Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax

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.

20**08**

Open to Public Inspection

		lue Service ► The organization may have to use a copy of this return to satisfy state reporting req	un en ients.		spection	
		e 2008 calendar year, or tax year beginning , and ending				
		use IRS	, ,	lentification nun	nber	
\equiv		· · · · · · · · · · · · · · · · · · ·	4-2646370			
$\overline{}$	lame ch	type.	E Telephone n	umber		
=	nitial ret	00100111221	707) 445-088	84		
יו	Terminat	instruc-				
\equiv	Amende		G Gross receip	ots \$	7,827,961	
	Applicati	on pending F Name and address of principal officer: H(a) Is thi	s a group return	for affiliates?	Yes X No	
		Val Marinez 904 G Street, Eureka, CA 95501 H(b) Are a	all affiliates inclu	ided?	Yes No	
i T	ax-exe	mpt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	"No," attach a li:	st. (see instructio	ns)	
			p exemption nur	mber ▶		
			•	M State of lega	al dominilo: OA	
	•		on: 1980	M State of lega	al domicile: CA	
P	art I	Summary				
	1	Briefly describe the organization's mission or most significant activities: The Redwood Co	mmunity Act	tion Agency	s designated	
		the Community Action Agency for Humboldt County, California.				
nce		***************************************				
Activities & Governance	_		,			
òove	2	Check this box I if the organization discontinued its operations or disposed of more to		_	40	
≈ 5	3	Number of voting members of the governing body (Part VI, line 1a)		3	12	
ties	4	Number of independent voting members of the governing body (Part VI, line 1b)		5	12	
Ę.	5	Total number of employees (Part V, line 2a)		6	224	
Ac	6	Total number of volunteers (estimate if necessary)		7a	25 0	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<u> </u>	7b	0	
	b	Net unrelated business taxable income from Form 990-T, line 34	Prior Year		irrent Year	
ā		 	7,548,		6,724,340	
	8	Contributions and grants (Part VIII, line 1h)	1,419,		1,098,669	
Revenue	9.	Program service revenue (Part VIII, line 2g)		154	4,952	
Rev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0	7,302	
	11	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,976,		7,827,961	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0,510,	0	1,027,007	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		<u> </u>	. 0	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,148,		3,392,117	
es	16a	Professional fundraising fees (Part IX, column (A), line 11e)	7,170,	0	0,002,117	
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ► 18,565				
Exp	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	4,759.		4,040,656	
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) .	8,908,4		7,432,773	
	19	Revenue less expenses. Subtract line 18 from line 12		440	395,188	
	''		inning of Year		nd of Year	
ets c	20	Total assets (Part X, line 16)	6,321,0	028	5,687,468	
Ass 1 Ba	21	Total liabilities (Part X, line 26)	5,974,6		5,184,733	
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	346,		502,735	
Pa	d III	Signature Block		· · · · · · · · · · · · · · · · · · ·		
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, and to the	he best of my kno	owledge	
		and belief, it is true, prirect, and complete. Declaration of preparer (other than officer) is based on all information of	of which prepare	er has any knowle	dge.	
		1. /6/8 h=1	inh.	la .		
Sig	n		10/21	107		
Her		Startitie profficer Marchine From the Donal	Date			
	•	Val Martinez, Executive Director				
		Type or print name and title Preparer's Date Check if	<u> </u>	Tananada ida akib	ing averbas	
D-:-		Preparer's identify see instructions)	ing number			
Paid		signature Pd (Riznanc) CPA 10/14/2009 employed	▶□			
Firm's name (or yours Izattal Bernaciak Company						
USB	City	ir seir-employed),		415) 896-555	51	
May	the I	RS discuss this return with the preparer shown above? (see instructions)			Yes No	
ivicity	HIGH.	to disease the fetallit that the property effects above; (and approprietly),			J	

