| 2.5 | · | | EXTE | NDED TO | FEBI | RUAI | RY 16, | 2021_ | | 003 | • |
|--|---|---|---|---------------------------------------|------------|-------------|-----------------|-----------------|---------------------------------------|---|---|
| Forn | .∵990-T | E | xempt Orga | nization nd proxy ta | | | | | ax Ret | turn | OMB No 1545-0047 |
| • • | / | For cale | andar year 2019 or other tax ye | | | | | | R 31. | 2020 | 2019 |
| | | , 5, 54,5 | | · · · · · · · · · · · · · · · · · · · | | | | _ | | 2020 | 2013 |
| | | | | | | | | | | I(c)(3). | Open to Public Inspection 501(c)(3) Organizations Onl |
| A [| | | | | | | | | | | |
| B 6 | Exempt under section | Print | SAVE THE RE | DWOODS 1 | LEAG | UE | | | | 9 | 4-0843915 |
| X | 501(c)(3 03 ° | or | Number, street, and roor | n or suite no. If a | a P.O box | x, see II | nstructions | | | | elated business activity code |
| | 408(e)2 20 (e) | Type 111 SUTTER STREET, 11TH FLOOR | | | | | | | | | |
| | 408A 530(a) 529(a) | City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94104 561499 | | | | | | | | | |
| C Br | ook value of all assets t end of year | | F Group exemption num | ber (See instruct | tions.) | ▶ | | | | | |
| | 144,344,1 | 66. | G Check organization typ | e ▶ X 50 | 01(c) corp | poratio | n 50 | 1(c) trust | | 401(a) trust | Other trust |
| | | | ion's unrelated trades or l | businesses. 🕨 | · | 1 | | Describe | the only (or f | irst) unrelate | t |
| | ade or business here 🕨 | | | | | | | | complete Pa | | |
| | | | e at the end of the previo | us sentence, cor | nplete Pa | irts I an | nd II, complete | a Schedule | M for each a | dditional trad | e or |
| | usiness, then complete | | | - Hillian and an array | | | | | | N N | / V N- |
| | - | | oration a subsidiary in an fying number of the parer | | | 1t-subs | idiary controll | ea group? | | ► Y | es X No |
| | | | OLANDO COHE | | | | | Telenh | one number | ▶ (415 | 3) 362-2352 |
| | | | e or Business Inc | | | | (A) Inc | | 1 | penses | (C) Net |
| 1/4 | Gross receipts or sale | s | | 1 | | | <u> </u> | | · · · · · · · · · · · · · · · · · · · | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| | Less returns and allow | | - | c Balance | • | 10 | | | | | |
| 2 | Cost of goods sold (S | chedule / | A, line 7) | • | | 2 | | | | | |
| 3 | Gross profit. Subtract | line 2 fro | om line 1c | | | 3 | | | | / | 1 |
| 4 a | Capital gain net incom | ie (attach | Schedule D) | | | 4a | | | | | |
| | Net gain (loss) (Form | 4797, Pa | ırt II, line 17) (attach Forn | n 4797) | | 4b | | | | | |
| 202 1 | Capital loss deduction | for trust | S | | | 4c | | | | | |
| ⊼ 5 | Income (loss) from a | partnersh | nip or an S corporation (a | ttach statement) | | 5 | | | | | |
| E 6 | Rent income (Schedu | le C) | | | | 6 | | | | | |
| €4 7 | Unrelated debt-finance | | • | | | 7 | ļ | / | | | |
| MAY 6 8 | | | d rents from a controlled | = | | 8 | | - | | | <u> </u> |
| ≥ 9 | | | 1 501(c)(7), (9), or (17) o | rganization (Sch | edule G) | | | | | | |
| Ω | Exploited exempt activ | • | | | | 10 | | | | | |
| 当 !! | Advertising income (S | | • | | _ | 10 | <u> </u> | | | | |
| ANNED 11 12 13 15 16 16 16 16 16 16 16 16 16 16 16 16 16 | Other income (See ins | | • | | | 12 | | 0. | | | |
| X P | | | t Taken Elsewher | e (See instru | ctions fo | | tions on de | | | | <u> </u> |
| SS | (Deductions | must be | e directly connected w | ith the uprelate | ed busin | ess in | come) | , | | | |
| 14 | Compensation of offi | cers, dire | ectors, and trustees (Sche | edule K) | | | | | | 14 | |
| 15 | Salaries and wages | | | / - | | | -1, | | | 15 | |
| 16 | Repairs and mainten | ance | | Į. | 7 | | EIVED | | | 16 | |
| 17 | Bad debts | | | | 2. | | | ျည္ကု | | 17 | |
| 18 | Interest (attach sche | dule) (se | e instructions) | 15 | <u>و</u> ا | ΛN | 25 2021 | 101 | | 18 | ļ |
| 19 | Taxes and licenses | | | ۲ | ર્ગ ઁ | | | 1831 | | 19 | |
| 20 | Depreciation (attach | | 7 | | | /2 D | EN, U | <u>-20' = 1</u> | | | |
| 21 | | imed on | Schedule A and elsewher | e on return 🐧 | | GU | CIN, U | 21a | | 21b | |
| 22 | Depletion | . / | / | | | | | | | 22 | |
| 23 | Contributions to defe | | pensation plans | | | | | | | 23 | |
| 24 | | benefit programs 24 | | | | | | | | | |
| 25 26 | Excess exempt exper | | | | | | | | | 25 | † |
| 26 27 | Excess readership co Other deductions (att | | · | | | | | | | 26 27 | |
| 2 <i>1</i> 28 | Total deductions. At | | • | | | | | | | 28 | 0 |
| 26 29 | , | | | n loss deduction | Subtract | line 29 | R from line 12 | | | 28 | 0 |
| 30 | / | ness taxable income before net operating loss deduction. Subtract line 28 from line 13 28 0 • 10 • 11 • 12 • 12 • 13 • 14 • 15 • 16 • 17 • 18 • 18 • 19 • 10 • 10 • 10 • 11 • 12 • 13 • 14 • 15 • 16 • 17 • 18 • 18 • 19 • 10 • | | | | | | | | | |
| | (see instructions) | g 10 | and g in tan yours be | 5 9 On Or all | Junual | , ,, 20 | • | | | 30 | 0 |
| 3.1 | | axable inc | come. Subtract line 30 fro | ım line 29 | | | | | | 31 | 0 |
| 92370 | | | ork Reduction Act Notice | | ns. | | | | | - ' | Form 990-T (201 |

