

Return of Organization Exempt From Income Tax

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
REDWOOD COMMUNITY ACTION AGENCY
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
904 G STREET
 City or town State or country ZIP + 4
EUREKA CA 95501

D Employer identification number
94-2646370

E Telephone number
(707) 445-0884

F Accounting method: Cash Accrual
 Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶ **www.rcaa.org**

J Organization type (check only one) ▶ 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **8,976,866**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶ _____
H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶ _____

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

		1a		1b		1c		1d		1e	
1 Contributions, gifts, grants, and similar amounts received:											
a Contributions to donor advised funds		0		20,979		0		7,528,007		7,548,986	
b Direct public support (not included on line 1a)											
c Indirect public support (not included on line 1a)											
d Government contributions (grants) (not included on line 1a)											
e Total (add lines 1a through 1d) (cash \$ 7,548,986 noncash \$ 0)										7,548,986	
2 Program service revenue including government fees and contracts (from Part VII, line 93)										1,419,726	
3 Membership dues and assessments										0	
4 Interest on savings and temporary cash investments										8,154	
5 Dividends and interest from securities										0	
6 a Gross rents		6a		6b		6c		6d		0	
b Less: rental expenses										0	
c Net rental income or (loss). Subtract line 6b from line 6a										0	
7 Other investment income (describe ▶)										0	
8 a Gross amount from sales of assets other than inventory		(A) Securities		(B) Other		8a		8b		0	
b Less: cost or other basis and sales expenses										0	
c Gain or (loss) (attach schedule)										0	
d Net gain or (loss). Combine line 8c, columns (A) and (B)										0	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>											
a Gross revenue (not including \$ 0 of contributions reported on line 1b)		9a		9b		9c		9d		0	
b Less: direct expenses other than fundraising expenses										0	
c Net income or (loss) from special events. Subtract line 9b from line 9a										0	
10 a Gross sales of inventory, less returns and allowances		10a		10b		10c		10d		0	
b Less: cost of goods sold										0	
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a										0	
11 Other revenue (from Part VII, line 103)										0	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11										8,976,866	
13 Program services (from line 44, column (B))										8,326,892	
14 Management and general (from line 44, column (C))										573,539	
15 Fundraising (from line 44, column (D))										7,995	
16 Payments to affiliates (attach schedule)										0	
17 Total expenses. Add lines 16 and 44, column (A)										8,908,426	
18 Excess or (deficit) for the year. Subtract line 17 from line 12										68,440	
19 Net assets or fund balances at beginning of year (from line 73, column (A))										421,476	
20 Other changes in net assets or fund balances (attach explanation)										-143,580	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20										346,336	

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box.
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization REDWOOD COMMUNITY ACTION AGENCY	Employer identification number 94-2646370
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 904 G STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. EUREKA CA 95501	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ EXECUTIVE DIRECTOR

Telephone No. ▶ (707) 445-0881 FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box. If it is for part of the group, check this box. and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 8/15/2008 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 2007 or
 ▶ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
22 b	Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	82,436	74,357	8,030	49
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	0	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	3,166,460	2,856,198	308,602	1,660
27	Pension plan contributions not included on lines 25a, b, and c	0			
28	Employee benefits not included on lines 25a - 27	899,805	811,624	87,641	540
29	Payroll taxes	0			
30	Professional fundraising fees	0			
31	Accounting fees	0			
32	Legal fees	0			
33	Supplies	0			
34	Telephone	0			
35	Postage and shipping	0			
36	Occupancy	440,503	384,739	55,641	123
37	Equipment rental and maintenance	81,477	81,002		475
38	Printing and publications	0			
39	Travel	95,831	89,536	5,892	403
40	Conferences, conventions, and meetings	0			
41	Interest	136,332	127,490	8,842	
42	Depreciation, depletion, etc. (attach schedule)	120,499	120,499	0	0
43	Other expenses not covered above (itemize):				
a	other operating	392,046	348,721	42,933	392
b	consultants/contracts	856,611	833,267	23,117	227
c	direct services	2,445,126	2,408,159	32,841	4,126
d	cost of goods	86	86	0	0
e	property purchase	191,214	191,214	0	0
f		0	0	0	0
g		0	0	0	0
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	8,908,426	8,326,892	573,539	7,995