Pí	rt III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission:
	The purpose of Redwood Community Action Agency is to mobilize and coordinate antipoverty resources within Humboldt
	County, California and to preserve land for scenic, scientific, educational and open space opportunities.
_	
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	anocations to outers, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 6,797,851 including grants of \$ 0) (Revenue \$ 1,098,669)
	Number served-57- Unemployed and obtained job
	Number served-29- Employed and obtained an increase in employment
	Number served-35- Achieved "living wage"employment and benefits
	Number served-35- Obtained pre-employment skills/compentencies required for employment and received training program
	certificate or diploma
	Number served-10- Completed ABE/GED and received certifficate or diploma
	Number served-25- Enrolled children in "before" or "after" school programs, in order to acquire or maintain employment
	Number served-26- Obtained care for child or other dependent in order to acquire or maintain employment
	Number served-57- Obtained access to reliable transportation and/or driver's license in order to acquire or maintain employment
	Number served-36- Obtained health care services for themselves or a family member in support of employment stability
	Number served-63- Obtained safe and affordable housing in support of employment stability
4b	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
	Number served-55- Obtained food assistance in support of employment stability
	Number served-39- Infants and children age approriate immunization, medical and dental care.
	Number served-137- Infant and child health and physical development are improved as a result of adequate nutrition
	Number served-37- Children participated in pre-school activities to develop school readiness skills
	Number served-20- Children participating in pre-school activities developmentally ready to enter kindergarten or 1st grade
	Number served-558-Youth improve physical health and development
	Number served-358- Youth improve social/emoptional development
	Number served -298- Youth void risk-taking behavior for a defined period of time
	Number served-70- Youth have reduced involvement with crimainal justice system
	Number served-183- Youth increase academic, athletic or social skills for school success by participating in before or after
	school programs
4c	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
	Number served-118- Parents and other adults learn and exhibit improved parenting skills
	Number served-120- Parents and other adults learn and exhibit improved family functioning skills
	Number served-102- Participants in tax preparation program who identify any type of Federal or State tax credit
	Number served-20- Obtained court-ordered child support payments
	Number served-273- Participants enrolled in telephone lifeline and/or energy discounts with the assistance of the agency
	Number served-83- Participants demonstrating ability to complete and maintain a budget for over 90 days
	Number served-141- Participants opening an individual Development Account or other savings account and increased savings
	Number served-6- Participants pursuing post-secondary education due to savings and amount of savings
	Number served- 803- Emergency services Food
	Number served-1,739- Emergency payments to vendors, including fuel and energy bills
	Number served- 281- Participants obtained temporary shelter (Continued on Schedule O)
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$ 0) (Revenue \$)
4e	Total program service expenses ► \$ 6,797,851 (Must equal Part IX, Line 25, column (B).)

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	ts the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4	Х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice			
	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
_	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		х
_	complete Schedule D, Part III	٥		-
9	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	ļ		
	complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			<u> </u>
	Parts VI, VII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return		H	
12	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Ιx	1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	Х
	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	_X_
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	ļ	Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete	22		"
	Schedule J	23	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions		1	
	24b–24d and complete Schedule K. If "No," go to question 25	24a	1	Х
h.	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	\vdash	 ^
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	2.45	\vdash	
C	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	1	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			<u> </u>
LJA	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b] x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
- -	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u></u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or		1	
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule I. Part III	27	1	l x

Checklist of Required Schedules (continued) Part IV During the tax year, did any person who is a current or former officer, director, trustee, or key employee: a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, 28a Have a family member who had a direct or indirect business relationship with the organization? If "Yes," 28b Х c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M... 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х conservation contributions? If "Yes," complete Schedule M................ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Х 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

Form 990 (2008)

Х

Form 9	m 990 (2008) REDWOOD COMMUNITY ACTION AGENCY		94-2646370	Р	age 5
Par	art V Statements Regarding Other IRS Filings and	Tax Compliance			
	•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual St	ummary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable		55		
b	Enter the number of Forms W-2G included in line 1a. Enter	0- if not applicable 1b	0		
С	 Did the organization comply with backup withholding rules for 	r reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?		<u>1c</u>	Х	
2a	Enter the number of employees reported on Form W-3, Tran	smittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within	the year covered by this return . 2a	224		
b	b If at least one is reported on line 2a, did the organization file	all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you	may be required to e-file this return. (see			
	instructions)				
3a		of \$1,000 or more during the year covered by	3 m. M. 2.		
	this return?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provi	de an explanation in Schedule O	<u> </u>		
4a					
	over, a financial account in a foreign country (such as a ban		1		
	0.0		. 4a		Х
b			75. N. S.	A NAME OF	
	See the instructions for exceptions and filing requirements for	or Form TD F 90-22 1 Report of Foreign Bank			
	and Financial Accounts.	or room rain ou zz. I, respondent ordigit bank			
5a		saction at any time during the tax year?	. 5a		Х
b				_	X
C		• •			 ^
·	Regarding Prohibited Tax Shelter Transaction?		5c		İ
6.3					x
6a			· · · ·	 	 ^ -
b	gifts were not tax deductible?		6b		
7				3245	\$5.5.\$
7			1013 1157 1554-156		
а	\$75?	ior arry quid pro quo contribution or more trian	, 7a		X
h		the goods or conjects provided?	7b	\vdash	<u> </u>
b			78	 	
C	required to file Form 8282?		7c	1	х
.1		1 1	Jenes Jenes	100	<u> </u>
d				5 767	
е	 Did the organization, during the year, receive any funds, dire benefit contract? 		7.0	de de la composition della com	
£					X
f				ļ	X
g			<u>7g</u>	├	 ^ -
h	• • • •	_	7h	1	Х
0	required?		13.30	. Puthi	1.
8	509(a)(3) supporting organizations. Did the supporting organizations				
	organization, have excess business holdings at any time du		 %	- J 449 t	
			100 PF	(- () y ())	1
9				10.0	1.00 cm 1.7
a					
b	•	dvisor, or related person?	. 9b) in E f	-1 (* DE
10	· · · · · · ·	line 42			
а	·				
b	• •	public use of club facilities			
11	· · · · · ·	المدا	1 3		
a					1 3
b		or paid to other sources			
4.5	against amounts due or received from them.)		40-	1	1
12a	1 21 7		<u>12a</u>	+	
h	b. If "Yes " enter the amount of tax-exempt interest received or	accided duling the year 129	ı		1

