	(505)			293	930540	116	225	ĝ		
	(Cat)				054	,	<i>2</i>			
	983 /	D:	lu-	T-	or Datum					
Ea	Exempt Organization (and proxy tax				ix Keturn	- 1	OMB N	o 1545-0687		
FC		(and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning 7/01, 2017, and ending 6/30, 20								
	► Go to www.irs.gov/Form990T for				7	ħΤ				
	ment of the Treasury al Revenue Service Do not enter SSN numbers on this form as				1 1)		Open to Pub 501(c)(3) Or	olic Inspection for ganizations Only		
A	Check box if Check bo		changed and see	<u> </u>		D 턆	nployer iden	tification number		
R F	address changed Print Red Husky Foundat	ion				ins	mployees' trustructions)	ist, see		
	or 720 University Av	e Ste				7	77-0472	2127		
	408(e) 220(e) Type Los Gatos, CA 950	32-76	551				nrelated bus	iness activity structions)		
_	408A530(a)									
						5	23000			
	ook value of all assets at do of of or all assets at do of of or all assets at do of of or all assets at do of or all assets at all asset					01 () (. ;			
			(c) corporation	n501	(c) trust 4	.01(a) 1	trust	Other trust		
	Describe the organization's primary unrelated business activity Investment									
	During the tax year, was the corporation a subsidiary in an affi	liated g	roup or a par	ent-subsid	ary controlled gre	oup	► ∏Y	es X No		
11	f 'Yes,' enter the name and identifying number of the parent c	orporat	ion 🕨							
J	he books are in care of ► Gregory R. Hardester			1	elephone numbe	r ► 40	8-358-	3316		
Par			(A) In	come	(B) Expense	es	((C) Net		
	Gross receipts or sales									
_	Less returns and allowances c Balance	<u> </u>	-							
3	Cost of goods sold (Schedule A, line 7) Gross profit Subtract line 2 from line 1c	3	 		 					
_	Capital gain net income (attach Schedule D)	4	,		 					
	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	41	+							
	Capital loss deduction for trusts	40	:							
5	Income (loss) from partnerships and S corporations (attach statement)	1 5	<u> </u>							
6	(attach statement) ST . Rent income (Schedule C)	6	-	6,352.						
7	Unrelated debt-financed income (Schedule E)	7								
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F.	8								
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule							 -		
10	Exploited exempt activity income (Schedule I)	10								
11	Advertising income (Schedule J)	11								
12	Other income (See instructions, attach schedule)									
		12			 					
	Total. Combine lines 3 through 12	13	oc for limits	6,352.	doductions	<u>0.</u>	nt for	6,352.		
Par	t II Deductions Not Taken Elsewhere (See instructions on tributions, deductions must be directly ex	uctioi nnee	ed with the	auons on	ed business ir	come	:pt 101 2.)			
14	Compensation of officers, directors, and trustees (Schedule				<u> </u>	14				
15	Salaries and wages		၂၁	ĺ		15				
16	Repairs and maintenance Read debts	3 1 9	2019 CSO-SR	1		16				
17	Bad debts		SS			17				
18	Interest (attach schedule)	DEN	I, UT			18				
19			, 01			19				
20	Charitable contributions (See instructions for limitation rules)		1	21		20				
21 22	Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on its	return		22a	-	22b				
23	Depletion	Cluiii		22.0		23				
24	Contributions to deferred compensation plans					24				
25	Employee benefit programs					25				
26	Excess exempt expenses (Schedule I)					26				
27	Excess readership costs (Schedule J)					27				
28	Other deductions (attach schedule)					28				
29	Total deductions. Add lines 14 through 28	dodos	uon Subtract	line 20 6-	m line 12	29		<u> </u>		
30 31	Unrelated business taxable income before net operating loss Net operating loss deduction (limited to the amount on line 3		JOH SUDIFACT	11116 23 110	m line 15	30		6,352.		
32	Unrelated business taxable income before specific deduction		act line 31 fro	m line 30		32		6,352.		
33	Specific deduction (Generally \$1,000, but see line 33 instruct				./	33		1,000.		
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33		r than line 32, en			34		5,352.		
BAA	For Paperwork Reduction Act Notice, see instructions.		TE	EA0205L 10/0	04/17		Form	990-T (2017)		

