Form- 990-T	Exempt Orga		sines	ss Income T	ax Return	OMB No 1545-0047
خر ۱۱		nd proxy tax und			2000	2040
\	For calendar year 2019 or other tax ye					. 2019
Department of the Treasury Internal Revenue Service	► Go to www ► Do not enter SSN number	v.irs.gov/Form990T for in ers on this form as it mav				Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if		Check box if name c				Employer identification number
address changed	i italiio oi oi gamzanon ([ontok box ii name e		2.10 000 1.1011 20110 1.01,		(Employees' trust, see instructions)
B Exempt under section	Print Red Husky F	oundation				77-0472127
X 501(COUS)		m or suite no. If a P.O. box				Unrelated business activity code (See instructions)
408(e) 220(e)		ity Ave Ste				
408A 530(a)		ovince, country, and ZIP of		n postal code	إ	.0200
C Book value of all assets		CA 95032-7	62T			23000
atendorvear	05. G Check organization type		noration	501(c) trust	401(a) tr	rust Other trust
	organization's unrelated trades or		1		the only (or first) unre	
trade or business here	•				, complete Parts I-V. If	
	lank space at the end of the previo	us sentence, complete Pa	rts I and			
business, then complete						
I During the tax year, was	the corporation a subsidiary in an	affiliated group or a parer	nt-subsi	diary controlled group?	▶ □	Yes X No
	and identifying number of the parei					
	▶ Gregory R. H				one number > 40	
	d Trade or Business Inc	ome		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sale		- Dalaman	ا ۱۰		_ =	
b Less returns and allow2 Cost of goods sold (S		c Balance	1c 2		7	+/
2 Cost of goods sold (S3 Gross profit. Subtract	•		3			
•	ne (attach Schedule D)		4a	_		
	4797, Part II, line 17) (attach Forr	n 4797)	4b	- -		
c Capital loss deduction		,	4c			
5 Income (loss) from a	partnership or an S corporation (a	ittach statement)	5	45.	Stmt 10	45.
6 Rent income (Schedu	le C)		6			
	ed income (Schedule E)		7			
•	valties, and rents from a controlled		8			
	f a section 501(c)(7), (9), or (17) o	organization (Schedule G)	9 10	/		
10 Exploited exempt acti11 Advertising income (\$\frac{1}{2}\$	vity income (Schedule I)		7	<u> </u>		-
,	structions; attach schedule)		12			
13 Total. Combine lines	•		13	45.		45.
Part II Deduction	ns Not Taken Elsewhei	re (See instructions fo	r limita	tions on deductions)		
(Deductions	must be directly connected w	ith the unrelated busin	ess inc	ome.)		
14 Compensation of off	icers, directors, and trustees (Sch	edule K)			Ļ	14
15 Salaries and wages						15
16 Repairs and mainten	ance				F	16
17 Bad debts18 Interest (attach sche	dule) (see instructions)	DE0511/5		~~~	<u> </u>	17
19 Taxes and licenses	dule) (see instructions)	RECEIVE	בט		<u></u>	19
	Form 4562)			OS 20		
21 Less depreciation cla	Form 4562) aimed on Schedule A and elsewher	Şin retMAY /1 9 20	021	SO 20 21a		21b
22 Depletion	/ I			88		22
23 Contributions to defe	erred compensation plans	OGDEN,	HT	7-1		23
24 Employee benefit pro		OODLIV,	<u> </u>		_	24
25 Excess exempt expe					<u> </u>	25
26 Excess readership co					_	26
27 Other deductions (at	·					27 0 .
/	dd lines 14 through 27 axable income before net operating	n loss deduction. Subtract	t line 28	from line 13	 -	29 45.
/	erating loss arising in tax years be					
(see instructions)		gg on or antor ouridar	, ., 20	.=		30 .
	axable income. Subtract line 30 fro	om line 29				21 45.
	r Paperwork Reduction Act Notic					Form 990-T (2019)
		4	_		,	' 7 / 7

Form 99	0-T (2 019)	Red Husky Foundation	7 <u>7-04</u>	72127 Page 2
Par	t IJ/	Total Unrelated Business Taxable Income		
32	fotal of	f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	45.
33		its paid for disallowed fringes	38	
34		ible contributions (see instructions for limitation rules)	3,4	0.
		· · · · · · · · · · · · · · · · · · ·	35	45.
35		nrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	36	<u> </u>
36		tion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		
37		f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	45.
38	Specific	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrela	ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	1 1	_
	enter th	ne smaller of zero or line 37	39	0.
Par	t IV	Tax Computation	1	
40	Organia	zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	_	Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 39 from:		
• •		ax rate schedule or Schedule D (Form 1041)	41	
42		tax. See instructions	42	
				