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Seci	ton A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.	i de interior Senigraf		
1a	Enter the number of voting members of the governing body		1	
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	2.55	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u>x</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	_	Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	<u> </u>	X
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	14 1 7 100	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		<u> </u>
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
4.2	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		<u> </u>
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	11		x
Sact	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u> </u>	<u> </u>	
Seci	IUII D. FUIICIES		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	140
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	\vdash
~	rise to conflicts?	12b	×	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	N.		
а	The organization's CEO, Executive Director, or top management official?	15a	Х	<u> </u>
b	Other officers or key employees of the organization?	15b	Х	
	Describe the process in Schedule O. (see instructions).		146.	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	3	1,795,7	
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		13	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			13.5%
	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	X Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	est		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of			
	organization: ► Julia Hance (707) 269-2	007		-
	904 G Street, Eureka, CA 95501			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Reportable ompensation from the	Reportable compensation	Estimated
organization -2/1099-MISC)	from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
0	0	
0	0	
0,	0	
0	_0	
0		
0	0	
0		
0	0	
0	0)
0	0 _0).
0))
0) ()
31,671	1 ()
99,921	1)
0) ()
0)
	99,92	99,921 (

compensation from the organization

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Key Em	ıploy	ees,	, and	Hig	hest	Cor	npensated Em	ployees (contin	ued)		
	(A) (B) (C) (D) (E								(E)	(F)			
	Name and title	Average	Po	sition		k all ti	hat app		Reportable	Reportable	Estimated		
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
		0.							0	0	0		
		0.					<u> </u>		0	0			
										_			
		0.						·	0	0			
		0.	ļ <u></u>				<u></u>		0	0			
		0.							0				
		0.							0				
		0.							0	0	0		
		0.							o	0	0		
		0.							0	0	0		
		.0.							0	0	0		
		0.							0	0	0		
		0.							0	_	 		
<u>1b</u>	Total	 		· ·	·····		· · · ·	. •	131,592				
2	Total number of individuals (including those organization ► 0	in 1a) who rece	eived	mor	e tha	an \$	100,0	000 i	n reportable cor	mpensation from	Yes No		
3	Did the organization list any former officer, employee on line 1a? <i>If</i> "Yes," <i>complete Sci</i>							_	st compensated	[···	3 X		
4	For any individual listed on line 1a, is the su the organization and related organizations gindividual			0? //						uch 🧾	4 X		
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Y										5 X		
Sec 1	tion B. Independent Contractors Complete this table for your five highest cor compensation from the organization.	npensated inde	pend	lent (contr	acto	ors the	at re	ceived more tha	an \$100,000 of			
	(A) (B) Name and business address Description of services Co								(C) Compensation				
	•	lumbus McKinly			551	9			truction		222,625		
		Ave Trinidad CA							struction		210,247		
		ns Drive Eurek							struction		196,835		
	K.C. Construction 3335 Ing	ley Street Eurel	va C/	4 95!	ასპ			Lor	struction		171,5 <u>22</u>		
	Total number of independent contractors (in	cluding those in	2 1) 1	who	rocoi	vod	more	the	n \$100 000 in		<u></u>		

