

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

**2014**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

**Open to Public Inspection**

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

Name of the organization

Employer identification number

**The Sequoians, Inc**

**94-6104460**

**Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
<b>Expenses</b>	
Advertising	\$ -103
Office Expense	\$ 3,635
Misc Expense	\$ 373
ASCAP	\$ 229
Website	\$ 420
Telephone	\$ 1,303
Internet Access	\$ 1,622
Social Events Expenses	\$ 8,411
Chamber Mixer	\$ 72
Chamber Dues	\$ 285
Bank Fees	\$ 33
Credit Card Discounts	\$ 795
AANR Interest Charges	\$ 3,820
General Insurance	\$ 5,171
Property Taxes	\$ 1,782
CA FTB	\$ 65
Non-investment Depreciation	\$ 20,652
<b>Total</b>	<b>\$ 48,565</b>

**Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances**

Description	Amount
Depreciation Correction	\$ 0

Name of the organization

Employer identification number

**The Sequoians, Inc**

**94-6104460**

**Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beg. of Year	End of Year
AR	\$ 0	\$ 0
Facilities	\$ 113,157	\$ 113,157
Less Accumulated Depreciation	\$ 52,125	\$ 62,726
Total	\$ 61,032	\$ 50,431

**Form 990-EZ, Part III - Primary Exempt Purpose**

Formed as a non-profit in 1947, the purpose for which this corporation is formed is to provide an appropriate setting that is safe and secure for its members to engage in social nude recreation. Its principal activity has always been, continues to be, and is planned to always remain operating and maintaining an 80 acre secluded beautiful oak, bay and madrone foothill park and forest with recreational and social facilities where members, prospective members and guests can safely practice nudism out of the public view

**Form 990-EZ, Part III, Line 28 - First Accomplishment**

The Sequoians is a cooperative corporation operated by its members. Its 80 acres provides activities that include sunbathing, swimming, hot tubbing, paddle tennis, horseshoes, and six hiking trails with varied terrain. There is a large redwood deck and also a large lawn area with a lanai for those who prefer grass and shade for sunbathing. Travel trailer sites and overnight tent sites are available to members for camping. The Recreation Hall that has a billiards table, TV lounge area, game area, band stage and community kitchen. Outside the Recreation Hall the Club provides picnic

Name of the organization

Employer identification number

**The Sequoians, Inc****94-6104460**

tables and BBQ grills.

Organized social and recreational activities include potluck dinners, theme parties, concerts, chili cook-offs, water volleyball games, and guided hikes. Themed parties include Kentucky Derby Day, Monte Carlo Night, Halloween Ball, New Year's Eve, Thanksgiving, Winter Holiday, Birthday parties, and other created themes that members come up with. From time to time the Club will provide a live band to perform in the afternoon on the lawn or in the Recreation Hall in the evening.

**Form 990-EZ, Part V - Additional Information**

**Please see Facts & Circumstances Statement**