43\	L	tive minimum tax (trusts only)	43	
44/	\	Noncompliant Facility Income. See instructions	44	
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Par	/	Tax and Payments		
46 a	Foreign	n tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b	Other o	credits (see instructions)		
c	Genera	I business credit. Attach Form 3800	1	
d	Credit 1	for prior year minimum tax (attach Form 8801 or 8827)		
		redits. Add lines 46a through 46d	46e	
47		ct line 46e from line 45	47	0.
48		axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
				0.
49		ax. Add lines 47 and 48 (see instructions)	49	0.
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 nts: A 2018 overpayment credited to 2019 4 , 582 .	50	
b	2019 e	stimated tax payments		
C	Tax de	posited with Form 8868 5åc	ł	
d	Foreign	n organizations; Tax paid or withheld at source (see instructions)		
e	Backup	withholding (see instructions) 5åe	1	•
	-	for small employer health insurance premiums (attach Form 8941)		
		credits, adjustments, and payments: Form 2439		
•		orm 4136 Other Total > 51g		
50			50	4,582.
52	•	ayments. Add lines 51a through 51g	52 53	1,302.
53		ted tax penalty (see instructions). Check if Form 2220 is attached		
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	4 500
55	•	lyment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid ↓ 0 ▶ [55	4,582.
5,8		he amount of line 55 you want. Credited to 2020 estimated tax 🕨 4 , 582 - Refunded 🕨	56	0,
Par	t VI	Statements Regarding Certain Activities and Other Information (see instructions)		
57	At any	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a 1	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		1
	here			X
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
30		" see instructions for other forms the organization may have to file.		
50	-			1 1 1
59_		the amount of tax-exempt interest received or accrued during the tax year	ne and baket it i	
Sign	0	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge orrect, and complete. Declaration of preparer (other men taypayer) is based on all information of which preparer has any knowledge.		- uuo,
	· I	May Chylan		s this return with
Here	, I		preparer shown	below (see
		Signature of officer Date // Title inst	ructions)?	Yes No
		ProstType preparer's name Preparer's signature Date Check If	PTIN	
Da!	4	self- employed		
Paid		Roger V. Hansen Roger V. Hansen	P0029	94980
	parer	Furm's name COMPREHENSIVE FINANCIAL MANAGEMENT Furm's EIN		534410
Use	Only	720 University Ave #200		
			4U8/ 31	58-3316
		Firm's address ► Los Gatos, CA 95032 Phone no. (4		
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Schedule A - Cost of Goods	Sold. Enter	method of inven	tory va	luation N/A					
1 Inventory at beginning of year	11	-		Inventory at end of year			6	I	
2 Purchases	2	7 Cost of goods sold. Subtract line 6			ine 6				
3 Cost of labor	3		1	from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			7	line 2			7_		
(attach schedule)	4a		_ 8	Do the rules of section	263A (v	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?					<u> </u>
Schedule C - Rent Income ((see instructions)	From Real	Property and	l Pers	onal Property L	.ease	d With Real Prop	erty)		<u>_</u>
Description of property									
(1)									
(2)									
(3)									
(4)						,			
		ed or accrued				3(a) Deductions directly	connec	ated with the income in	
(a) From personal property (if the perconal property is more 10% but not more than 50%)	centage of than	[of rent for p	personai (nal property (if the percenta property exceeds 50% or if d on profit or income)	ge	columns 2(a) ar	nd 2(b) (attach schedule)	·
(1)									
(2)									
(3)						<u> </u>			
(4)									
Total	0.	Total		<u></u>	0.	 			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	(A)	<u> </u>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instruc	tions)					
			١,	Gross income from		Deductions directly control to debt-finance			
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)									
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)				%_					
(2)				%			4.		
(3)			1	%					
(4)	<u> </u>			%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column (
Totals				_	l	0	.		_0.
IULAIS						<u> </u>			
Total dividends-received deductions in	cluded in column	18							0.

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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		culation come	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)	Enter here and on page 1, Part I, line 11, col (B)					Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.		_			0.
Schedule K - Compensation	of Officers, D	Directors, and	Trustees (see in	structio	ns)		
1. Name			2. Title		 Percent of time devoted to business 		pensation attributable irelated business
(1)						%	
(2)						%	
(3)						%	
(4)						%	
Total. Enter here and on page 1, Part II, In	ne 14					>	0.

Form 990-T	Income (Loss) from Partnerships	Statement 10		
Description		Net Income or (Loss)		
(loss)	tnership - Ordinary Business Income	-28.		
(loss)	rthership - Ordinary Business income	73.		
Total Included on Fo	orm 990-T, Page 1, line 5	45.		