Pari	t VIII	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats	1a	Federated campaigns	1a	0				
בוק ה	b	Membership dues	. 1b	0		1 4		
ang, g	С	Fundraising events		0				
ift.	d	Related organizations		0				
S, S	e	Government grants (contributions)	1e	6,708,968				state asset out out of
sii		All other contributions, gifts, grants, and		0,1.00,000		ha 11 11 11 11 11 11 11 11 11 11 11 11 11		
et Her	,	similar amounts not included above .	. _{1f}	15,372				
it of	a	Noncash contributions included in lines		0			in de la companya de La companya de la co	
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a–1f		- -	6,724,340			
	- ''	Total: Add inics to 11		Business Code	0,124,540			
Ž.	22	RENTS		Business code	660,344	660,344	Established States of States and A	State College Page
Seve		EEEO EOD OEDVIOE			438,325			
9					430,323	430,323		
ž	q c			-	0			
Š	u				0			<u> </u>
Program Service Revenue		All other programs and in account			0			
Ď.		All other program service revenue			- · · · ·		re, je subig ji	
	g	Total. Add lines 2a-2f			1,098,669	AL - 1.14	Trustage wingeral getting the little	
	3	Investment income (including dividende						
	_	other similar amounts)			4,952			4,952
	4	Income from investment of tax-exempt	•		0			
	5	Royalties			0	Marketing Ways against 1920, 1844 was 4945 W	a up vertices of excellent first fire	Arra Atrodizate in civil al l
			(i) Real	(ii) Personal				
	6a	Gross Rents					The state of the s	
	b	Less: rental expenses						
	С	Rental income or (loss)		0 0		A THE STATE OF		
	d	Net rental income or (loss)		<u> </u>	0			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		0 0				
	b	Less: cost or other basis						
		and sales expenses		0 0				
	С	Gain or (loss)		0 0				
	d	Net gain or (loss)		. <u> </u>	0			
o.	8a	Gross income from fundraising						
ŭ		events (not including \$	0					
۸e		of contributions reported on line 1c).						
Re		See Part IV, line 18		a 0				
ē	b	Less: direct expenses						
Other Revenue	С	Net income or (loss) from fundraising e	events		1 o		ļ	
•		Gross income from gaming activities.						在基本的特别
		See Part IV, line 19		a 0)			
	b	Less: direct expenses			√ : a.			
		Net income or (loss) from gaming activ			0			
		Gross sales of inventory, less				or a ready		
		returns and allowances		a 0				
	b	Less: cost of goods sold			1			
		Net income or (loss) from sales of inve			1 0			
		Miscellaneous Revenue		Business Code	1 <u>1</u>			
Î	11a				1 n			
}	b				0			
	C				Ō			
	d	All other revenue			0	†		
		Total. Add lines 11a–11d			0	·		1
	12	Total Revenue. Add lines 1h, 2g, 3, 4,						<u> </u>
		9c. 10c. and 11e			7.827.961	1.098.669		4 952

Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column	(A) but are not rec	uired to complete	columns (B), (C), a	nd (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0	· ·		
5	Compensation of current officers, directors, trustees, and key employees.	131,592	114,906	16,199	487
6	Compensation not included above, to disqualified	131,032	114,300	10,133	407
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	ol			
7	Other salaries and wages	3,030,469	2,646,205	373,051	11,213
8	Pension plan contributions (include section 401(k)	0,000,100	2,040,200	373,001	11,213
_	and section 403(b) employer contributions)	o			
9	Other employee benefits	230,056	200,886	28,319	851
10	Payroll taxes	0			
11	Fees for services (non-employees):		·		
а	Management	ol			
b	Legal ,	0			,
С	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			<u></u> -
g	Other	645,015	563,227	79,401	2,387
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	. 0			
15	Royalties	0			
16	Occupancy	418,384			1,548
17	Travel	81,438	71,112	10,025	301
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	<u> </u>	——————————————————————————————————————	
19	Conferences, conventions, and meetings	0			
20	Interest	137,301	119,891	16,902	508
21	Payments to affiliates	0		0	0
22	Depreciation, depletion, and amortization	123,489	107,830	15,201	458
23 24	Insurance	0	A TOTAL CONTRACTOR OF THE	error organist of the second	THE STARTE WAS STREET
44	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed	***			
	5% of total expenses shown on line 25 below.)				
а	adh a a a a a a dha a	169,821	148,492	20,670	659
þ	can autom to la antro ato	0	140,402	20,070	000
c	disast saminas	2,423,891	2,423,891		
d	aget of goods	0	2,420,001		
e	property purchase	41,317	36,078	5,086	153
f	All other expenses	0		0,000	
25	Total functional expenses. Add lines 1 through 24f	7,432,773	6,797,851	616,357	18,565
26	Joint Costs. Check here ▶ if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising			ļ	
	solicitation				
					Form 990 (2008)