Form	990-1	(2017) Red Husky Foundation		-04/212/	Г	age z
Part	111	Tax Computation				_
35		nizations Taxable as Corporations. See instructions for tax computation		<u> </u>		
	_	olled group members (sections 1561 and 1563) check here See instructions and:				
		your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)				
	(1) \$_	(2) \$ (3) \$				
b	Enter (organization's share of (1) Additional 5% tax (not more than \$11,750)				
	(2) Add	Iditional 3% tax (not more than \$100,000)		1		
		ne tax on the amount on line 34	>	35 c	R	303.
		s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount				-03.
			_			
		e 34 from Tax rate schedule or Schedule D (Form 1041)	_	36		
37	Proxy	tax. See instructions	•	<u> 37 </u>		
38	Alterna	ative minimum tax		38		
39	Tax or	n Non-Compliant Facility Income. See instructions		39		
		Add lines 37, 38 and 39 to line 35c or 36, whichever applies	W	40	0	303.
			77	4 0		, _U 3.
Part	: IV	Tax and Payments				
41 a	Foreig	gn tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a				
ь	Other	credits (see instructions)		1		
		ral business credit. Attach Form 3800 (see instructions) 41/c		1		
				1		
		t for prior year minimum tax (attach Form 8801 or 8827)		- <u></u> -		
_		credits. Add lines 41a through 41d		41 e		<u>0.</u>
		act line 41e from line 40		42	8	303.
43	Other	taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866				
		ther (attach schedule)		43		
44	_	tax. Add lines 42 and 43	44	44	Q	03.
		ents. A 2016 overpayment credited to 2017	385.	1 7 1		05.
	•	<u> </u>	365.	1 ,		
		estimated tax payments 45b				
		eposited with Form 8868	5,000.]		
d	Foreig	gn organizations Tax paid or withheld at source (see instructions)				
е	Backu	up withholding (see instructions) 45e		1		
		t for small employer health insurance premiums (Attach Form 8941)		1		
		credits and payments: Form 2439		1		
y				•		
	_	orm 4136 Other Total ► 45'g				
46	Total _I	payments. Add lines 45a through 45g	51	46	5,3	85.
47	Estima	nated tax penalty (see instructions) Check if Form 2220 is attached	▶ 🗍	47		
		ue. If line 46 is less than the total of lines 44 and 47, enter amount owed		48		
/			يار)			
.	-	payment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	25	49	4,5	<u>82.</u>
$ u_{50}$	Enter	the amount of line 49 you want Credited to 2018 estimated tax ► 4,582. R	efunded /	7 50		0.
Part	V	Statements Regarding Certain Activities and Other Information (see instruc	tions)	•		
		time during the 2017 calendar year, did the organization have an interest in or a signature or other		or a	Yes	-No
	-		-		163	-110 -
		cial account (bank, securities, or other) in a foreign country? If YES, the organization may have to		rom 114,	\vdash	
	Report	$^{\prime}$ t of Foreign Bank and Financial Accounts $$ If YES, enter the name of the foreign country here			_	_X_
52	During	g the tax year, did the organization receive a distribution from, or was it the grantor of, or trai	nsferor to.	a foreign trust?		<u> </u>
	_	S, see instructions for other forms the organization may have to file		- · · · · · · · · · · · · · · · · · · ·		~~
		•	_			
53		the amount of tax-exempt interest received or accrued during the tax year > \$	0.			
		Under penalties of perjury / declare that I have examined this return, including accompanying schedules and statements, are belief, it is the correct, and complete Declaration of preparer (other than taxpager) is based on all information of which pro	nd to the best o	nt my knowledge and knowledge		
Sign	l li		uny	May the IRS discuss	this return	with
Here	.	Signature of Afficer Date Treasurer Title		the preparer shown instructions)?	below (see	_
		Signature of officer Date Title		Instructions), X	Yes	No
		Print/Type preparer's name Preparer's signature Date	Chook C .	PTIN		=
Paid			Check ıf			
Pre-		Roger V. Hansen Roger V. Hansen 2/9/9	self-employed	P002949	80	
pare		Furm's name Comprehensive Financial Mgt.	Firm's EIN	77-053441)	
Use		Firm's address 720 University Ave., #200			·	
Only	,		-	(400) 25	0 221	_
		Los Gatos, CA 95032	Phone no	(408) 35		
BAA		TEEA0202L 03/26/18		Form	990-T (20)1 <i>7</i>)

Form 990-T (2017) Red Husk	cy Founda	tion				7	7-047	2127	Ρ	age 3
Schedule A — Cost of Goo	ds Sold. En	ter method of inv	entory valuation	>					=	
1 Inventory at beginning of ye	ar	1	6	Invento	ry at e	end of year	6			
2 Purchases	Purchases 2			7 Cost of goods sold. Subtract						
3 Cost of labor		3 line 6 from line and in Part I, Ii			ne 5 Enter here					
4 a Additional section 263A costs (attack	h schedule)			anu iii	raiti,	me z	7		I Vaa I	No
	4 a				rulas d	of another 252A (c			Yes	No
b Other costs (attach sch)						of section 263A (w luced or acquired				
5 Total. Add lines 1 through 4	b	5		to the c						
Schedule C - Rent Income	(From Rea	l Property an	d Personal Pro	perty	Leas	ed With Real	Proper	ty) (see i	nstructi	ions)
1 Description of property			<u></u>				-			
(1)										
(2)								_		
(3)									,	
(4)										
	2 Rent receiv	red or accrued				3(a) Dadwala		Al		
(a) From personal prop (if the percentage of rent for property is more than 10% more than 50%)	real and personal pertage of rent for sceeds 50% or if the d on profit or incor	persona he rent	al l	3(a) Deduction the income (a	in colum ttach sci	nns 2(a) a	nd 2(b)	(n)		
(1)			•	-						
(2)										
(3)										
(4)										
Total		Total		-		45-1111				
(c) Total income. Add totals of cohere and on page 1, Part I, line 6	, column (A)	•				(b) Total deductions here and on page 1, F I, line 6, column (B)	art			
Schedule E — Unrelated De	ebt-Finance	ed Income (see	instructions)							
1 Description of debt	-financed proj	perty	2 Gross income or allocable to d		3 De	ductions directly o debt-fin	connecte anced pr	d with or a roperty	allocab	le to
	prop	,	financed prope			(a) Straight line (b) Othe reciation (attach sch) (attach			eductio :hedule	
(1)										
(2)									-	
(3)						· · · · ·				
(4)		-								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)			4		7 Gross income ortable (column 2 x column 6) 8 Allocable deduction (column 6 x total o columns 3(a) and 3(b)				of
(1)				%						
(2)				%						
(3)				%						
(4)				%					*****	
					Enter Part I	here and on page I, line 7, column (1, Ente A) Part	r here and I, line 7,	d on pa column	ige 1, 1 (B)
Totals.				>						
	ama inaliidad i	n column 8					-			
Total dividends-received deduction	ons included i	ii coluiiii o								