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$; (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? COMMUNITY ACTION All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a See Attachment (Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/> 8,326,892
b (Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/> 0
c (Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/> 0
d (Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/> 0
e Other program services (attach schedule) (Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/> 0
f Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/> 8,326,892

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing		45	
	46 Savings and temporary cash investments	486,525	46	731,981
	47 a Accounts receivable	47a 1,764		
	b Less: allowance for doubtful accounts	47b 0	1,057	47c 1,764
	48 a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	0	48c 0
	49 Grants receivable	908,352	49	1,546,551
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	0	51c 0
	52 Inventories for sale or use	282,134	52	34,960
	53 Prepaid expenses and deferred charges	41,390	53	52,737
	54 a Investments—publicly-traded securities. <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54a	0
	b Investments—other securities (attach schedule). <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b	0
	55 a Investments—land, buildings, and equipment: basis	55a 0		
	b Less: accumulated depreciation (attach schedule)	55b 0	0	55c 0
	56 Investments—other (attach schedule)	0	56	0
	57 a Land, buildings, and equipment: basis	57a 6,319,732		
b Less: accumulated depreciation (attach schedule)	57b 2,613,017	3,970,794	57c 3,706,715	
58 Other assets, including program-related investments (describe <input type="checkbox"/> DEPOSITS, RESERVES, CUSTODIAL)	228,230	58	246,320	
59 Total assets (must equal line 74). Add lines 45 through 58	5,918,482	59	6,321,028	
Liabilities	60 Accounts payable and accrued expenses	556,303	60	718,988
	61 Grants payable		61	
	62 Deferred revenue	878,188	62	841,255
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	4,013,109	64b	4,359,723
	65 Other liabilities (describe <input type="checkbox"/> SECURITY DEPOSIT)	49,406	65	54,726
	66 Total liabilities. Add lines 60 through 65	5,497,006	66	5,974,692
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	421,476	67	346,336
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	421,476	73	346,336
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	5,918,482	74	6,321,028

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	8,976,866
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4	0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	8,976,866
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2		d	0
e	Total revenue (Part I, line 12). Add lines c and d		e	8,976,866

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	8,908,426
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4	0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	8,908,426
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2		d	0
e	Total expenses (Part I, line 17). Add lines c and d		e	8,908,426

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name Val Martinez Str 904 G Street City Eureka ST CA ZIP 95501	Title Exec Dir Hr/WK 38	80,006	2,430	0
Name Joanne Holmes Str 904 G Street City Eureka ST CA ZIP 95501	Title Vice-Pres Hr/WK 3	0	0	0
Name John Smith Str 904 G Street City Eureka ST CA ZIP 95501	Title President Hr/WK 3	0	0	0
Name V Hernandez Str 904 G Street City Eureka ST CA ZIP 95501	Title Treasurer Hr/WK 3	0	0	0
Name Catherine Leach Str 904 G Street City Eureka ST CA ZIP 95001	Title Bd Mem Hr/WK 1	0	0	0
Name Mona Daly Str 904 G Street City Eureka ST CA ZIP 95501	Title Bd Mem Hr/WK 1	0	0	0
Name Zuretti Goosby Str 904 G Street City Eureka ST CA ZIP 95501	Title Bd Mem Hr/WK 1	0	0	0
Name G. Koorbojian Str 904 G Street City Eureka ST CA ZIP 95501	Title Bd Mem Hr/WK 1	0	0	0
Name John Wooley Str 904 G Street City Eureka ST CA ZIP 95501	Title Bd Mem Hr/WK 1	0	0	0
Name Bonnie Neely Str 904 G Street City Eureka ST CA ZIP 95501	Title Bd Mem Hr/WK 1	0	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 16		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				

Part VI Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) ▶ 81a none		
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b	N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b	N/A	
85	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	85b		
c	Dues, assessments, and similar amounts from members		
	85c	N/A	
d	Section 162(e) lobbying and political expenditures		
	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	85h	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
	86a		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
	88a		
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
	88b		
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 NONE; section 4912 NONE; section 4955 NONE		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
	89b		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
		NONE	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
		NONE	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
	89e		
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
	89f		
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	89g		
90 a	List the states with which a copy of this return is filed		
		CA	
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		160
	90b		
91 a	The books are in care of Name FISCAL OFFICER Telephone no. (707) 445-0881 Located at SAME City ST ZIP + 4		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
	91b		

