

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

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

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.**

OMB No 1545-1150

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

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

C Name of organization
THE SEQUOIAN INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
10200 CULL CANYON ROAD

City or town, state or province, country, and ZIP or foreign postal code
CASTRO VALLEY, CA 94552

D Employer identification number
94-6104460

E Telephone number
(510) 582-0194

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://SEQUOIAN.COM/](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. ▶ \$ 152,713

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.

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	40
	2	Program service revenue including government fees and contracts	2	41,116
	3	Membership dues and assessments	3	111,557
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	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)	6b	
c	Less direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	152,713	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	3,603
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	10,789
	13	Professional fees and other payments to independent contractors	13	5,164
	14	Occupancy, rent, utilities, and maintenance	14	78,360
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	49,612
	17	Total expenses. Add lines 10 through 16 ▶	17	147,528
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,185
	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)	19	358,854
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	364,039

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	107,194	22	122,524
23 Land and buildings	181,235	23	174,976
24 Other assets (describe in Schedule O)	70,425	24	66,539
25 Total assets	358,854	25	364,039
26 Total liabilities (describe in Schedule O).		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	358,854	27	364,039

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
A SAFE AND SECURE FOR ITS MEMBERS TO ENGAGE IN SOCIAL NUDE RECREATION

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

28 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29		29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	125,072

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	5 00	0		
LANCE BORDE VICE PRESIDE	5 00	0		
ROBBIE PHILLIPS SECRETARY	5 00	0		
JEANETTE BERGMANN TREASURER	15 00	0		
MICHAEL BARDY RULES	5 00	0		
KEVIN KILLIAN MEMBERSHIP	5 00	0		
DAVID GOTWISNER LEGAL	5 00	0		
HARRIET NEELY SOCIAL	5 00	0		
CHUCK SHIPMAN GROUNDS	5 00	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

Table with columns for question number, question text, Yes, and No. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

		Yes	No
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	46		No

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

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and 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.

***** Signature of officer	2018-11-07 Date
JEANETTE BERGMANN TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name MARJORIE WILLIAMS-JONES	Preparer's signature	Date 2018-11-07	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00564614
	Firm's name ▶ MARJTAX INCORPORATED			Firm's EIN ▶ 45-4570537	
	Firm's address ▶ 3542 FRUITVALE AVE OAKLAND, CA 946022327			Phone no (510) 482-6204	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID:
Software Version:
EIN: 94-6104460
Name: THE SEQUOIANS INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)	
<p>28 THE SEQUOIANS IS A COOPERATIVE OPERATED BY ITS MEMBERS ITS 80 ACRES PROVIDES RECREATIONAL ACTIVITIES & EVENTS IN A SECLUDED BEAUTIFUL OAK, BAY AND MADRONE FOOTHILL PARK AND FOREST (SEE SCHED O FOR DETAILS)</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	125,072

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017**Open to Public Inspection**

Department of the Treasury

Internal Revenue Service

Name of the organization

THE SEQUOIAN INC

Employer identification number

94-6104460

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	AANR 3,603 1703 N MAIN STREET KISSIMMEE FL 34744

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING 2,129 MERCHANDISE FOR RESALE 270 OFFICE EXPENSE 1,493 ASCAP 172 WEBSITE 208 TELEPHONE 2,529 INTERNET ACCESS 1,492 SOCIAL EVENTS EXPENSES 11,144 MEET UP MEMBERSHIP 180 BANK FEES 1,221 GENERAL INSURANCE 5,633 BOND, E&O 897 CA FTB 2,859 BAD DEBT EXPENSE 1,625 IRS TAX 5,832 IRS APPLICATION FEE 850 NON-INVESTMENT DEPRECIATION 11,078 TOTAL 49,612

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II	FULL MISSION STATEMENT 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	<p>ACCOUNTS RECEIVABLE 8 576 RESTROOMS 34,000 34,000 LESS ACCUMULATED DEPRECIATION 9,520 10,8</p> <p>80 RECREATION - POOL + SPA 60,000 60,000 LESS ACCUMULATED DEPRECIATION 16,800 19,200 ROADS</p> <p>IMPROVEMENT 56,336 56,336 LESS ACCUMULATED DEPRECIATION 53,599 54,658 MISCELLANEOUS DONAT</p> <p>ED ASSETS 0 365 TOTAL 70,425 66,539</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	<p>THE SEQUOIANS IS A COOPERATIVE CORPORATION OPERATED BY ITS MEMBERS ITS 80 ACRES PROVIDES ACTIVITIES THAT INCLUDE SUNBATHING, SWIMMING, HOT TUBBING, PADDLE TENNIS, HORSESHOE, AND SIX HIKING TRAILS WITH VARIED TERRAIN THERE IS A LARGE REDWOOD DECK AND 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 TO LEASE 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 TABLES AND BBQ GRILLS AND A BOCCE BALL COURT ORGANIZED SOCIAL AND RECREATIONAL ACTIVITIES INCLUDE POTLUCK DINNERS, THEME PARTIES, CONCERTS, CHILI COOK-OFFS, WATER VOLLEYBALL GAMES, AND GUIDED HIKES THEMED PARTIES INCLUDE LUAU, 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</p>