Form 990-T		xempt Orgai (aı	nd proxy tax und	sines er se	ss Income T ction 6033(e))			OMB No 1545-0687
	For cale	ndar year 2018 or other tax yea	beginning APR 1,	201	L8, and ending MA	AR 31, 20	19	2018
Department of the Treasury	1.		irs.gov/Form990T for in				an3	pen to Public Inspection for
Internal Revenue Service	_	Do not enter SSN numbe	_			ration is a 501(c)(8). (1(c)(3) Organizations Only er identification number
A Check box if address changed		Name of organization (yees' trust, see				
	- 1	CAUD MUD DD	NACODE LESC	TTE			1 .	,
B Exempt under section X 501(c6(3))		SAVE_THE REI						-0843915 ed business activity code
408(e) 220(e)		111 SUTTER						tructions)
408A 530(a)	I -	City or town, state or prov			_		\dashv	
529(a)		SAN FRANCIS			postar couc		5614	.99
Book value of all assets		F Group exemption numb		▶				1
137,646,1		G Check organization type		poration	501(c) trust	401	(a) trust	Other trust
H Enter the number of the		on's unrelated trades or b	usinesses.	1	Describe	the only (or first)	unrelated	
trade or business here	DUA	LIFIED TRANS	SPORTATION 1	BENE	FITS . If only one	, complete Parts I-	V. If more t	han one,
describe the first in the	blank spaci	e at the end of the previou	s sentence, complete Pa	irts I and	l II, complete a Schedul	e M for each additi	onal trade o	r
business, then complete	Parts III-\	<i>l</i>						
		ration a subsidiary in an a		nt-subsid	diary controlled group?	>	Yes	X No
		ying number of the paren						
J The books are in care o						none number	(415)	362-2352
		e or Business Inc	ome		(A) Income	(B) Expens	ses	(C) Net
1 a Gross receipts or sa	•							
b Less returns and allo	•		c Balance	1c				
2 Cost of goods sold (•		2				
3 Gross profit. Subtrac				3	 	 		
4 a Capital gain net inco	•	·	4707\	4a		 		-
		rt II, line 17) (attach Form -	4/9/)	4b		-		
•		s up or an S corporation (at	tach etatement)	4c 5			-	
6 Rent income (Sched	•	ilp or all 3 corporation (at	lacii statement)	6		<u> </u>		
7 Unrelated debt-finan	•	e (Schedule F)		7			-	
		d rents from a controlled o	rganization (Schedule F)	8	<u></u>			
		501(c)(7), (9), or (17) or	-					
10 Exploited exempt act			g (,	10				
11 Advertising income (•	•		11				
12 Other income (See in	structions;	; attach schedule)		12				
	Total. Combine lines 3 through 12							
Part II Deduction	ons Not	Taken Elsewhere	(See instructions fo	r lımıta	tions on deductions)	•		
(Except for	contributi	ions, deductions must	be directly connected	with th	ne unrelated business	income.)		
14 Compensation of of	ficers, dire	ctors, and trustees (Sche	fule K)				14	
15 Salaries and wages							15	
16 Repairs and mainte	nance						16	
17 Bad debts			REC	EIV	ED		17	
18 Interest (attach sch	edule) (see	: instructions)	ļ., [— ၂ပ္ဟု		18	
19 Taxes and licenses			rules) SEP	092	019 OSO 21		19	
		nstructions for limitation		002			20	
21 Depreciation (attach		•			111		 	
•	laimed on S	Schedule A and elsewhere	on return OGD	EN,	UT [22a]		22b	
23 Depletion	d		L	<u>-</u>			23	-
27 Excess readership costs (Schedule J)							26	
28 Other deductions (attach schedule)							28	
9 Total deductions. Add lines 14 through 28								0.
	_	ome. Subtract line 31 from	-	, ,	,		31	0.
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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	0.				
34	Amounts paid for disallowed fringes	34	66,587.				
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						
	lines 33 and 34	36	66,587.				
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.				
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	65,587.				
Part I	V Tax Computation						
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	13,773.				
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	13,773.				
Part \							
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		I				
b	Other credits (see instructions) 45b	⊣ !	I				
C	General business credit. Attach Form 3800	_	I				
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)		I				
e	Total credits. Add lines 45a through 45d	45e					
46	Subtract line 45e from line 44	46	13,773.				
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedul	le) 47					
48	Total tax. Add lines 46 and 47 (see instructions)	48	13,773.				
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.				
	Payments A 2017 overpayment credited to 2018 50a 4, 932						
	2018 estimated tax payments 50b 8,868						
	Tax deposited with Form 8868 50c 500	<u>) </u>					
	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)	 					
g	Other credits, adjustments, and payments Form 2439						
	Form 4136 Other Total ▶ 50g		14 200				
	Total payments. Add lines 50a through 50g	51	14,300.				
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	527.				
54 55	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want: Credited to 2019 estimated tax 527. Refunded	54	0.				
55 Part V		55					
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		I Van I Na				
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		Yes No				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country						
	here		X				
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		$\frac{1}{x}$				
0,	If "Yes," see instructions for other forms the organization may have to file.		 				
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 kno	wledge and b	elief, it is true,				
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge						
Here	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		S discuss this return with r shown below (see				
	Signature of officer Date Title)? X Yes No				
	Print/Type preparer's name Preparer's signature Date Check	if PTII					
Paid	self- employ	1	•				
Prepa	DAROLVALD AMORED DAROLVALD AMORED 00/27/10		00189994				
Use O	C - PDW IID		6-3839190				
-550	4200 BOHANNON DRIVE, SUITE 250						
		650-	855-6800				
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Schedule A - Cost of Good	s Sold. Enter	r method of inve	ntory v	aluation N/A						
1 Inventory at beginning of year	1			Inventory at end of yea			6			
2 Purchases 2				7 Cost of goods sold. Subtract line 6						
3 Cost of labor	3			from line 5. Enter here	and in	Part I,	}			
4 a Additional section 263A costs				line 2			7			
(attach schedule)	(attach schedule) 4a				8 Do the rules of section 263A (with respect to					
b Other costs (attach schedule)	4b			property produced or a	cquire	d for resale) apply to				
5 Total. Add lines 1 through 4b	5			the organization?						
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	ease	d With Real Prope	rty)			
1. Description of property										
(1)							· · · · · · · · · · · · · · · · · · ·			
(2)										
(3)	· · '									
(4)										
	2. Rent receiv	ed or accrued								
rent for personal property is more than of rent for per				d personal property (if the percentage resonal property exceeds 50% or if is based on profit or income) 3(a) Deductions directly connected with the income columns 2(a) and 2(b) (attach schedule)			onnected with the income in 2(b) (attach schedule)			
(1)	_									
(2)										
(3)		<u></u>								
(4)										
Total	0.	Total			0.					
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum	n (A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.			
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ctions)						
			2	. Gross income from		3. Deductions directly conne to debt-finance				
Description of debt-financed property				or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
(1)			 							
(2)										
(3)			1				<u></u> :			
(4)		<u>-</u>	1							
debt on or allocable to debt-financed of or a property (attach schedule) debt-finan		adjusted basis allocable to nced property h schedule)	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)			1	%						
(2)			\top	%						
(3)				%						
(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.			
Total dividends-received deductions in	ncluded in column	1.8					0.0			

0.

 \triangleright

0.

Totals (carry to Part II, line (5))

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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)

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)							1
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 27
Totals, Part II (lines 1-5)	▶	0.	0.				l 0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

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