CHANGE OF ACCOUNTING PERIOD Short Form

2949232802513 OMB No 1545-1150

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527,707/4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Ā			endar year, or tax year beginning JUL 1, 2017	7 and end	ing DE	C 3	1, 2	2017			
8	Check applic	c if	C Name of organization			D Em	loyer id	lentification number			
ſ	Address change RED RIVER TECHNOLOGY FOUNDATION										
j	_	me change	DBA RED RIVER CHARITABLE FOUNDA			26-3579377					
Ì	_	tial return	Number and street (or P.O. box, if mail is not delivered to street addres		Room/suite	_	Telephone number				
Ĭ	Fir	nal return/ minated .	21 WATER STREET, SUITE 500			6	03-4	142-5559			
ĭ	_	nended return	City or town, state or province, country, and ZIP or foreign postal code		~?		up Exen				
Ì	=	plication pending	CLAREMONT, NH 03743		03		nber 🕨	·			
G		unting Meth					ck				
			EDRIVERCHARITABLEFOUNDATION.COM				not required to attach Schedule B				
' '		_	is (check only one) $ \boxed{X}$ 501(c)(3) $$ 501(c) () \blacktriangleleft (insert	no) 4947(a)(1)	or 527			990-EZ, or 990-PF).			
<u> </u>		of organiza		Other	01 321		1111 330,	330-LZ, 01 330-11).			
_		-	and 7b to line 9 to determine gross receipts. If gross receipts are \$200,0		accete (Part I						
L				JOO OF HIGHE, OF IT TOTAL	455615 (Fail i	1,	S	107,532.			
П	Part		v) are \$500,000 or more, file Form 990 instead of Form 990-EZ enue, Expenses, and Changes in Net Assets or Fo	ind Balances	(cee the instri	ictions					
Ľ	ait				(acc the matri	,0110113	101 1 411	X			
_	٦,		if the organization used Schedule 0 to respond to any question in this Pa	arti			1	67,177.			
	1		tions, gifts, grants, and similar amounts received				2	07,1776			
	2	_	service revenue including government fees and contracts								
	3		thip dues and assessments	SEE SCHED	III.E O		3	1,549.			
	4		nt income	11.	2,3	57	4	1,343.			
	5	-	nount from sale of assets other than inventory	5a 5b	۷, ۶	57.					
罢			t or other basis and sales expenses		ا ۔ ا	2,357.					
7	' ا	•	loss) from sale of assets other than inventory (Subtract line 5b from line		5c	2,331.					
0	6	•	and fundraising events								
~	ַ נַ		come from gaming (attach Schedule G if greater than	1 . 1			1				
SCANNED DEC 2 0 2018	. g	\$15,000)		6a							
$\overline{\Box}_{i}$	ַ <u> </u>		come from fundraising events (not including \$ 37,30		S						
Ω			draising events reported on line 1) (attach Schedule G if the sum of such	1 1	26 1	4 Q	1				
₩		•	ome and contributions exceeds \$15,000)	6b	36, <u>4</u> 33,9						
Ž			ect expenses from gaming and fundraising events	[6c]	33,3	15.	١١	2 474			
Ķ			ne or (loss) from gaming and fundraising events (add lines 6a and 6b an	1 1			6d	2,474.			
တ္တ	7		les of inventory, less returns and allowances	7a							
			at of goods sold								
	- 1		ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c				
	8		enue (describe in Schedule O)				8	72 557			
_	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	ODE COURD	TT E O		9	73,557.			
	10		nd similar amounts paid (list in Schedule 0)	SEE SCHED	ULE O		10	23,711.			
	11		paid to or for members				11				
8	3 12	Salaries,	other compensation, and employee benefits CEIXED				12	6 627			
Š	2 13		l i Di				13	6,627.			
,	14	Occupano	cy, rent, utilities, and maintenand NOV 9 0 2019				14				
u	13	Printing,	publications, postage, and shipp NOV 2 0 2018	ann agunn			15	11 400			
	16		enses (describe in Schedule 0)	SEE SCHED	OPE O		16	11,409.			
_	17		enses. Add lines 10 through 16 OGDEN, UT	<u></u>			17	41,747.			
,	18		r (deficit) for the year (Subtract line 17 from line 9)				18	31,810.			
ţ	19		s or fund balances at beginning of year (from line 27, column (A))					206 252			
•	<u> </u>		ree with end-of-year figure reported on prior year's return)	600 600000			19	306,253.			
A 40 40 40 40 40 40 40 40 40 40 40 40 40	20		anges in net assets or fund balances (explain in Schedule 0)	SEE SCHED	OPE O		20	3,281.			
_	21		s or fund balances at end of year Combine lines 18 through 20				21	341,344.			
L	HA F	or Panerwor	k Reduction Act Notice, see the separate instructions.					Form 990-EZ (2017)			

