

Voucher at bottom of page. 

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION  
TAX RETURN WITH THE PAYMENT VOUCHER.**

**If the amount of payment is zero, do not mail this voucher.**

**WHERE TO FILE:**

Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the corporation number, FEIN, CA SOS file number and '2018 FTB 3586' on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE: Corporations – File and Pay by the 15th day of the 4th month following the close of the taxable year.**

**S corporations – File and Pay by the 15th day of the 3rd month following the close of the taxable year.**

**Exempt organizations – File and Pay by the 15th day of the 5th month following the close of the taxable year.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:**

Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER ----- DETACH HERE -----

**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR

**2018**

**Payment Voucher for Corporations and  
Exempt Organizations e-filed Returns**

CALIFORNIA FORM

**3586 (e-file)**

4194126            SQUA    83-2252409            000000000000            18            FORM 3  
TYB 10-01-18            TYE 09-30-19  
SQUAW ALPINE TRANSIT COMPANY  
EVAN BENJAMINSON  
150 ALPINE MEADOWS RD  
ALPINE MEADOWS            CA 96146


530-583-7545

AMOUNT OF PAYMENT            10.

 059

6181186

CACA1201L 12/12/18

FTB 3586 2018 

California Exempt Organization Annual Information Return

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) **10/01/2018**, and ending (mm/dd/yyyy) **9/30/2019**

Corporation/Organization name **SQUAW ALPINE TRANSIT COMPANY** California corporation number **4194126**

Additional information. See instructions. FEIN **83-2252409**

Street address (suite or room) **150 ALPINE MEADOWS RD** PMB no.

City **ALPINE MEADOWS** State **CA** Zip code **96146**

Foreign country name Foreign province/state/county Foreign postal code

**A** First Return  Yes  No

**B** Amended Return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final Information Return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy)

**E** Check accounting method:  
 1  Cash 2  Accrual 3  Other

**F** Federal return filed? 1  990T 2  990-PF 3  Sch H (990)  
 4  Other 990 series

**G** Is this a group filing? See instructions.  Yes  No

**H** Is this organization in a group exemption?  Yes  No  
 If 'Yes,' what is the parent's name?

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions.  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g? ...  Yes  No  
 If 'Yes,' enter the gross receipts from nonmember sources \$

**L** If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.  Yes  No

**M** Is the organization a Limited Liability Company?  Yes  No

**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**P** Is federal Form 1023/1024 pending?  Yes  No  
 Date filed with IRS

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	1	
	2	Gross dues and assessments from members and affiliates.	2	
	3	Gross contributions, gifts, grants, and similar amounts received.	3	593,486.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B.	4	593,486.
	5	Cost of goods sold.	5	
	6	Cost or other basis, and sales expenses of assets sold.	6	
	7	Total costs. Add line 5 and line 6.	7	
	8	Total gross income. Subtract line 7 from line 4.	8	593,486.
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	798,101.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	-204,615.
<b>Filing Fee</b>	11	Total payments.	11	
	12	Use tax. See General Information K.	12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.	13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.	14	
	15	Filing fee \$10 or \$25. See General Information F.	15	10.
	16	Penalties and Interest. See General Information J.	16	
	17	<b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result.	17	10.
<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.			
<b>Paid Preparer's Use Only</b>	Signature of officer	Title	Date	Telephone 530-583-7545
	Preparer's signature		Date	PTIN P00192613
	Firm's name (or yours, if self-employed) and address	GRIESMER AND FERREIRA CPAS 11500 DONNER PASS RD SUITE B TRUCKEE, CA 96161		Firm's FEIN 83-2046694
				Telephone (530) 587-9221
May the FTB discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions . . . . .	●	1	
	2	Interest . . . . .	●	2	
	3	Dividends . . . . .	●	3	
	4	Gross rents . . . . .	●	4	
	5	Gross royalties . . . . .	●	5	
	6	Gross amount received from sale of assets (See Instructions) . . . . .	●	6	
	7	Other income. Attach schedule . . . . .	●	7	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 . . . . .	●	8	
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule . . . . .	●	9	
	10	Disbursements to or for members . . . . .	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule . . . . . <b>SEE STMT 1</b>	●	11	0.
	12	Other salaries and wages . . . . .	●	12	
	13	Interest . . . . .	●	13	
	14	Taxes . . . . .	●	14	
	15	Rents . . . . .	●	15	
	16	Depreciation and depletion (See instructions) . . . . .	●	16	
	17	Other Expenses and Disbursements. Attach schedule . . . . . <b>SEE STATEMENT 2</b>	●	17	798,101.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 . . . . .	●	18	798,101.

