Exempt Organization Business Income Tax Return (and proxy tax under section 6035(e)) 2018							
Post of the Treesury Department of the T							
Second process services Second process Second proc							
Do not enter SSN numbers on this forms as it may be made public if your organization is a 501(c) (3). Street of Check box if name of organization is a 501(c) (3). Street of Check box if name changed and see instructions. Street of Check box if name changed and see instructions. Street of Check box if name changed and see instructions. Street of Check box if name changed and see instructions. Street of Check box if name changed and see instructions. Street of Check box if name changed and see instructions. Street of Check box if name changed and see instructions. Street of Check box if name changed and see instructions. Street of Check box if name changed and see instructions. Street of Check organization in the Street of Check organization is a Street of Check organization in the Street							
Red Husky Foundation T7-0472127 T7-04							
Storic@3. Type Number, street, and room or sulte no. If a P.O. box, see instructions. Ethnicated Quantities and storing or province, country, and ZIP or foreign postal code Los Gatos, CA 95032-7651 S23000							
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4006 500(a) 500(b) 520(c) 100 501 520 501 520 501 520 501 520 501 520 501 520 501 520 501 520 501 520 501 520 501 520 501 520 501 520 501 520 501							
Concentration of all casebs F Group exemption number (See instructions.) F Group exemption number (See instructio							
H Enter the number of the organization syne states or businesses. 1 Describe the only (or first) unrelated trade or businesses. 1 Describe the only (or first) unrelated trade or businesses. 1 Describe the only (or first) unrelated trade or businesses. 1 If only one, complete Parts I vil. Finome than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts IIII-V. 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? 1 Telephone number 408–358–3316 1 A Gross recepts or sales 2 Lost of goods sold (Schedule A, line 7) 3 Gross recepts or sales 4 Lost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line to: 4 Capital gain net income (attach Schedule D) 4 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 5 Rent income (Oss) from a partnership or an S corporation (attach Statement) 5 Income (Oss) from a partnership or an S corporation (attach statement) 5 Income (Schedule C) 7 Unrelated debt-Inanced income (Schedule E) 8 Interest, annutes, royalties, and rents from a controlled organization (schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (schedule G) 10 Explored exempt activity income (Schedule I) 11 Advertising income (Schedule I) 12 Other income (Sce instructions; attach schedule) 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions). (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and maintenance 16 Repairs and maintenance							
Henter the number of the organization surveilated trades or businesses. ► 1 Describe the only (or first) unrelated trade or business here ► Investment If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► Yes X No If Yes, enter the name and identifying number of the parent corporation. ► 2 Telephone number ► 40.8–358–3316 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) b Net gain (loss) (form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 7 Unrelated debt-Imaniced income (Schedule E) 8 Interest, annuties, royalise, and rents from a controlled organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (Sce instructions), adductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 5 Salaries and maintenance 16 REDICTION (Repairs and maintenance) 17 Compensation of officers, directors, and trustees (Schedule K) 18 Salaries and maintenance							
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J The books are in care of							
The books are in care of Cregory R. Hardester Telephone number 408-358-3316 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales							
Part I Unrelated Trade of Business Income (A) Income (B) Expenses (C) Net							
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16 Repairs and maintenance RECEIVED 16 17 Bad debts 16 17							
17 Bad debts 17 17 17							
14							
Taxes and licenses State May 10 10 10 10 10 10 10 1							
Charitable contributions (See instructions for limitation rules) OGDEN, UT 20							
Depresiation (utation of the record							
Less depreciation claimed on Schedule A and elsewhere on return 22a 22b							
Depletion 23							
Contributions to deferred compensation plans Employee heartif programs							
Employee benefit programs 25							
Excess exempt expenses (Schedule I) Excess exempt expenses (Schedule I)							
27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 28							
29 Total deductions. Add lines 14 through 28 29 0.							
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 199.							
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31							
Unrelated business taxable income. Subtract line 31 from line 30							
32 Unrelated business taxable income. Subtract line 31 from line 30 823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2018)							