732171 11-22-17

RED RIVER TECHNOLOGY FOUNDATION DBA RED RIVER CHARITABLE FOUNDATION

Pa	art II	Balance Sheets (see the	ınstruc	tions for Part II)							
		Check if the organization is	used So	chedule O to resp	ond to any quest	tion in	this Part II				X
					<u> </u>		eginning of year	Т	(B)	End of yea	ır
22	Cash.	, savings, and investments			<u> </u>		280,598.	22	7	306,	
23		and buildings			F			23	+		
24		assets (describe in Schedule O)	SEE	SCHEDULE O	·		27,425.		+	43	231.
25		assets			F		308,023.		+	349,	
26		liabilities (describe in Schedule 0)	SEE	SCHEDULE O	, <u> </u>		1,770.	_			$\frac{150.}{152.}$
		ssets or fund balances (line 27 of colu			F		306,253		+	341,	
27 D:	art III	Statement of Program S	ervice	Accomplishmer	i ts (see the instru	uctions		1 21	 		744.
		Check if the organization (· ·	,		•	X		xpenses I for section	חח
A / la -a		organization's primary exempt purpose			Jona to any quest	LIOIT III	uns Part III	lack	501(c)(3)	and 501(c)(4)
									1 .	ions, optic	nal for
		rganization's program service accomplishmen be the services provided, the number of perso				enses In a c	clear and concise		others.)		
				a, and other relevant informa	non for each program the				├		
8.	SEE	SCHEDULE O									
		_						_			
	(Grants	s \$) If t	this amo	unt includes foreign o	rants, check here				28a	23,	711.
9					- -						
									1 1		
									1		
	(Grants	s\$) f t	this amo	unt includes foreign g	rants, check here				29a		
10			***								
	(Grants	s \$) If 1	this amo	unt includes foreign o	rants, check here				30a		
11	Other p	program services (describe in Sche	edule O)								
	(Grants	s \$) If 1	this amo	unt includes foreign g	rants, check here		•		31a		
		program service expenses (add li	nes 28a	through 31a)	 ,			▶	32	23,	711.
Pa	art IV	List of Officers, Directors	s, Trus	tees, and Key E	mployees (list each	one even if	not compensated - se	e the	instructions for	or Part IV)	
		Check if the organization ι								•	
			_		(b) Average hours		· .	(d) He	ealth benefits,	(e) Est	imated
		(a) Name and title	9		per week devoted to	n co	mpensation (Forms	` cont	ributions to oyee benefit	amount	
		(4) (14.110 4.110 4.110	•		position		W-2/1099-MISC) not paid, enter -0-)	plans,	and deferred	compe	nsation
₹ T	CK F	BOLDUC							pensation	 	
	ESII				1.00		0.		0.		0.
		AM SAILER			1.00				<u> </u>	 	<u> </u>
		JRER		·	1 00	l l	0		^		^
					1.00		0.		0.	 	0.
		BURKE			1 00		_		^		^
		MEMBER			1.00		0.		0.	1	0.
		MCGEE			1 00				•		•
		MEMBER			1.00		0.		0.		0.
		RLY VACCA					_		_		_
		TARY			1.00		0.		0.	ļ	0.
		EY SESSIONS		-		-	-				
30	<u>ARD</u>	MEMBER			1.00	· ^ .	0.		0.		0.
				12/	<u> </u>						
) t	<u> </u>		1				
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DBA RED RIVER CHARITABLE FOUNDATION