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash . . . . .			●	75,554.
2	Net accounts receivable . . . . .			●	
3	Net notes receivable . . . . .			●	
4	Inventories . . . . .			●	
5	Federal and state government obligations . . . . .			●	
6	Investments in other bonds . . . . .			●	
7	Investments in stock . . . . .			●	
8	Mortgage loans . . . . .			●	
9	Other investments. Attach schedule . . . . .			●	
10 a	Depreciable assets . . . . .				
b	Less accumulated depreciation . . . . .				
11	Land . . . . .			●	
12	Other assets. Attach schedule . . . . . <b>STM 3</b>			●	388.
13	<b>Total assets</b> . . . . .				75,942.
<b>Liabilities and net worth</b>					
14	Accounts payable . . . . .			●	943.
15	Contributions, gifts, or grants payable . . . . .			●	
16	Bonds and notes payable . . . . . <b>ST 4</b>			●	279,614.
17	Mortgages payable . . . . .			●	
18	Other liabilities. Attach schedule . . . . .				
19	Capital stock or principal fund . . . . .			●	-204,615.
20	Paid-in or capital surplus. Attach reconciliation . . . . .			●	
21	Retained earnings or income fund . . . . .			●	
22	<b>Total liabilities and net worth</b> . . . . .				75,942.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books . . . . .	●	-204,615.
2	Federal income tax . . . . .	●	
3	Excess of capital losses over capital gains . . . . .	●	
4	Income not recorded on books this year. Attach schedule . . . . .	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule . . . . .	●	
6	<b>Total.</b> Add line 1 through line 5 . . . . .	●	-204,615.
7	Income recorded on books this year not included in this return. Attach schedule . . . . .	●	
8	Deductions in this return not charged against book income this year. Attach schedule . . . . .	●	
9	<b>Total.</b> Add line 7 and line 8 . . . . .	●	
10	<b>Net income per return.</b> Subtract line 9 from line 6 . . . . .	●	-204,615.

## SQUAW ALPINE TRANSIT COMPANY

83-2252409

**STATEMENT 1**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KEITH FOUNTAIN 150 ALPINE MEADOWS RD ALPINE MEADOWS, CA 96146	CHAIRMAN 0	\$ 0.	\$ 0.	\$ 0.
CASEY BLANN 150 ALPINE MEADOWS RD ALPINE MEADOWS, CA 96146	VICE CHAIR 0	0.	0.	0.
EVAN BENJAMINSON 150 ALPINE MEADOWS RD ALPINE MEADOWS, CA 96146	TREASURER 0	0.	0.	0.
DREW CONLY 150 ALPINE MEADOWS RD ALPINE MEADOWS, CA 96146	SECRETARY 0	0.	0.	0.
BOB TETRAULT 150 ALPINE MEADOWS RD ALPINE MEADOWS, CA 96146	DIRECTOR 0	0.	0.	0.
KYLE CREEZE 150 ALPINE MEADOWS RD ALPINE MEADOWS, CA 96146	DIRECTOR 0	0.	0.	0.
DAVID STEPNER 150 ALPINE MEADOWS RD ALPINE MEADOWS, CA 96146	DIRECTOR 0	0.	0.	0.
PETER GRANT 150 ALPINE MEADOWS RD ALPINE MEADOWS, CA 96146	DIRECTOR 0	0.	0.	0.
JENNIFER MERCHANT 150 ALPINE MEADOWS RD ALPINE MEADOWS, CA 96146	DIRECTOR 0	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.