Pa	irt X	Balance Sheet								
					(A) Beginning of year		Er	(B) nd of y		
	1	Cash-non-interest-bearing				1				
Ì	2	Savings and temporary cash investments			731,981	2			601	1,591
	3	Pledges and grants receivable, net	1,546,551	3			1,370	3,003		
	4	Accounts receivable, net	1,764	4			2	2,638		
	5	Receivables from current and former officers,	directo	ors, trustees, key			i			
ļ		employees, or other related parties. Complete	0	5				0		
	6	Receivables from other disqualified persons (as defi	ined under section						
ł		4958(f)(1)) and persons described in section	4958(c	(3)(B). Complete						
		Part II of Schedule L			0	6				0
ş	7	Notes and loans receivable, net			0	7				0
Assets	8	Inventories for sale or use			34,960	8			47	7,729
۲ä	9	Prepaid expenses and deferred charges			52,737	9			52	2,477
	10a	Land, buildings, and equipment: cost basis	10a	6,170,966		150				
	b	Less: accumulated depreciation. Complete								
			10b	2,826,789	3,706,715	10c			3,344	1 ,177
	11	Investments-publicly traded securities			0	11				0
	12	Investments-other securities. See Part IV, lin		0	12				0	
	13	Investments-program-related. See Part IV, lir		0	13				0	
- 1	14	Intangible assets		14						
	15	Other assets. See Part IV, line 11			246,320	15			268	B,853
	16	Total assets. Add lines 1 through 15 (must e	qual lir	ne 34)	6,321,028	16			5,68	7,468
	17	Accounts payable and accrued expenses			718,988	17			661	1,848
l	18	Grants payable		18						
i	19	Deferred revenue		841,255	19			646	6,763	
Liabilities	20	Tax-exempt bond liabilities			0	20				0
	21	Escrow account liability. Complete Part IV of	Sched	ule D		21				
	22	Payables to current and former officers, direct	tors, tr	ustees, key				. W. Li		Tida.
abi		employees, highest compensated employees	s, and o	disqualified						
Ë		persons. Complete Part II of Schedule L			0					0
	23	Secured mortgages and notes payable to uni	related	third parties	4,359,723				3,81	<u>5,483</u>
	24	Unsecured notes and loans payable			0	⊢ =	ļ			0
	25	Other liabilities. Complete Part X of Schedule	D		54,726	 				<u>0,639</u>
	26	Total liabilities. Add lines 17 through 25		<u> </u>	5,974,692	26	Liande de la company		5,18	<u>4,733</u>
		Organizations that follow SFAS 117, check	k here	▶ X and						
ses		complete lines 27 through 29, and lines 33					1277.32	F-24		
anc	27	Unrestricted net assets			346,336					9,629
Balance	28	Temporarily restricted net assets				28			4	3,106
D E	29	Permanently restricted net assets				29				
Fund		Organizations that do not follow SFAS 113		*****), i
o.		and complete lines 30 through 34.	r, crie	SK Hele P						
5		*	4.			30		de lughe i	_ 1000 -11	
Net Assets	30	Capital stock or trust principal, or current fund				31	· ·			
Ąŝ	31	Paid-in or capital surplus, or land, building, o Retained earnings, endowment, accumulated				32				
ét	32	Total net assets or fund balances			346,336	_			50	2,735
_	33	Total liabilities and net assets/fund balances			6,321,028					7,468
Do	34 rt XI	Financial Statements and Reporting		<u> </u>	0,021,020	1 0 -			0,00	1,100
L	ILAI	I mancial Statements and Neporting	9					\Box	Yes	No
1	Aı	ccounting method used to prepare the Form 99	90:	Cash X Accr	ual Other		[5		- 1	N. J.
2	.∵ a W	Vere the organization's financial statements cor	npiled					2a		Χ
	b W	Vere the organization's financial statements aud	lited b	y an independent acco	ountant?		$ abla$	2b	Х	
	c If	"Yes" to lines 2a or 2b, does the organization !	nave a	committee that assum	nes responsibility for over	sight o	of the			
	aı	udit, review, or compilation of its financial state	ments	and selection of an inc	dependent accountant?.			2c	Χ_	
3	a A	s a result of a federal award, was the organizat	ion red	quired to undergo an a	udit or audits as set forth	in		T		
J	th	ne Single Audit Act and OMB Circular A-133? .						3a	Χ	
		"Voc." did the organization undergo the require						3b	Х	