26-3579377

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Pane 3	

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

	instructions for Part v.) Check if the organization used Sch. O to respond to any question in this	rarı		<u>IXI</u>
	、		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
Ī	requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
-	complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	-		
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization her form 1720-101 this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	3/0		
30 a	in a prior year and still outstanding at the end of the tax year covered by this return?	38a	-	х
L		304		
				į
39	Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9 N/A			!
	27/2			i
				ļ
4U a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			i
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 .			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit	- 1		1
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			77
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u>X</u>
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			ŀ
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			. !
	by the organization 0 •			1
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		-	
	transaction? If "Yes," complete Form 8886-T	40e		<u>X</u>
41	List the states with which a copy of this return is filed NH			
42 a	The organization's books are in care of ► WILLIAM SAILER Telephone no ► 603-44			
	Located at ► 21 WATER STREET, SUITE 500, CLAREMONT, NH ZIP+4 ► 0	374	3	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		. 1	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	<u>No</u>
	account)?	42b		<u>X</u>
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			/
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		<u>X</u>
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	_		}
	Form 990-EZ	44a		<u> </u>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	_		
	of Form 990-EZ	44b		<u>X</u>
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	ın Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
		orm 9	20-F7 (2017)

	_				_					Yes	No
46		ganization engage, directly or indirectly, in	political campaign a	activities on behalf of o	or in oppositi	on to candid	ates for pu	iblic office?	_	1.5	\$5 i'
_		omplete Schedule C, Part I							46	<u> </u>	<u>X</u>
Pa		Section 501(c)(3) organization	_								
		All section 501(c)(3) organizations mus				e the table	s for lines	50 and 51			$\overline{}$
		Check if the organization used Schedu	le O to respond t	to any question in th	ns Part VI					Yes	No
47	Did the e	constant on angago in labbuma neturtion or	have a costion EO1/	'h) alaatian in affaat di	una tha tay i	oara If Waa	" complete	Cab C Dart II	47	165	X
47		ganization engage in lobbying activities or anization a school as described in section 1				real ril 165	, complete	Son G, Faith	47	+	X
48		ganization a school as described in section			JIE C				49a	+	X
		ras the related organization a section 527 or		ateu organization					49b		
50		this table for the organization's five highes	=	olovees (other than offi	cers director	s trustees	and key en	nnlovees) who		ceived r	nore
•		0,000 of compensation from the organization		- ,	0010, 01100101	0, 11 001000,	and key or	iipioyaaay iiilo	0001110	00.700	
		(a) Name and title of each employ		(b) Avera	ae hours	(c) Re	portable	(d) Health benef	its, (e) Estim	nated
		(2)		per week	•	compensa	tion (Forms	contributions t employee bene	شما ه	ount of	
		NO	ONE	posi	tion	W-2,00	13-W1100)	plans, and defend compensation		ompens	ation
					•			<u> </u>	\top		
		*	_								
f		ber of other employees paid over \$100,000									
51		this table for the organization's five highes		pendent contractors w	no each rece	ived more ti	າສຸກ \$10ຸດ _, ດ	00 of compens	ation fr	om the	
			ONE								
	(a) N	ame and business address of each indepen	dent contractor		(t) Type of se	rvice	(C) Comp	ensatioi	1
											
		* * * * * * * * * * * * * * * * * * * *									
							<u>_</u> _				
d	Total num	ber of other independent contractors each	receiving over \$100	000		—		I			
52		ganization complete Schedule A? Note: All	•	•	ich a	-					
		d Schedule A						•	Хү	es 🗀	□ No
Unde		of perjury, I declare that I have examined t	his return, including	accompanying sched	ules and stat	ements, and	to the bes	t of my knowle			
		id complete. Declaration of preparer (other						-		·	
		////						11/15	120	18	
Sig	n 🚩	Signature of officer	7					Date			
Her	re 📗		ESIDENT								
		Type or print name and title									
		Print/Type preparer's name	Preparer's sign	nature	Date		heck	ıf PTIN			
Pai	d					s	elf- emplo	yed			
	parer	W. JAY SIMMS		SIMMS	11/14				435		
	Only	Firm's name ► TYLER, SIMM		SAUVEUR CP.	AS, P.	c.	Firm's EIN	▶ 02-04	769	56	
,	Firm's address ▶ 19 MORGAN DRIVE Phone no 603-653						3-0	044			
		LEBANON, N	IH 03766								
May	the IRS di	cuss this return with the preparer shown a	bove? See instruction	ons				. ▶	Хү	es 🗌	No
_							_		Form 6	100 E7	(2017)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