Part VI Other Information (continued)

Yes No

- c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No
If "Yes," enter the name of the foreign country ▶
- 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 | N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a RENTS					544,814
b FEES FOR SERVICE					874,912
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	8,154	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		8,154	1,419,726
105 Total (add line 104, columns (B), (D), and (E))					1,427,880

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	RENTS RECEIVED FROM LOW-INCOME HOUSING PROJECTS
93B	FEES FROM EXEMPT PUPOSE SERVICES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				0

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

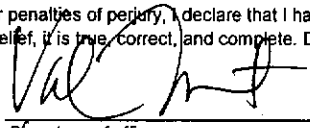
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				0


108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

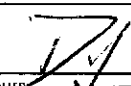
Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.


8-1-08
 Signature of officer Date


 Val Martinez, Executive Director
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature 	Date 7/30/2008	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4	IZABAL, BERNACIAK & COMPANY ONE MARKET - SPEAR 344, SAN FRANCISCO, CA 94105		EIN ▶ 77-0016122 Phone no. ▶ (415) 896-5551

COPY

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization
REDWOOD COMMUNITY ACTION AGENCY

Employer identification number
94-2646370

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Ken Terrill, 904 G Street Eureka, CA 95501	Director Housing 38	60,061	1,834	
Kermit Thoaden, 904 G Street Eureka, CA 95501	Interim Exec Dir 38	69,157	2,076	
Chris Turner, 904 G street Eureka, CA 95501	Manager 40	57,358	1,731	
Elizabeth Larsen, 904 G street Eureka, CA 95501	Manager 38	54,217		
N/A				
Total number of other employees paid over \$50,000		0		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Grandfield Construction, 723 Fickle Hill road Arcata, CA 95521	Construction	290,075
W & W Manufactured Homes Sales, 4300 Broadway Eureka, CA 95503	Sales	273,839
K C Construction, 3335 Ingley Street Eureka, CA 95503	Construction	247,093
LDH Construction, 1845 Columbus McKinleyville, CA 95519	Construction	134,965
D. W. Construction, P.O. Box 1134 Blue Lake, CA 95525 Congo (Brazzaville)	Construction	111,462
Total number of other contractors receiving over \$50,000 for other services		5

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

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>		X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p>		
<p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . See part V, form 990</p>	X	
<p>e Transfer of any part of its income or assets?</p>		X
<p>3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)</p>		X
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	X	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p>		X
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>		X
<p>4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>		X
<p>b Did the organization make any taxable distributions under section 4966?</p>		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>		
<p>d Enter the total number of donor advised funds owned at the end of the tax year ► _____</p>		
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____</p>		
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► NONE</p>		
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► NONE</p>		

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state City ST Country
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
					0
					0
					0
					0
					0
					0
Total					0

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total	
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	6,214,518	7,465,021	6,408,149	7,486,765	27,574,453	
16 Membership fees received					0	
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,190,106	1,481,609	1,179,909	1,225,922	5,077,546	
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975		8,552	17,849	925	27,326	
19 Net income from unrelated business activities not included in line 18					0	
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0	
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0	
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0	
23 Total of lines 15 through 22	7,404,624	8,955,182	7,605,907	8,713,612	32,679,325	
24 Line 23 minus line 17	6,214,518	7,473,573	6,425,998	7,487,690	27,601,779	
25 Enter 1% of line 23	74,046	89,552	76,059	87,136		
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 552,036	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 27,601,779	
d Add: Amounts from column (e) for lines:	18 27,326	19	22	26b	26d 27,326	
e Public support (line 26c minus line 26d total)					26e 27,574,453	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.90%	
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:					
	(2006)	(2005)	(2004)	(2003)		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2006)	(2005)	(2004)	(2003)		
c Add: Amounts from column (e) for lines:	15	16	17	20	21	27c 0
d Add: Line 27a total and line 27b total					27d 0	
e Public support (line 27c total minus line 27d total)					27e 0	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 0.00%	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.00%	
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.						