SCHEDULE A

'(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No. 1545-D047

Open to Public Inspection

Name of the organization

Employer identification number

			ITY ACTION AG						94-20403				
Part	_			arity Status (All org					t.) (see ir	<u>ıstructio</u>	ns)		
- 1	rgan		•	ation because it is: (Pl		_	_						
1				rches, or association o			ed in sec	tion 170(b)(1)(A)(i)) .			
2		A school des	scribed in sectio	on 170(b)(1)(A)(ii). (Ati	tach Sche	dule E.)							
3		A hospital or	a cooperative h	ospital service organiz	zation des	cribed in	section 1	170(b)(1)((A)(iii). (A	ttach Sch	nedule H	1.)	
4			search organiza	ition operated in conju ate:	nction wit	h a hospit	al descril	oed in sec	ction 170	(b)(1)(A)	(iii). Ent	er the	
5		_	•	the benefit of a colleg (Complete Part II.)	e or unive	ersity own	ed or ope	erated by	a governr	nental ur	nit descr	ibed	
6	\neg			ernment or governmer	ntal unit de	escribed i	n sectior	170(b)(1	I)(A)(v).				
7	X	An organizat	tion that normally	y receives a substantia (1)(A)(vi). (Complete F	al part of i					r from the	e genera	al publi	С
8	\neg			in section 170(b)(1)(omplete F	Part II.)						
9	\exists	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 exempt 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). (Complete Part III.)											
10		An organizat	tion organized a	nd operated exclusive	ly to test f	or public	safety. Se	ee sectio	n 509(a)(4	4). (see ii	nstructio	ns)	
11		purposes of .509(a)(3). C	one or more put heck the box tha	nd operated exclusive blicly supported organ at describes the type o	izations d f supporti	escribed i ng organi	n section zation an	509(a)(1) d complet) or section	n 509(a) le throug	(2). See h 11h.	section	
		а Туре		Type II c		III–Func	-	-			Type III-		
e f		persons othe 509(a)(1) or	er than foundation section 509(a)(2	y that the organization on managers and othe 2). a written determination	r than one	e or more	publicly s	supported	l organiza	tions des	cribed i		on $ abla$
g		Since Augus		the organization acce		 gift or con	 tribution t	rom any	of the				Ш
		following per			ماد مادد		مالئني سمطه		dogaribod	in /ii\		Yes	No
				or indirectly controls, or ind							11g(i)	168	140
				person described in (i							11g(ii)		
		• /	•	y of a person describe							11g(iii)		
h				ation about the organi							3 11	<u> </u>	
		of supported	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the of in col. (i) lis	organization sted in your document?	(v) Did y the organ col.(i)	you notify nization in of your port?	organiza (i) organi	Is the tion in col. zed in the S.?		Amount support	of
				, , , , , ,	Yes	No	Yes	No	Yes	No			
													0
													0
		-											0
													0
		<u> </u>											0
Total									1 1 1 1		-		0

REDWOOD COMMUNITY ACTION AGENCY 94-2646370 Page 2 Schedule A (Form 990 or 990-EZ) 2008 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (f) Total (d) 2007 (e) 2008 (a) 2004 (b) 2005 (c) 2006 Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not 7,548,986 6,724,340 34,361,014 include any "unusual grants.") 6,408,149 7,465,021 6,214,518 Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 its behalf 3 The value of services or facilities furnished by a governmental unit to the 0 organization without charge 6,724,340 34,361,014 6,408,149 7,465,021 6,214,518 7,548,986 Total Add lines 1-3 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, column (f) . . . 34,361,014 Public support. Subtract line 5 from line 4. Section B. Total Support (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 7,548,986 6,408,149 7,465,021 6,214,518 6,724,340 34,361,014 7 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties and income from similar 8,154 4,952 39,507 17,849 8,552 Net income from unrelated business activities, whether or not the business is 0 regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets 0 (Explain in Part IV.) Total support. Add lines 7 through 10 . . . 34.400.521 11 6,370,019 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage

4	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.89%
5		15	99.90%
l6a	33 1/3% support test–2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 and stop here. The organization qualifies as a publicly supported organization		. X
þ	33 1/3% support test–2007. If the organization did not check a box on line 13 or 16a, and line 15 is 3 box and stop here. The organization qualifies as a publicly supported organization.		▶ 🔼
17a	10%-facts-and-circumstances-test-2008. If the organization did not check a box on line 13, 16a, or or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop he the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly support to the organization of the organizati	re. Exp	olain in Part IV how
b	10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16i or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop he the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly support of the organization of the organizat	b, or 17 re. Ex	7a, and line 15 is 10% plain in Part IV how
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and so	ee instri	uctions