RED RIVER TECHNOLOGY FOUNDATION

DBA RED RIVER CHARITABLE FOUNDATION

Employer identification number 26-3579377

Pa	art I Reason for Public Charity Status (All organizations must complete this part) See instructions								
The	organ	zation is not a private found	ation because it is. (f	or lines 1 through 12, c	heck only	one box)			
1		A church, convention of ch		_	-		D(A)(i).	γ	
2	\equiv	A school described in secti)	
	님								
3	\vdash	A hospital or a cooperative	• -				•	Al I A . II	
4	Ш	A medical research organiz	ation operated in cor	ijunction with a hospital	described	in section	n 170(b)(1)(A)(III). Enter	the hospital's name,	
		city, and state						 	
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	overnmental unit describ	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II)						
6		A federal, state, or local gov	vernment or governm	ental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)		•				
8	<u> </u>	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)							
9		An agricultural research org				ad in conii	inction with a land-grant	college	
3	ш	or university or a non-land-			-		=		
		,	grant college or agrici	alture (see iristructions)	Litter the	name, city	, and state of the college	a Ur	
		university		11 00 1 /00/ - (1					
10	ш	An organization that norma		• •			•	• '	
		activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment							
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975	
	_	See section 509(a)(2). (Con	mplete Part III.)						
11	\sqsubseteq	An organization organized a	•	•	-		*		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2)	See section 509(a)(3).	Check the box in	
		lines 12a through 12d that	describes the type of	supporting organization	and com	plete lines	12e, 12f, and 12g.		
а		Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving	
		the supported organization	on(s) the power to reg	jularly appoint or elect a	majority o	of the direct	tors or trustees of the su	upporting	
		organization You must o							
b		Type II. A supporting org	•		on with its	s supporte	ed organization(s), by hav	/ına	
_		control or management o	•				=	-	
		organization(s). You mus			ао ро.оо				
_		Type III functionally inte	•		ın connect	ron with a	and functionally integrate	ad with	
С	_		_					With,	
		its supported organization						-at-an/a)	
d		Type III non-functionally							
		that is not functionally int	· .	- · · · · ·		_		veness	
		requirement (see instructi	•	•					
е		Check this box if the orga					Type I, Type II, Type III		
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information			T (m) In the age	minution Relad		•	
	(i) Name of supported	(ii) EIN	(III) Type of organization (described on lines 1 10	(IV) Is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
						1			
		-					-		
						1			
		_				 			
		_ .				<u> </u>		<u> </u>	
Γota	u		l 1		J		i	1	

