2019

California Exempt Organization Annual Information Return



199

	,									
Calendar Ye	ear 2019 or fiscal y	ear beginning (mm/dd/yyyy	10/01	1/201	9 , and ending (r	mm/dd/yyyy) 9/3(/202	0 .	Principle and the second secon	
Corporation/Or	rganization name						C	alifornia	corporation nu	mber
SQUAW A	ALPINE TRAN	ISIT COMPANY					4	11941	.26	
Additional info	rmation. See instruction	ns.					1.	EIN		
Characteristics	(-1)							33-22 MB no.	52409	
	s (suite or room) PINE MEADOW	IS RD #1						IVIB NO.		
City	FINE MEADON	ID IND #I				State	Z	ip code		
	MEADOWS					CA		96146		
Foreign countr	ry name					Foreign province/state/cour	ty F	oreign po	stal code	
						DO TO 0 11 00701 1 1				
				X No		R&TC Section 23701d, has aged in political activities?	the			
				X No					Yes	No
C IRC Secti	ion 4947(a)(1) trust		. Yes	X No						N/A
	ormation Return?				K is the organization	on exempt under R&TC Sec	tion 2370	1 02	Пусс	X No
		Surrendered (Withdrawn)	Merged/Reor	ganized	If "Yes" enter the	e aross receipts from			res	21 110
	e: (mm/dd/yyyy) • counting method:					ces				
	Cash 2 X Accru	ual 3 Other				a public charity exempt un 3701d and meets the filing				
		990T 2 ● 990-PF	3 • Sch H	H (990)		box. No filing fee is require				
	her 990 series				M Is the organization	on a Limited Liability Comp	any?		Yes	X No
G Is this a	group filing? See instr	ructions	Yes	X No		tion file Form 100 or Form	,			
					taxable income?				Yes	X No
		exemption	. Yes	X No		on under audit by the IRS o				
If "Yes,"	what is the parent's na	ame?				r year?			• Yes	X No
. B:		f 1-21 21 P				1023/1024 pending?			. Yes	No
		changes to its guidelines	• Yes	X No	Date filed with IF	RS	_			
Part I		unless not required to file			neral Information	R and C				
- urer	T	s or receipts from other s					1	Г	101	,833.
		and assessments from r					_		101	,033.
Receipts	2000	ributions, gifts, grants, an							616	,382.
and Revenues		receipts for filing require							010	, 302.
Nevendes		nust be completed. If the				eral Information B	4		718	,215.
		ods sold				Total Millorinia di Ciri Di Ti			710	, 213.
		er basis, and sales exper								
		. Add line 5 and line 6					7			
		income. Subtract line 7 f							718	,215.
Expenses		nses and disbursements.								,296.
Expenses	10 Excess of	receipts over expenses ar	nd disbursem	ents. S	ubtract line 9 from	m line 8	10			,919.
	11 Total paym						11			
		ee General Information K.					12			
		balance. If line 11 is more								
Filing	14 Use tax ba	lance. If line 12 is more the	nan line 11, s	subtract	line 11 from line	12	14			
Fee	15 Filing fee \$	510 or \$25. See General In	nformation F.				15			10.
	16 Penalties a	and Interest. See General	Information .	J			16			
	17 Balance due.	Add line 12, line 15, and line 16	. Then subtract I	line 11 fro	om the result		17			10.
Sign		jury, I declare that I have examine Declaration of preparer (other that					pest of my	knowled	ge and belief,	
Here		. Declaration of preparer (other tha	an taxpayer) is ba	ased on al e	Il information of which	preparer has any knowledge Date		Teleph		
	Signature of officer								83-754	5
	Preparer's	9 - +			Date	Check if self-		PTIN		
Paid Preparer's	signature		oreira	CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO	2-1-20	33 employed		0019		
Use Only	Firm's name (or yours, if		REIRA CE				(Firm's		
	self-employed) and address	11500 DONNER PA		JITE	В		- 8	3-20 Telep	46694	
		TRUCKEE, CA 961	61					(530)	587-9	221
///	May the FTB dis	scuss this return with the	preparer sho	wn aho	ve? See instructi	ons		77		
				450	. J. JJO HISTIACTI			21	Yes	No