Schedule F - Interest, A	nnuiu				trolled Or			orya	IIIZaliUIIS	(see in:	structions		
1 Name of controlled organization	ıde	2 Employer dentification number		3 Net unrelated income (loss) (see instructions)			Total of spec payments ma	5 Part of column that is included the controlling organization's gross income		in co	eductions directly onnected with ome in column 5		
(1)													
(2)													
(2)													
(4)			-										
Nonexempt Controlled Organiza	ations						-		<u>-</u>				
7 Taxable Income	ind	et unrelated come (loss) instructions)	9 Total of specified payments made		d	10 Part of colum included in the organization's gr		he controlling		connected	ctions directly d with income olumn 10		
(1)													
(2)													
(3)													
(4)													
Totals							Add columns here and on p 8, co		, Part I, line		e and on p	6 and 11. Enter age 1, Part I, line umn (B)	
Schedule G - Investmen	t Inco	me of a Se	ction	5016	c)(7), (9). 01	r (17) Orga	nizat	on (see in:	structio	ns)		
1 Description of income		2 Amount			3 direc	Dedictly o	uctions connected chedule)		4 Set-aside ttach sched	s	5 Tota set-as	deductions and sides (column 3 us column 4)	
(1)					,						,	,	
(2)					<u> </u>			 				:	
(3)													
(4)													
			nd on page 1, 9, column (A).								Enter here and on page 1, Part I, line 9, column (B)		
Totals											L		
Schedule I – Exploited E	.xemp											T	
1 Description of exploited activity		2 Gross unrelate business income fro trade or business	ated conni less pro e from of u		ses directly ected with duction nrelated ess income	from or bu 2 mi If a	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute columns 5 through 7.		5 Gross income from activity that is not unrelated business income		penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)		1	$\overline{}$										
(2)													
(3)												,	
(4)		<u> </u>										-	
		Enter here on page Part I, line column (ge 1, on p ne 10, Part I		here and page 1, , line 10, nn (B)							Enter here and on page 1, Part II, line 26	
Totals.												<u> </u>	
Schedule J - Advertising													
Part I Income From Per	riodic					ted	Basis					-	
1 Name of periodical		2 Gross advertisir income		adve	Orrect ertising osts	(los	4 Advertising gain or (loss) (col 2 minus col. 3) If a gain, compute cols 5 through 7		5 Circulation income		idership osts	7 Excess readership costs (col. 6 minus col 5, but not more than col. 4).	
(1)					· · · · · · · · · · · · · · · · · · ·	↓						ļ	
(2)			\rightarrow			4				_	.		
(3)		 	\rightarrow			1							
(4)		-	-+			+-						<u> </u>	
Totals (carry to Part II, line (5)))	-											
BAA				TE	EA0204 L	10/04/	17				F	orm 990-T (2017)	

Form 990-T (2017) Red Husky Foundation 77-0472127 Page 5 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4 Advertising gain or (loss) (col. 2 minus col 3). If a gain, compute cols. 5 through 7. 2 Gross 3 Direct 5 Circulation 6 Readership 7 Excess readership costs (col 6 minus col 5, but not more than col. 4) advertising advertising income costs 1 Name of periodical income costs (1) (2) (3) (4) \blacktriangleright Totals from Part I Enter here and Enter here and Enter here and on page 1, Part I, line 11, on page 1, Part I, line 11, on page 1, Part II, line 27 column (A) column (B) Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4 Compensation attributable 1 Name 2 Title time devoted to unrelated business to business 왕

왕 કૃ 왕 Total. Enter here and on page 1, Part II, line 14 •

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Form **990-T** (2017)

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Z U		•

Federal Statements

Page 1

Client REDHUSKY

Red Husky Foundation

77-0472127

2/05/19

12 14PM

Statement 1 Form 990-T, Part I, Line 5 Income (Loss) from Partnerships and S Corporations

Name		Gross Income	_Dedu	<u>ctions</u>	Income (Loss)		
From partnerships	\$	6,352.	\$	0. Total	\$ \$	6,352. 6,352.	