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

Sad	ction A. Public Support	iisted below, piea	Se complete r art i	·· <i>)</i>			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and			•	•		
	membership fees received. (Do not	22 000	100 015	055 010	00 506	60 100	 FF2
	include any "unusual grants ")	33,080.	109,215.	255,819.	88,506.	67,177.	553,797.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			İ			
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		400 045	0.5.5.04.0	22 526		
	Total. Add lines 1 through 3	33,080.	109,215.	255,819.	88,506.	67,177.	553,797.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	İ					
	column (f)						279,767.
	Public support. Subtract line 5 from line 4						274,030.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 📗	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	33,080.	109,215.	255,819.	88,506.	67,177.	553,797.
8	Gross income from interest,		•				
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	191.	185.	100.	531.	1,549.	2,556.
9	Net income from unrelated business	,					
	activities, whether or not the						
	business is regularly carried on	:					
10	Other income Do not include gain						
	or loss from the sale of capital				Ì		
	assets (Explain in Part VI.)	49,749.	77,582.	47,992.	37,849.	36,449.	249,621.
11	Total support. Add lines 7 through 10					•	805,974.
12		etc. (see instruction	ns)			12	
	First five years. If the Form 990 is for	•	•	d. fourth, or fifth tax	ں vear as a section	•	
	organization, check this box and stop	•	,	.,	.,	(-)(-)	ightharpoonup
Sec	tion C. Computation of Public	c Support Per	centage				
14	Public support percentage for 2017 (III	ne 6, column (f) di	/ided by line 11. co	olumn (fl)		14	34.00 %
	Public support percentage from 2016		=	(///		15	30.65 %
	33 1/3% support test - 2017. If the o			line 13, and line 1	ں 4 is 33 1/3% or mo		
	stop here. The organization qualifies a				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	▶ X
ь	33 1/3% support test - 2016. If the o		•	ne 13 or 16a and I	line 15 is 33 1/3%	or more, check thi	
_	and stop here . The organization quali	_				or more, encor an	▶ □
17=	10% -facts-and-circumstances test	•	· · · · · ·		13 16a or 16b a	nd line 14 is 1004 a	or more
., a	and if the organization meets the "fact	-					
	meets the "facts-and-circumstances" t		•	•		c viriow the organ	ZaliUII
		•	•	,	•	70 and less 15 := 1	▶ □ 10% or
	10% -facts-and-circumstances test	_					
	more, and if the organization meets the				•		; ⊾ □
40	organization meets the "facts-and-circ		-	•			
18	Private foundation. If the organization	i did not check a t	ox on line 13, 16a	i, 100, 1/a, or 1/b,		d see instructions	

Schedule A (Form 990 or 990-EZ) 2017 DBA RED RIVER CHARITABLE FOUNDATION Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

quality under the tests listed belification A. Public Support	ow, please comp	ыете нап II.)				
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and	10/2010	1012017	(0) 2010	(4) 2010	(6) 2011	(i) i Otal
membership fees received (Do not						
include any "unusual grants ")						
·					· /· · · /	
2 Gross receipts from admissions, merchandise sold or services per-					/	
formed, or facilities furnished in						
any activity that is related to the					,	
organization's tax-exempt purpose						
3 Gross receipts from activities that		Į				
are not an unrelated trade or bus-	/	ų.				
iness under section 513	,				1	
4 Tax revenues levied for the organ-				1		
ization's benefit and either paid to		\		1		
or expended on its behalf		\			1	
·		 				-
5 The value of services or facilities		\				
furnished by a governmental unit to		\				
the organization without charge		<u> </u>			ļ	
6 Total. Add lines 1 through 5				ļ. <u> </u>	<u> </u>	
7a Amounts included on lines 1, 2, and	ļ		\mathbf{V}			
3 received from disqualified persons				<u> </u>	<u> </u>	
b Amounts included on lines 2 and 3 received		/				
from other than disqualified persons that					,	
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year		 				
c Add lines 7a and 7b		 	,			
8 Public support. (Subtract line 7c from line 6)		 				
Section B. Total Support		/	1			
alendar year (or fiscal year beginning in) 🕨 📙	(a) 2013	(b) √2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6)			
10a Gross income from interest,		/				
dividends, payments received on		/	ļ			
securities loans, rents, royalties, and income from similar sources		/				
b Unrelated business taxable income		1/		1		,
(less section 511 taxes) from businesses		1/		\		
		1		\	j l	
acquired after June 30, 1975		4			\	
c Add lines 10a and 10b						
11 Net income from unrelated business		1			\	
activities not included in line 10b, whether or not the business is					\	
regularly carried on						
12 Other income Do not include gain						
or loss from the sale of capital			[1	\	
assets (Explain in Part VI)				1	1	
Total support. (Add lines 9, 10c, 11, and 12)	be evenerated at	first second +	d fourth or fifth to	V 100r 00 0 005	n 501/o)/3\ o=====	
14 First five years. If the Form 990 is for the	ne organization's	s iirst, secona, thir	u, iourin, or tinn ta	ax year as a sectio	n 30 (c)(3) organiza	LION,
check this box and stop here	Cunnart Da-	roontogo				<u> </u>
section C. Computation of Public					 	
5 Public support percentage for 2017 (line	e 8, column (f) dı	ivided by line 13, c	olumn (f))		15	<u> </u>
6 Public support percentage from 2016 S					16	
section D. Computation of Investi	ment Income	e Percentage				. <u></u>
7 Investment income percentage for 201	7 (line 10c. colur	nn (f) divided by lin	ne 13, column (fl)		17	(
8 Investment income percentage from 20	•	• •	-7		18	
9a 33 1/3% support tests - 2017. If the o			on line 14 and line	15 is more than 9		
	=					13 HUL
more than 33 1/3%, check this box and	•	-	•			_ ▶∟
b 33 1/3% support tests - 2016. If the o	•					nd
line 18 is not more than 33 1/3%, check	this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶ <u>∟</u>
O Private foundation. If the organization	did not check a	box on line 14, 19a	a, or 19b, check th	ns box and see ins	structions	▶
32023 10-06-17					edule A (Form 990	or 990-F7) 201