Part V Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include questions 29-35 regarding racial nondiscrimination policies, financial aid, and compliance with Rev. Proc. 75-50.

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	0
39	Other exempt purpose expenditures	39	8,908,420
40	Total exempt purpose expenditures (add lines 38 and 39)	40	8,908,420
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		The lobbying nontaxable amount is—
	Not over \$500,000		20% of the amount on line 40
	Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000
	Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000
	Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000
	Over \$17,000,000		\$1,000,000
41		41	595,421
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period					
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total	
45	Lobbying nontaxable amount	595,421	524,208	591,694	517,299	2,228,622
46	Lobbying ceiling amount (150% of line 45(e))					3,342,933
47	Total lobbying expenditures					0
48	Grassroots nontaxable amount	148,855	131,052	147,924	129,325	557,156
49	Grassroots ceiling amount (150% of line 48(e))					835,734
50	Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

Employer identification number

REDWOOD COMMUNITY ACTION AGENCY

94-2646370

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule—

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization REDWOOD COMMUNITY ACTION AGENCY	Employer identification number 94-2646370
--	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<u>Queer Humbolt</u> <u>P.O. Box 25</u> <u>Arcata CA 95518</u> Foreign State or Province: _____ Foreign Country: _____	\$ <u>11,305</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization REDWOOD COMMUNITY ACTION AGENCY	Employer identification number 94-2646370
---	--

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry.)
 For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once—see instructions.) ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For. Prov. Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For. Prov. Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For. Prov. Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For. Prov. Country	

Line 1 (990) - Public Support and Contributions

	Cash	Non Cash
Line 1a - Contributions to Donor Advised Funds		
Line 1b - Direct public support		
1 Contributions	20,979	1
2 Membership dues and assessments (contributions from the public)		2
3 Commercial co-venture		3
4 Special events contributions (Line 9 - Special Events)	0	4
5 _____		5
6 _____		6
7 _____		7
8 _____		8
9 _____		9
10 Total	20,979	10 0
Line 1c - Indirect public support		
Line 1d - Government contributions (grants)	7,528,007	

Line 20 (990) - Other Changes in Net Assets or Fund Balances

-143,580

Description		Total
1	FIXED ASSETS PURCHASED WITH GRANT FUNDS	40,488
2	DEPRECIATION OF FIXED ASSETS PURCHASED WITH GRANT FUNDS	-184,068
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Part IV, Line 47 (990) - Accounts Receivable

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	VARIOUS	1,057	1,764	0	0
2					
3					
4					
5					
6					
7					
8					
9					
10					
11	Total accounts receivable	1,057	1,764	0	0

Part IV, Line 58 (990) - Other Assets

228,230

246,320

Description		Beginning	End
1	DEPOSITS, RESERVES, CUSTODIAL	228,230	246,320
2			
3			
4			
5			
6			
7			
8			
9			
10			

Repayment terms	Interest rate	Purpose of loan	Description of consideration	FMV of consideration	Lender's Title	Relationship to Insider
	5.1800%					
	3.0000%					
	3.0000%					
	zero					
	3.0000%					
	7.7500%					
	7.0000%					
	zero					
	8.5000%					
	3.0000%					
	8.5000%					
	zero					
	8.2500%					
	1.0000%					
	6.0000%					
	8.2500%					
	7.0000%					
	8.2500%					

Part IV, Line 65 (990) - Other Liabilities

49,406

54,726

	Description	Beginning	End
1	SECURITY DEPOSIT	49,406	54,726
2			
3			
4			
5			
6			
7			
8			
9			
10			

Part VII, Line 93 (990) - Program Service Revenue

	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
a	RENTS				544,814
b	FEES FOR SERVICE				874,912
c					
d					
e					
f					
g					
h					
i					
j					
k					
l					
m					
n					
o					
p					
q					
r					
s					
t					
u					
v					
w					
x					
y					
z					

Part VIII (990) - Relationship of Activities to the Accomplishment of Exempt Purposes

	Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
1	93a	RENTS RECEIVED FROM LOW-INCOME HOUSING PROJECTS
2	93B	FEES FROM EXEMPT PUPOSE SERVICES
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

