

2020

California Exempt Organization Annual Information Return

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 10/01/2020, and ending (mm/dd/yyyy) 9/30/2021.

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 #1** 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  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized

**E** Check accounting method:  Cash  Accrual  Other

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

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

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

**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 **N/A**

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

**L** Is the organization a limited liability company?  Yes  No

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

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

**O** 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	700,781.
	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	700,781.
	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	700,781.
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	289,185.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	411,596.
<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	Penalties and Interest. See General Information J.	15	
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result.	16	0.

**Sign Here** 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.

Signature of officer \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Telephone **530-583-7545**

**Paid Preparer's Use Only** Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  PTIN **P00192613**

Firm's name (or yours, if self-employed) and address **GRIESMER AND FERREIRA CPAS** Firm's FEIN **83-2046694**

**11500 DONNER PASS RD SUITE B** Telephone **(530) 587-9221**

**TRUCKEE, CA 96161**

May the FTB discuss this return with the preparer shown above? See instructions.  Yes  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 Page 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	●	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	●	17	289,185.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Page 1, Part I, line 9.		18	289,185.

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		154,930.	●	431,505.
2 Net accounts receivable		298.	●	
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	STM 3	811.	●	405.
13 <b>Total assets</b>		156,039.		431,910.
<b>Liabilities and net worth</b>				
14 Accounts payable		7,120.	●	2,395.
15 Contributions, gifts, or grants payable			●	
16 Bonds and notes payable	ST 4	255,615.	●	124,615.
17 Mortgages payable			●	
18 Other liabilities. Attach schedule				
19 Capital stock or principal fund		-106,696.	●	304,900.
20 Paid-in or capital surplus. Attach reconciliation			●	
21 Retained earnings or income fund			●	
22 <b>Total liabilities and net worth</b>		156,039.		431,910.

Schedule M-1 Reconciliation of income per books with income per return			
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	●	411,596.
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.		411,596.
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.		411,596.

## 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.
MIKE MARTIN 150 ALPINE MEADOWS RD ALPINE MEADOWS, CA 96146	VICE CHAIR 0	0.	0.	0.
RICK PENDLETON 150 ALPINE MEADOWS RD ALPINE MEADOWS, CA 96146	TREASURER 0	0.	0.	0.
DAVID STEPNER 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.
DREW CONLY 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.
LINDSAY ROMACK 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.....	\$ 6,481.
LEGAL FEES.....	2,104.
ADVERTISING AND PROMOTION.....	638.
OFFICE EXPENSES.....	159.
MANAGEMENT FEES.....	33,545.
INSURANCE.....	2,835.

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

TRANSIT VENDOR SERVICES.....	\$	222,892.
COUNTY REVENUE SERVICE.....		14,152.
TRANSPORTATION FUEL.....		3,608.
WEBSITE.....		1,294.
RECORDING SECRETARY.....		914.
PRIOR PERIOD ADJUSTMENTS.....		553.
FILING FEES.....		10.
	TOTAL	<u>\$ 289,185.</u>

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

PREPAID EXPENSES AND DEFERRED CHARGES.....		405.
	TOTAL	<u>\$ 405.</u>

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

LENDER'S NAME:	SQUAW VALLEY SKI HOLDINGS LLC	
DATE OF NOTE:	11/12/2021	
MATURITY DATE:	11/30/2022	
PURPOSE OF LOAN:	OPERATIONS	
ORIGINAL AMOUNT:	350,000.	
BALANCE DUE:		124,615.

TOTAL NOTES AND BONDS PAYABLE	\$	<u>124,615.</u>
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