Voc No

Schedule A (Form 990 or 990-EZ) 2017 DBA RED RIVER CHARITABLE FOUNDATION

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12h in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Old the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes." provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	103	110
1		
2		
3a	,	1
3b		
3c		
4a		
1b		1
4c		
5a		
5b 5c		
6		
7		
8		
-		
9a		
9b		
9c		
10a		
10b		

Schedule A (Form 990 or 990-EZ) 2017 DBA RED RIVER CHARITABLE FOUNDATION 26-3579377 Page 5 Supporting Organizations (continued) Yes No 11. Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a b A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, 2 supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Ye<u>s</u> No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below а ь The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions, C Activities Test Answer (a) and (b) below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these 2b activities but for the organization's involvement Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 3a trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. Schedule A (Form 990 or 990-EZ) 2017 732025 10-06-17

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Sche	t V Tune III Non Europianally Integrated 500(a)(2) Supporting			26-35/93// Page 6
	. The mineral and a second of the content of the co			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. A
Sect	other Type III non-functionally integrated supporting organizations must co	omplete Ser	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(optional)
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		-
6		+ 3 +		
0	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	7		-
7	Other expenses (see instructions)	8		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	- 1 8		(5) 0
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		•	
	instructions for short tax year or assets held for part of year)			
<u>a</u>	Average monthly value of securities	1a		
<u>b</u>	Average monthly cash balances	1b		
<u>c</u>	Fair market value of other non-exempt-use assets	1c		<u></u>
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)		J	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		•
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_2	Enter 85% of line 1	_ 2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
_4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	llv integrate	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2017

Sche Par	dule A (Form 990 or 990-EZ) 2017 DBA RED RIVER Type III Non-Functionally Integrated 509(6-3579377 Page 7				
Secti	on D - Distributions	- 	(CONTINUED)	Current Year				
	Amounts paid to supported organizations to accomplish exer	mpt purposes						
	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity	. ,						
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations						
	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)		-					
6	Other distributions (describe in Part VI). See instructions							
7	Total annual distributions. Add lines 1 through 6							
8								
_	(provide details in Part VI). See instructions							
9	Distributable amount for 2017 from Section C, line 6							
	Line 8 amount divided by line 9 amount							
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017				
1	Distributable amount for 2017 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2017 (reason-							
	able cause required- explain in Part VI) See instructions.							
3	Excess distributions carryover, if any, to 2017							
а	1							
b	From 2013							
С	From 2014							
d	From 2015							
е	From 2016			Ì				
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2017 distributable amount							
i	Carryover from 2012 not applied (see instructions)							
	Remainder Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2017 from Section D,			!				
	line 7 \$							
a	Applied to underdistributions of prior years							
b	Applied to 2017 distributable amount							
С	Remainder Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2017, if							
	any. Subtract lines 3g and 4a from line 2 For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2017. Subtract lines 3h							
	and 4b from line 1 For result greater than zero, explain in							
	Part VI See instructions.							
7	Excess distributions carryover to 2018. Add lines 3j							
	and 4c.							
8	Breakdown of line /			.1				
a	Excess from 2013		ı					
b	Excess from 2014			,				
	Excess from 2015							
	Excess from 2016							

Schedule A (Form 990 or 990-EZ) 2017

e Evcess from 2017

Schedule A (Form 990 or 990-EZ) 2017 DBA RED RIVER CHARITABLE FOUNDATION

Part VI | Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: **FUNDRAISING** 49,749. 2013 AMOUNT: \$ 2014 AMOUNT: 77,582. 47,992. 2015 AMOUNT: 2016 AMOUNT: 37,849. 2017 AMOUNT: \$ 36,449.

