

Form **990EZ**
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)

OMB No. 1545-1150
2019
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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. **\$ 165,797**

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	296
	2 Program service revenue including government fees and contracts	2	34,978
	3 Membership dues and assessments	3	130,523
	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	
	c 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	165,797	

Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	3,579
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	20,377
	13 Professional fees and other payments to independent contractors	13	5,275
	14 Occupancy, rent, utilities, and maintenance	14	91,595
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	43,406
17 Total expenses. Add lines 10 through 16	17	164,232	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,565
	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	378,221
	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	379,786

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	146,673	22	159,637
23 Land and buildings	171,481	23	165,079
24 Other assets (describe in Schedule O)	60,801	24	56,421
25 Total assets	378,955	25	381,137
26 Total liabilities (describe in Schedule O).	734	26	1,351
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	378,221	27	379,786

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?
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.

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

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	156,405

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		
CHRIS MITCHELL VICE PRESIDE	5.00	0		
ROBBIE PHILLIPS SECRETARY	5.00	0		
JEANETTE BERGMANN TREASURER	5.00	0		
MICHAEL BARDY RULES	5.00	0		
KEVIN KILLIAN MEMBERSHIP	5.00	0		
ROBERT NICHELINI LEGAL	5.00	0		
JOANN KEESEE 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

		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		No
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.		No
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)?	Yes	
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	Yes	
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		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶	37a	
37b	Did the organization file Form 1120-POL for this year?		No
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?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9	39a	0
39b	Gross receipts, included on line 9, for public use of club facilities	39b	11,616
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		No
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ <u>JEANETTE BERGMANN</u> Telephone no. ▶ <u>(510) 582-0194</u> Located at ▶ <u>10112 CULL CANYON ROAD CASTRO VALLEY, CA</u> ZIP + 4 ▶ <u>94552</u>		

		Yes	No
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: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		No
42c	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: ▶ _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		

		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
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		No
44c	Did the organization receive any payments for indoor tanning services during the year?		No
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)?		No
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)		No

	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	2020-11-08 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 2020-11-08	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 style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>28a 156,405</p>

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

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 3,579 1703 N. MAIN STREET KISSIMMEE FL 34744

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES MERCHANDISE FOR RESALE 56 OFFICE EXPENSE 666 FIRST AID SUPPLIES 146 MISCELLANEOUS 2,214 ASCAP 607 WEBSITE 192 TELEPHONE 2,940 INTERNET ACCESS 2,500 SOCIAL EVENTS EXPENSES 8,160 MEET UP MEMBERSHIP 357 BANK FEES 1,218 GENERAL INSURANCE + BONDING 437 CAMPGROUND+RE C VEHICLE INSUR 7,982 BOND, E&O 897 BAD DEBT EXPENSE 4,252 NON-INVESTMENT DEPRECIATION 10,782 TOTAL 43,406

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	<p>RESTROOMS 34,000 34,000 LESS ACCUMULATED DEPRECIATION 12,240 13,600 RECREATION - POOL + SP</p> <p>A 60,023 60,023 LESS ACCUMULATED DEPRECIATION 21,600 24,002 ROADS IMPROVEMENT 56,336 56,33</p> <p>6 LESS ACCUMULATED DEPRECIATION 55,718 56,336 TOTAL 60,801 56,421</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 734 1,351

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 ACTIVITIES THAT INCLUDE SUNBATHING, SWIMMING, HOT TUBBING, SHUFFLE BOARD, 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 HAS A BILLIARD 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 PUTTING GREEN AND BOCCE BALL COURT. ORGANIZED SOCIAL AND RECREATIONAL ACTIVITIES INCLUDE POTLUCK DINNERS, THEME PARTIES, CONCERTS, CHILI COOK-OFFS, WATER VOLLEYBALL GAMES, AND GUIDED HIKE. THEMED PARTIES INCLUDE LUAU, 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>