| *Form 990 | T (2019) SAVE THE REDWOODS LEAGUE | 94-0843915 Page 2 |
|-----------|--|---|
| Part | Total Unrelated Business Taxable Income Part | |
| 32 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 32 0. |
| 33 | Amounts paid for disallowed fringes | 33 |
| 34 | Charitable contributions (see instructions for limitation rules) | 34 0. |
| 35 | Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33 | 35 |
| 36 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | 36 |
| 37 | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 | _37 |
| 38 | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) | 38 1,000. |
| 39 | Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, | ` |
| _ | enter the smaller of zero or line 37 | 39 0. |
| Part | Tax Computation | |
| 40 | Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) | 40 0. |
| 41 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from | |
| | Tax rate schedule or Schedule D (Form 1041) | 41 |
| | Proxy tax. See instructions | 42 |
| 43 | Alternative minimum tax (trusts only) | 43 |
| | Tax on Noncompliant Facility Income. See instructions | 44 |
| | Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies Tax and Payments Part TIL | 45 0. |
| | | |
| | Foreign that credit (corporations attach Form 1118; trusts attach Form 1116) | ┥ |
| | Other credits (see instructions) General business credit. Attach Form 3800 466 | - |
| | Credit for prior year minimum tax (attach Form 8801 or 8827) | - |
| | Total credits. Add lines 46a through 46d | |
| 47 | Subtract line 46e from line 45 | 47 0. |
| 48 | Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) | 48 |
| | Total tax. Add lines 47 and 48 (see instructions) | 49 0. |
| 50 | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 | 50 0. |
| | Payments A 2018 overpayment credited to 2019 64 51a 527 | |
| | 2019 estimated tax payments [ab 5 b 13,473] | |
| | Tax deposited with Form 8868 51c | 7 |
| | Foreign organizations Tax paid or withheld at source (see instructions) 51d | 7 1 |
| е | Backup withholding (see instructions) 51e | |
| f | Credit for small employer health insurance premiums (attach Form 8941) |] |
| g | Other credits, adjustments, and payments Form 2439 | |
| | Form 4136 Other Total ▶ 1g | _ |
| 52 | Total payments. Add lines 51a through 51g | 52 14,000. |
| | Estimated tax penalty (see instructions) Check if Form 2220 is attached | 53 |
| | Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed | 54 |
| | Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid | 55 14,000. |
| _ | Enter the amount of line 55 you want Credited to 2020 estimated tax | 56 14,000. |
| Part | | |
| | 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 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 | • |
| 50 | here During the tay year, did the arganization receive a distribution from as were it the granter of as transferor to a foreign trust? | $\frac{x}{x}$ |
| 58 | 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. | ^ |
| 59 | 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 knowle | edge and belief, it is true, |
| Sign | correct, and compleme Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge | |
| Here | 12.28.20 M CFO | May the IRS discuss this return with the preparer shown below (see |
| | C. A. | nstructions)? X Yes No |
| | | if PTIN |
| Paid | | |
| Prep | CAROLVALD AMORED CAROLVALD AMORED 12/22/20 | P00189994 |
| - | Only Firm's name ▶ BPM LLP Firm's EIN ▶ | 81-4234542 |
| | 4200 BOHANNON DRIVE, SUITE 250 | |
| | Firm's address ► MENLO PARK, CA 94025-1021 Phone no. | 650-855-6800 |