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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

RED RIVER TECHNOLOGY FOUNDATION

Employer identification number

Name of the organization DBA RED RIVER CHARITABLE FOUNDATION 26-3579377 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants а b Internet and email solicitations Solicitation of government grants Phone solicitations C In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (iii) Did (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) have custody or control of contributions? to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes_ No Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2017

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions.						
	ı	or fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	ts greater than \$5,000		
			(E) EVENT	HOLIDAY	NONE	(d) Total events		
			GOLF EVENT	AUCTION	NONE	(add col. (a) through		
			(event type)	(event type)	(total number)	col (c))		
e.			(event type)	(event type)	(total number)			
Revenue		Constants	E2 E01	20 100		72 700		
Re	ן ו	Gross receipts	53,591.	20,109.		73,700.		
			27 251			27 251		
	2	Less Contributions	37,251.			37,251.		
		Gross income (line 1 minus line 2)	16,340.	20,109.		36,449.		
_	3_	Gross income (line 1 minus line 2)	10,340.	20,103.		30,447.		
	4	Cash prizes		ļ				
	•	Oddin prizod			·- ·_ ·			
	5	Noncash prizes	2,150.			2,150.		
S				-	#4 W.			
Sus:	6	Rent/facility costs	15,050.			15,050.		
ž		•	·		_	,		
Direct Expenses	7	Food and beverages	13,148.			13,148.		
Ore		j						
	8	Entertainment						
	9	Other direct expenses	1,225.	926.		2,151.		
	10	Direct expense summary Add lines 4 through	9 ın column (d)	•	>	32,499.		
	11	Net income summary Subtract line 10 from lii				3,950.		
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than			
		\$15,000 on Form 990-EZ, line 6a						
<u>e</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add		
Revenue				bingo/progressive bingo		col (a) through col (c))		
Rev								
	1	Gross revenue						
		O and the second of						
es	2	Cash prizes						
ens	_	Noncash prizes						
Direct Expenses	3	Noncasti prizes						
ect	4	Rent/facility costs						
۵	•	Translatiney cooks						
	5	Other direct expenses						
			Yes %	Yes %	Yes %			
	6	Volunteer labor	No No	No No	No No			
		·	· · · · · · · · · · · · · · · · · · ·	<u>. — 1</u>		,		
	7	Direct expense summary Add lines 2 through	5 in column (d)		•			
					•			
	8_	Net gaming income summary. Subtract line 7	from line 1, column (d)					
9	Ent	er the state(s) in which the organization condu	cts gaming activities					
а	ls t	he organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No		
b	If "	No," explain						
		re any of the organization's gaming licenses re			ear?	Yes No		
b	IT "	Yes," explain	 -					
					-			
	_							
73208	2082 09-13-17 Schedule G (Form 990 or 990-EZ) 2017							

Schedule G (Form 990 or 990-EZ) 2017 DBA RED RIVER CHARITABLE FOUNDATION 26-	<u>35793</u>	377	Page 3
11 Does the organization conduct gaming activities with nonmembers?		r es	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
to administer charitable gaming?	□ \	/es	∟ No
13 Indicate the percentage of gaming activity conducted in	1 1		
a The organization's facility	13a		<u>%</u>
b An outside facility	13b		<u>%</u>
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		/es	□ No
132 Does the organization have a contract with a time party from whom the organization receives gaining revenue.			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
of gaming revenue retained by the third party \$			
c If "Yes," enter name and address of the third party			
on roo, and hand address of the time party			
Name			
Address >			
16 Gaming manager information			
Name			
Gaming manager compensation > \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	□ \(\bullet \)	⁄es	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year > \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	ines 9, 9	b, 10	o, 15b,
15c, 16, and 17b, as applicable Also provide any additional information. See instructions.	_		
	•		
•			
·			
			