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

	(Complete only if you checked the	ie box on ilije	9 UI Fait I.)				
	ion A. Public Support				1.0.000	() 0000	/D T-/-!
	ndar year (or fiscal year beginning in) 🕒 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	<u> </u>			i		
	include any "unusual grants.")	ol	al	ol			0
	•						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the						
	organization's tax-exempt purpose	0	0	0			0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						·
7	benefit and either paid to or expended on			į			
	its behalf	o	ol	0			0
5	The value of services or facilities	<u>~</u>					
5							
	furnished by a governmental unit to the		0	О			0
	organization without charge	0)	0	0		0	0
6	Total. Add lines 1-5	U	U	<u>_</u>			<u>U</u>
7a	Amounts included on lines 1, 2, and 3	i					
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified					1	
	persons that exceed the greater of 1%						
	of the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						0
С	Add lines 7a and 7b.	0	0	0	0	O	0
8	Public support (Subtract line 7c from						
O				SEL AL PROPERTY.	ATTACK		0
<u></u>	line 6.)		<u> </u>	1997 and 1994 and the 57	The Control of State State	1207 2 July 1 24 1 20 12	
Sec	tion B. Total Support	/=\ 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2004		 	 		0
9	Amounts from line 6	0	0	0	<u> </u>	- 0	
10a	Gross income from interest, dividends,					,	
	payments received on securities loans,						
	rents, royalties and income from similar	1		1			
	sources						0
b	Unrelated business taxable income (less			i			
	section 511 taxes) from businesses						_
	acquired after June 30, 1975					<u> </u>	0
C	Add lines 10a and 10b	0	0	C) <u> </u>	0	0
11	Net income from unrelated business						
	activities not included in line 10b,					1	
	whether or not the business is regularly						
							0
40	carried on					-	
12	Other income. Do not include gain or		1				
	loss from the sale of capital assets	۱ ,	ر ا	, (\ \	1	0
	(Explain in Part IV.)	C	<u> </u>	<u>'</u>	4	 	<u>_</u>
13	Total support. (Add lines 9, 10c, 11,			- 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12	rational distriction		
	and 12.)		ــــــــــــــــــــــــــــــــــــــ				0
14	First five years. If the Form 990 is for the or	ganization's fir	st, second, thir	d, fourth, or fit	th tax year as a	a section 501(c)	(3)
	organization, check this box and stop here.						<u>▶ [</u>
Sec	tion C. Computation of Public Support	t Percentage					
	Public support percentage for 2008 (line 8, c	olumn (f) divid	ed by line 13. o	column (ft)		15	0.00%
15	Public support percentage from 2007 Sched	lula A Part IV	a line 27a			16	0.00%
16	Public support percentage from 2007 Sched	omo Porcon	tago				<u> </u>
	tion D. Computation of Investment Inc	. 40	(6 divided by li	ao 12 aolumn	(f)\	17	0.00%
17	Investment income percentage for 2008 (line	e 10c, column	(i) aiviaea by ili	13, COIUITIN	(1))		0.00%
18	Investment income percentage from 2007 S	cnedule A, Pai	τιν-Α, line 2/Γ	l		18	
19a	33 1/3% support tests–2008. If the organize	ation did not ch	neck the box or	ı iine 14, and l	ine 15 is more	man 33 1/3% a	nu me 1/ is
	not more than 33 1/3%, check this box and s	stop here. The	organization of	qualifies as a p	ublicly support	ed organization	▶ ∐
b	33 1/3% support tests-2007. If the organization	did not check a b	oox on line 14 or	line 19a, and lin	e 16 is more tha	n 33 1/3% and	
	line 18 is not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a pt	iblicly supported	organization	. , ▶ <u> </u>
	Private foundation. If the organization did r	not check a ho	on line 14 10	a or 19b che	ck this hox and	see instruction	ıs 🕨 🗍

Schedule A (Form	n 990 or 990-EZ) 2008	REDWOOD	COMMUNIT	Y ACTION A	GENCY		94-2646370	Page 4
Part IV	Supplemental	Information	. Complete	this part to i	provide the ex	xplanation require	94-2646370 d by Part II, line 10	0;
	Part II line 17s	or 17h: or Da	art III line 1	2 Provide a	ny other addi	itional information	. (see instructions)	`
	Fairii, iiile i ra	3 OI 17 D ₁ OI 17 B	artin, mie i.	Z. FIUVIUE a	ily other addi	Monai Monadon	. (See manactions	<i></i>
		•						
					• • • • • • • • • • • • • • • • • • • •			
			.					
	·							
							• • • • • • • • • • • • • • • • • • • •	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

20**08**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Employer identification number Name of organization 94-2646370 REDWOOD COMMUNITY ACTION AGENCY To be completed by all organizations exempt under section 501(c) and section 527 organizations. See the instructions for Schedule C for details. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 To be completed by all organizations exempt under section 501(c)(3). Part I-B See the instructions for Schedule C for details. Enter the amount of any excise tax incurred by organization managers under section 4955 • \$ _____ 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No 3 Yes No If "Yes," describe in Part IV. To be completed by all organizations exempt under section 501(c), except section 501(c)(3). See the instructions for Schedule C for details. Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations 2 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and 3 0 Did the filing organization file Form 1120-POL for this year? No State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (e) Amount of political (c) EIN (b) Address (a) Name filing organization's contributions received and promptly and directly funds. If none, enter -0delivered to a separate political organization. If none, enter -0-0