**STATEMENT 2**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

ACCOUNTING FEES.....	\$ 1,976.
INSURANCE.....	1,942.
TRANSIT VENDOR SERVICES.....	590,986.
GOVERNANCE CONSULTANT.....	122,911.
ADMINISTRATIVE EXPENSE.....	47,892.
TRANSPORTATION FUEL.....	31,213.

STATEMENT 2 (CONTINUED)  
FORM 199, PART II, LINE 17  
OTHER EXPENSES

WEBSITE.....	\$	1,106.
BANK CHARGES.....		75.
	TOTAL	<u>\$ 798,101.</u>

STATEMENT 3  
FORM 199, SCHEDULE L, LINE 12  
OTHER ASSETS

PREPAID EXPENSES AND DEFERRED CHARGES.....		388.
	TOTAL	<u>\$ 388.</u>

STATEMENT 4  
FORM 199, SCHEDULE L, LINE 16  
BONDS AND NOTES PAYABLE

LENDER'S NAME:	SQUAW VALLEY SKI HOLDINGS LLC	
DATE OF NOTE:	11/20/2018	
MATURITY DATE:	11/30/2020	
PURPOSE OF LOAN:	OPERATIONS	
ORIGINAL AMOUNT:	350,000.	
BALANCE DUE:		279,614.
TOTAL NOTES AND BONDS PAYABLE		<u>\$ 279,614.</u>

IN

**MAIL TO:**  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 (916) 210-6400

**WEB SITE ADDRESS:**  
[www.ag.ca.gov/charities/](http://www.ag.ca.gov/charities/)

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code  
 11 Cal. Code Regs. section 301-307, 311, and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.



State Charity Registration Number _____  <b>SQUAW ALPINE TRANSIT COMPANY</b> <small>Name of Organization</small>  <b>150 ALPINE MEADOWS RD</b> <small>Address (Number and Street)</small>  <b>ALPINE MEADOWS, CA 96146</b> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report  Corporate or Organization No. <u>4194126</u>  Federal Employer I.D. No. <u>83-2252409</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
**Make Check Payable to Attorney General's Registry of Charitable Trusts**

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 10/01/18 ending 9/30/19) list:  
 Gross annual revenue \$ 593,486. Total assets \$ 75,942.

**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number 530-583-7545  
 Organization's e-mail address INFO@SQUAWALPINETRANSIT.ORG

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.**

Signature of authorized officer _____	Printed Name _____	Title _____	Date _____
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Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

# California e-file Return Authorization for Exempt Organizations

FORM

2018

8453-EO

Exempt Organization name

Identifying number

SQUAW ALPINE TRANSIT COMPANY

83-2252409

## Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	593,486.
2	Total gross income (Form 199, line 8)	2	593,486.
3	Total expenses and disbursements (Form 199, Line 9)	3	798,101.

## Part II Settle Your Account Electronically for Taxable Year 2018

4  Electronic funds withdrawal    4a Amount \_\_\_\_\_    4b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

## Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number \_\_\_\_\_  
6 Account number \_\_\_\_\_    7 Type of account:  Checking     Savings

## Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2018 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign Here**    Signature of officer \_\_\_\_\_    Date \_\_\_\_\_    Title \_\_\_\_\_

## Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO Must Sign</b>	ERO's signature	_____	Date	_____	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN	P00192613
	Firm's name (or yours if self-employed) and address	GRIESMER AND FERREIRA CPAS 11500 DONNER PASS RD SUITE B TRUCKEE CA			FEIN	83-2046694		
					ZIP code	96161		

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature	_____	Date	_____	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN	
	Firm's name (or yours if self-employed) and address				FEIN		
					ZIP code		

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2018