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732083 09-13-17 Schedule G (For	m 990 oı	r 990	EZ) 2017

		RED	RIVER	TEC			IDATION				
Schedule G	(Form 990 or 990-EZ) Supplemental Infor	DBA	RED R	IVER	CHARI	PABLE	FOUNDA	TION	26-	3579377	Page 4
Partiv	Supplemental infor	mation	(continued	1)							
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2017
Open to Public Inspection

OMB No 1545-0047

Name of the organization

RED RIVER TECHNOLOGY FOUNDATION
DBA RED RIVER CHARITABLE FOUNDATION

Employer identification number 26-3579377

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	1,549.
FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS	PAID:
ACTIVITY CLASSIFICATION: 2017 NORTH BAY FIRE RELIEF	,
GRANTEE NAME: RCU COMMUNITY FUND	14-1-15-15-15-15-15-15-15-15-15-15-15-15-1
GRANTEE ADDRESS: PO BOX 6104 SANTA ROSA, CA 95406	
GRANTEE RELATIONSHIP: UNRELATED	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 11/13/17	
AMOUNT GIVEN:	3,110.
ACTIVITY CLASSIFICATION: HURRICANE HARVEY RELIEF FUND	
GRANTEE NAME: GREATER HOUSTON COMMUNITY FOUNDATION	
GRANTEE ADDRESS: 515 POST OAK BLVD, SUITE 1000 HOUSTON,	TX 77027
GRANTEE RELATIONSHIP: UNRELATED	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 09/25/17	
AMOUNT GIVEN:	20,601.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	23,711.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
ADVERTISING	500.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732211 09-07-17	chedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990- Name of the organization		IVER TECHNOL	OGY FOUNDATI	ON	Eı	mployer iden	Page : tification number
	DBA R	ED RIVER CHA	RITABLE FOUN	IDATION		<u> 26-3579</u>	377
SUPPLIES		***					1,130.
CREDIT CARD FEE	S						781.
MISCELLANOUES E	XPENSE						8,700.
BANK FEES							298.
TOTAL TO FORM 9	90-EZ,	LINE 16					11,409.
FORM 990-EZ, PA	RT I, I	LINE 20, CHAI	NGES IN NET	ASSETS:			
CHANGES IN NET	ASSETS	OR FUND BAL	ANCES:	_		AM	OUNT:
UNREALIZED G/L	ON INVI	ESTMENTS					3,281.
FORM 990-EZ, PA	RT II,	LINE 24, OT	HER ASSETS:				<u>.</u>
DESCRIPTION		,		BEG.	OF YEA	R END	OF YEAR
ACCOUNTS RECEIV	ABLE				20,938	•	35,744.
PREPAIDS					5,487	•	5,487.
DEPOSITS					1,000	•	2,000.
TOTAL TO FORM 9	90-EZ,	LINE 24			27,425	•	43,231.
FORM 990-EZ, PA	RT II,	LINE 26, OTE	HER LIABILIT	IES:			
DESCRIPTION			· · · · · · · · · · · · · · · · · · ·	BEG.	OF YEAL	R END	OF YEAR
OTHER LIABILITI	ES		- 10		1,770	•	4,020.
ACCRUED EXPENSE	S	,,			0	•	4,132.
TOTAL TO FORM 9	90-EZ,	LINE 26			1,770	•	8,152.
							·············
FORM 990-EZ, PA	RT III,	, PRIMARY EX	EMPT PURPOSE	- RRCF	PROMOTE	S AND	-
ENCOURAGES STUD	ENTS TO	CONTINUE TE	HEIR STUDIES	IN THE	FIELDS (OF SCIE	NCE
AND TECHNOLOGY	AS WELI	AS SUPPORT	NG US MILIT	ARY VETE	RANS TRA	ANSITIO	NING
TO CIVILIAN LIF	E. RRCE	F PROVIDES OF	PORTUNITIES	FOR STU	DENTS II	MIDDL	E
SCHOOL THROUGH	COLLEGE	E INTERESTED	IN SCIENCE,	TECHNOL	OGY, ENG	GINEERI	NG,
732212 09-07-17			22		Schedule (O (Form 990	or 990-E Z) (2 017)