Parl		Orga	INE TRANSIT COMPANY anizations with gross receipts of rdless of amount of gross receipts -	more than \$50,000 and	private foundations		83-2	252409
		1	Gross sales or receipts from all				1	
		2	Interest				2	
	3	Dividends				3		
Rece		4	Gross rents				4	
Othe		5	Gross royalties				5	
Sour	ces	6	Gross amount received from sale				6	
		7	Other income. Attach schedule.				7	101 022
		8	Total gross sales or receipts from other s				8	101,833
		9	Contributions, gifts, grants, and similar a	mounts naid Attach schedule	e 7. Enter here and on Page 1, Pa	rt i, iine i	9	101,833
		10	Disbursements to or for member	'S		• 1	-	
		11	Compensation of officers, direct			C MMM O		
		12	Other salaries and wages					0
	nses	13	Interest					
and Disb	IIISA-	14	Taxes					
ment		15	Rents				-	
		16	Depreciation and depletion (See				_	
		17	Other Expenses and Disburseme					
								620,296
Cala	م ار را م	18	Total expenses and disbursements. Add I				A CONTRACTOR OF THE PARTY OF TH	620,296
	edule	; L	Balance Sheet	Beginning of		End of	taxabl	
Asse				(a)	(b)	(c)		(d)
1 2			receivable		75,554.		•	154,930
3			eivable				•	298.
4			civable				•	
5			tate government obligations				•	
6			n other bonds				•	
			n stock				•	
8			IS				•	
			ents. Attach schedule	1984 12 (1984)			•	
			ssets				•	
			ated depreciation.					
			Attach schedule STM 4				•	
					388.	-	•	811.
					75,942.			156,039.
			et worth		0.10			
			ble		943.		•	7,120.
			gifts, or grants payable				•	1
			tes payable		279,614.		•	255,615.
			rable				•	
			s. Attach schedule			0.00		
			or principal fund		-204,615.		•	-106,696.
			ital surplus. Attach reconciliation ngs or income fund				•	
			es and net worth		75 040		•	
	dule			haales wilder!	75,942.			156,039.
JUITE	uule	141- 1	Reconciliation of income per Do not complete this schedule if	the amount on Schedule I	return	than \$50 000		
1	Net inco	me ne	r books	97,919.				
			e tax	31,313.	7 Income recorded on book in this return. Attach sch			
			tal losses over capital gains		8 Deductions in this return			
			corded on books this year.		against book income this			
			e		Attach schedule		•	
			rded on books this year not deducted		9 Total. Add line 7 and line	8		

in this return. Attach schedule...

6 Total. Add line 1 through line 5 . .

97,919.

10 Net income per return.

Subtract line 9 from line 6......

97,919.

2019 CALIFORNIA STATEMENTS				
SQ	UAW ALPINE TRANSIT	COMPANY		83-2252409
STATEMENT 1 FORM 199, PART II, LINE 7 OTHER INCOME PROGRAM SERVICE REVENUE	•••••			101,833. 101,833.
STATEMENT 2 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIREC	TORS, TRUSTEES AND P	(EY EMPLOYEES		
CURRENT OFFICERS:	TITLE AND	TOTAL	CONTRI-	EXPENSE
NAME AND ADDRESS	AVERAGE HOURS PER WEEK DEVOTE	COMPEN-	BUTION TO EBP & DC	ACCOUNT/ OTHER
KEITH FOUNTAIN 150 ALPINE MEADOWS RD ALPINE MEADOWS, CA 96146	CHAIRMAN O	\$ 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 CREZEE 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.
	TOTA	L \$ 0.	<u> </u>	0.

2019 CALIFORNIA STATEMENTS	PAGE 2
SQUAW ALPINE TRANSIT COMPANY	83-2252409
STATEMENT 3 FORM 199, PART II, LINE 17 OTHER EXPENSES	
ACCOUNTING FEES OFFICE EXPENSES INSURANCE TRANSIT VENDOR SERVICES ADMINISTRATIVE EXPENSE TRANSPORTATION FUEL GOVERNANCE CONSULTANT PRIOR PERIOD ADJUSTMENTS TOTAL \$	6,287. 786. 1,975. 545,707. 37,510. 20,598. 7,101. 332. 620,296.
STATEMENT 4 FORM 199, SCHEDULE L, LINE 12 OTHER ASSETS	
PREPAID EXPENSES AND DEFERRED CHARGES	811. 811.
STATEMENT 5 FORM 199, SCHEDULE L, LINE 16 BONDS AND NOTES PAYABLE	,
TOTAL NOTES AND BONDS PAYABLE \$	255,615.