. .

| Schedule A - Cost of Good | s Sold. Enter | method of inver | ntory v | valuation ► N/A | | | | | |
|--|----------------------|--|---------|---|----------|--|---------------------|---|---------------|
| 1 Inventory at beginning of year 1 | | | 6 | 6 Inventory at end of year | | | 6 | | |
| 2 Purchases 2 | | |] 7 | 7 Cost of goods sold. Subtract line 6 | | | | | |
| 3 Cost of labor | 3 | |] | from line 5 Enter here | and in f | Part I, | | | |
| 4 a Additional section 263A costs | | | 7 | line 2 | | | 7 | | |
| (attach schedule) | 4a | | _ 8 | Do the rules of section | 263A (1 | 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 | Property and | Per | sonal Property L | .ease | d With Real Prop | erty |) | |
| (see instructions) | | | | | | | | | |
| 1. Description of property | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | ·-· | | | |
| (3) | | | | | | | | | |
| (4) | | - | | · - | | | | | |
| | | ed or accrued | | | | 0/0) Doduction describe | | | |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50%) | centage of than | of rent for | persona | sonal property (if the percenta I property exceeds 50% or if sed on profit or income) | ge | 3(a) Deductions directly columns 2(a) ar | connec nd 2(b) (| cted with the income in (attach schedule) | 1 |
| (1) | | | | • | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| Total | 0. | Total | | | 0. | | | | |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column | | ter > | | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | > | | 0. |
| Schedule E - Unrelated Deb | t-Financed | Income (see | ınstru | ictions) | | | | | |
| | | | | 2. Gross income from | | 3. Deductions directly conto debt-finance | nected ed prop | with or allocable perty | |
| 1. Description of debt-fir | nanced property | | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | | (b) Other deduction (attach schedule) | IS |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-inanced property (attach schedule) | of or a debt-fina | adjusted basis allocable to nced property h schedule) | (| 5. Column 4 divided by column 5 | | 7 Gross income reportable (column 2 x column 6) | | 8. Allocable deducti (column 6 x total of co 3(a) and 3(b)) | ions lumns |
| (1) | <u>-</u> | | 1 | % | | · | | | |
| (2) | | | | % | | | | | |
| (3) | | | Ι | % | | | | | |
| (4) | | | | % | | | | | |
| | | | | | | nter here and on page 1, Part I, line 7, column (A) | | Enter here and on page Part I, line 7, column (| |
| Totals | | | | • | | 0 | . | | 0. |
| Total dividends-received deductions in | icluded in column | n 8 | | | | | . | | 0. |

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

0.

0.

0.

Form 990-T (2019)

(3) (4) Form 990-T (2019) SAVE THE REDWOODS LEAGUE 94-08439.

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) | | | <u>-</u> . | | | | |
| 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, | Directors, and Trust | :ees (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. |

Form 990-T (2019)