

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	122,524	22	146,673
23 Land and buildings	174,976	23	171,481
24 Other assets (describe in Schedule O)	66,539	24	60,801
25 Total assets	364,039	25	378,955
26 Total liabilities (describe in Schedule O).		26	739
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	364,039	27	378,216

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 PLACE FOR ITS MEMBERS TO ENGAGE IN SOCIAL 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	116,105

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

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, description, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of JEANETTE BERGMANN Telephone no (510) 582-0194 Located at 10112 CULL CANYON ROAD CASTRO VALLEY, CA ZIP + 4 94552

Table with columns for question number, description, and Yes/No columns. Rows include 42b and 42c.

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 43

Table with columns for question number, description, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

		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.

Sign Here Signature of officer	2019-11-13 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 2019-11-13	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 SEQUOIAN 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 SEQUOIAN 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 \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	116,105

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

OMB No 1545-0047

2018**Open to Public
Inspection**

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.

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

Department of the Treasury

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 3,832 1703 N MAIN STREET KISSIMMEE FL 34744

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING 3,190 MERCHANDISE FOR RESALE 158 JOB POSTINGS 150 OFFICE EXPENSE 491 FIRST AID SUPPLIES 15 MISCELLANEOUS -26 DUES+SUBSCRIPTIONS 300 ASCAP 286 WEBSITE 176 TELEPHONE 2,381 INTERNET ACCESS 1,664 SOCIAL EVENTS EXPENSES 10,043 MEET UP MEMBERSHIP 180 BANK FEES 890 GENERAL INSURANCE + BONDING 6,699 CA FTB 1,232 BAD DEBT EXPENSE 3,797 IRS TAX 8 NON-INVESTMENT DEPRECIATION 11,189 TOTAL 42,823

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 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 SOCIALIZE WITH LIKE-MINDED MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 576 0 RESTROOMS 34,000 34,000 LESS ACCUMULATED DEPRECIATION 10,880 12,240 RECREATION - POOL + SPA 60,023 60,023 LESS ACCUMULATED DEPRECIATION 19,200 21,600 ROADS IMPROVEMENT 56,336 56,336 LESS ACCUMULATED DEPRECIATION 54,658 55,718 MISCELLANEOUS DONATED ASSETS 342 0 TOTAL 66,539 60,801

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 0 739

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 PROVIDE A CTIVITIES THAT INCLUDE SUNBATHING, SWIMMING, HOT TUBBING, SHUFFLE BOARD, HORSESHOE, AND SI X HIKING TRAILS WITH VARIED TERRAIN THERE IS A LARGE REDWOOD DECK AND A LARGE LAWN AREA W ITH 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 HA S A BILLIARD TABLE, TV LOUNGE AREA, GAME AREA, BAND STAGE AND COMMUNITY KITCHEN OUTSIDE T HE RECREATION HALL THE CLUB PROVIDES PICNIC TABLES AND BBQ GRILLS AND A PUTTING GREEN AND BOCCE BALL COURT ORGANIZED SOCIAL AND RECREATIONAL ACTIVITIES INCLUDE POTLUCK DINNERS, TH EME PARTIES, CONCERTS, CHILI COOK-OFFS, WATER VOLLEYBALL GAMES, AND GUIDED HIKE THEMED P ARTIES INCLUDE LUAU, HALLOWEEN BALL, NEW YEAR'S EVE, THANKSGIVING, WINTER HOLIDAY, BIRTHDA Y 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 HAL L IN THE EVENING</p>