REDWOOD COMMUNITY ACTION AGENCY--- 2007 Summary of Services

Number of Client Accomplishment

6 Goal: Employment Support

1.1	56	47 Unemployed and obtained a job
	31	33 Employed and obtained an increase in employment income
	38	21 Achieved "living wage" employment and benefits
1.2	32	34 Obtained pre-employment skills/competencies required for employment and received training program certificate or diploma
	3	8 Completed ABE/GED and received certificate or diploma
		1 Completed post-secondary education program and obtained certificate or diploma
	17	22 Enrolled children in "before" or "after" school programs, in order to acquire or maintain employment
	13	21 Obtained care for child or other dependant in order to acquire or maintain employment
	85	35 Obtained access to reliable transportation and/or driver's license in order to acquire or maintain employment
	27	38 Obtained health care services for themselves or a family member in support of employment stability
	87	40 Obtained safe and affordable housing in support of employment stability
	81	44 Obtained food assistance in support of employment stability

6.3 Goal: Child and Family Development

	95	109 Infants and children obtain age appropriate immunizations, medical and dental care
	95	126 Infant and child health and physical development are improved as a result of adequate nutrition
	52	44 Children participate in pre-school activities to develop school readiness skills
	39	36 Children participating in pre-school activities developmentally ready to enter Kindergarten or 1st Grade
	170	122 Youth improve physical health and development
	169	124 Youth improve social/emotional development
	106	109 Youth avoid risk-taking behavior for a defined period of time
	24	42 Youth have reduced involvement with criminal justice system
	1000	985 Youth increase academic, athletic or social skills for school success by participating in before or after school programs
	107	73 Parents and other adults learn and exhibit improved parenting skills
	106	90 Parents and other adults learn and exhibit improved family functioning skills

1.3 Aggregator 2006

	13	34 Number of	\$28,780	\$15,200
	8	9 Number of	\$11,400	\$14,400
	271	178 Number en	\$17,888	\$4,530
	114	129 Number dr	\$20,800	\$71,926
	173	103 Number of	\$372,918	\$605,688
	1	1 Number ca	\$2,000	\$1,000
	10	16 Number pu	\$22,400	\$9,000

3.2 1 Low-income people purchasing their own homes in their community as a result of community action assistance

REDWOOD COMMUNITY ACTION AGENCY--- 2007 Summary of Services

6.2 Emergency Assistance Provided

	195	180 Food
	1701	2544 Emergency payments to vendors, including Fuel and Energy bills
	578	515 Obtained Temporary shelter
	28	52 Obtained Emergency Medical Care
	250	172 Obtained Protection from violence
	125	30 Obtained Legal assistance
	387	370 Obtained Transportation
	4	3 Disaster Relief
	364	397 Clothing

6.1 The number of vulnerable individuals that maintain an independent living situation as a result of RCAA services:

	917	837 Senior Citizens
	1267	1324 Individuals with Disabilities

The Number Services /Opportunities Provided or Preserved

2.1	408	418 Safe and affordable housing units preserved or improved through construction, weatherization or rehabilitation
	250	18 Accessible "before school" and "after school" program placement opportunities for low-income families created or maintained
	4	1 Accessible new, preserved or expanded transportation resources available to low-income people, including public or private transportation
2.2		1 Increases in community assets as a result of change in law, regulation or policy, which results in improvements in quality of life and assets
	3	2 Increase in the availability or preservation of community facilities
	7	4 Increase in the availability or preservation of community services to improve public health and safety
	17	4 Increase or preservation of neighborhood quality-of-life resources
3.1	14543	23354 Total number of hours volunteered to RCAA programs

REDWOOD COMMUNITY ACTION AGENCY 94-2646370

a.	Hispanic or Latino	1340	11.20%
b.	Not Hispanic or Latino	10583	88.80%
	*Total	11923	
II.	Race		
a.	African American	698	5.90%
b.	Asian	694	5.80%
c.	Native American	1156	9.70%
d.	White	8235	69.10%
e.	Other	331	2.80%
f.	Multi-Race (any 2 or more of the above)	796	6.70%
	*Total	11910	