Form 990-	1104 114511, 1 0 4114 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2127	
Part I	II Total Unrelated Business Taxable Income	,	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	1 1	
	lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	38	
Part I	V Tax Computation	, , -	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
	Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See Instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
Part \		,	
15 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see instructions) 45b	}	
	General business credit. Attach Form 3800 45c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50 a	Payments: A 2017 overpayment credited to 2018 619 501 4,582.		
b	2018 estimated tax payments 50b		
c	Tax deposited with Form 8868		
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		
	Backup withholding (see instructions) 50e		
	Credit for small employer health insurance premiums (attach Form 8941)		
9	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 50g		_
51	Total payments. Add lines 50a through 50g	51	4,
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	4,
55 Dowt \	Enter the amount of line 54 you want: Credited to 2019 estimated tax 4,582. Refunded	55	
Part V			<u> </u>
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Ye
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
- -	here		-
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		-
	If "Yes," see instructions for other forms the organization may have to file.		1
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$\\\$\$\$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled	lge and belief during	1
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	.go une pondi, il iš l	
Here	Ma Man Man Man Man Man Man Man Man Man M	y the IRS discuss t	
		preparer shown be	
		tructions)? X	7 es
	Printerlype/preparer's name Preparer's signature Date Check if	PTIN	
Paid	self- employed	D0000	400
Prepa	rer Roger V. Hansen Roger V. Hansen //3/228	P0029	
Use O	nly Firm's name ► COMPREHENSIVE FENANCIAL MANAGEMENT Firm's EIN ►	77-05	344
	720 University Ave #200	4001 05	
	······································	408) 35	
823711 01-	09-19	Form	44N-

Schedule A - Cost of Good	s Sold. Enter m	ethod of invent	ory valuation > N/A			
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6
2 Purchases	2	7 Cost of goods sold. St			line 6	
3 Cost of labor	3		from line 5. Enter here	Part I,		
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	1263A (with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income	(From Real Pr	operty and	Personal Property L	.ease	d With Real Prop	erty)
(see instructions)						
1. Description of property						
(1)						
(2)						
(3)						
(4)						
	2. Rent received of	or accrued				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for pe	d personal property (if the percenta rsonal property exceeds 50% or if is based on profit or income)	ge	3(a) Deductions directly columns 2(a) an	connected with the income in d 2(b) (attach schedule)
(1)		· · · · · · · ·				
(2)						
(3)				·····	· · · · · · · · · · · · · · · · · · ·	
(4)			-• · · · · · · · · · · · · · · · · · · ·	_		
Total	0 · To	otal		0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). Enter n (A)	>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	▶ 0.
Schedule E - Unrelated Deb	ot-Financed In	come (see II	nstructions)			
			2. Gross income from		Deductions directly conn to debt-finance	
1. Description of debt-fit	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)						
(3)			<u>-</u>			
(4)						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adji of or alloc debt-financed (attach sol	able to d property	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%		• • • • • • • • • • • • • • • • • • • •	1
(4)			%			
		•			nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			•		0.	0.
Totals Total dividends-received deductions in	ncluded in column 8		•		<u> </u>	0.

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)						
(2)]			
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.		L		0.

Form 990-T (2018)

		dicals Reporte line-by-line basis ;		Separ	ate Basis (For each	ch perio	dical listed in Pa	art II, fill in	
1. Name of periodical	a)	2. Gross advertising income		Direct ing costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		rculation 6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)									
(4)									
Totals from Part I	▶	0.		0.					0.
		Enter here and on page 1, Part I, line 11, col (A)		e and on , Part I, col (B)					Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.		0.	}				0.
Schedule K - Compo	ensatior	of Officers, I	Directo	rs, and	Trustees (see ins	structio	ns)		
1. Name					2. Title		3. Percent of time devoted to business		pensation attributable nrelated business
(1)							%		

Form 990-T (2018)

0.

(2) (3) (4)

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

•	, ,	
Red	Huský	Foundation

77-0472127

Form 990-T	Income (Loss) from Partnerships	Statement 12
Description		Net Income or (Loss)
From passthrough par (loss)	-3.	
(loss)	artnership - Ordinary Business Income	202.
Total Included on Fo	orm 990-T, Page 1, line 5	199.