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

_				•
,	2	п	_	

837,362

Schedule C (Form 990 or 990-EZ) 2008

0

	tule C (Form 990 or 990-EZ) 2008				4 20 - J F	raye z
Pa	rt II-A To be completed by c					
	(election under section			Scriedule C 101 C	ictalis.	
	Check ▶ if the filing organiza					
B (Check ▶ ☐ if the filing organiza	ition checked box	A and "limited co	ntrol provisions	appiy.	
	Limits on (The term "expenditure	Lobbying Expend		i)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influ	ence public opinion	(grass roots lobby)	ing)	0	0
þ	Total lobbying expenditures to influ				0	- 0
С	Total lobbying expenditures (add lin					
d	Other exempt purpose expenditure				7,432,773	
e	Total exempt purpose expenditures				7,432,773	
f	Lobbying nontaxable amount. Ente	r the amount from ti	ne following table if	n both	521,639	0
Γ	columns. If the amount on line 1e, column (a) or (b) i	e The Johnwing	nontaxable amount	is	321,039 3 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
1	Not over \$500,000		nount on line 1e.			
-	Over \$500,000 but not over \$1,000,000		15% of the excess o			
F	Over \$1,000,000 but not over \$1,500,00		10% of the excess o			
-	Over \$1,500,000 but not over \$17,000,		5% of the excess ov			
Ì	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (en	ter 25% of line 1f).			130,410	0
h	Subtract line 1g from line 1a. Enter		0	0		
i	Subtract line 1f from line 1c. Enter	-0- if line f is more t	han line c		0	0
i	If there is an amount other than ze	ro on either line 1h	or line 1 <mark>i, did t</mark> he or	ganization file For	m 4720 reporting	
•	section 4911 tax for this year?					Yes No
		that made a section w. See the instruct	ions for lines 2a ti	do not have to con hrough 2f of the in	nstructions.)	e
	Lo	bbying Expenditu	res During 4-Year	Averaging Period	<u> </u>	
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount	591,694	524,208	595,421	521,639	<u>2,232,962</u>
b	Lobbying ceiling amount (150% of line 2a, column(e))					3,349,443
	Total lobbying expenditures	0	0	0	0	0
d	Grassroots non-taxable amount	147,924	131,052	148,855	130,410	558,241

0

0

0

	5768 (election under section 501(h)). See the instructions for Schedule C for	Jetani (a			(b)	
		Yes	No.	A	mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?			7 T. W		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?			ŕ		
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	Other activities? If "Yes," describe in Part IV					
i	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			P (3. 17.)		
b	If "Yes," enter the amount of any tax incurred under section 4912	1 1 1 1				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.	0.2				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					i Şirin
	III-A To be completed by all organizations exempt under section 501(c)(4), sec	ion 5	01(c	(5). oı		
	section 501(c)(6). See the instructions for Schedule C for details.		(- /			
	Section of None and the field delicate in the contraction				Yes	No
4	Were substantially all (90% or more) dues received nondeductible by members?			1		
1	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
2	Did the organization agree to carryover lobbying and political expenditures from the prior year?					
3					<u> </u>	L
Pan	IIII-B To be completed by all organizations exempt under section 501(c)(4), sec section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No"	OR if	Part	ηση, σι III-A		
	question 3 is answered "Yes." See Schedule C instructions for details.	•••		,		
	Dues, assessments and similar amounts from members		1			
1	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of	•	2,655			
2	political expenses for which the section 527(f) tax was paid).					
_	Current year		2a			
a	Carryover from last year		2b	ļ		
b			2c	 		0
c	Total		3	<u> </u>		<u> </u>
3	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		-	1		
4	excess does the organization agree to carryover to the reasonable estimate of nondeductible					
	lobbying and political expenditure next year?		4	1		
_	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4).		5			0
5		· · · · · ·		I		
Pari						
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line	5; and	d Part	II-B, lin	ie 1i.	
Also,	complete this part for any additional information.					
				 -	. -	
		 -			. 	
			- -			

		OOD COMMUNITY ACTION AGENCY	94-2646370
		rm 990 or 990-EZ) 2008	Page 4
Part I	V _	Supplemental Information (continued)	
		••••	

			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			
·			
-			

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Inspection Employer identification number

REDV	VOOD COMMUNITY ACTION AGENCY		94-2646370
Part		or Advised Funds or Other	Similar Funds or Accounts. Complete if
	the organization answered "Yes" to		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and d	onor advisors in writing that the	assets held in donor advised
	funds are the organization's property, subje-	ct to the organization's exclusiv	e legal control? Yes . No
6	Did the organization inform all grantees, do	nors, and donor advisors in writ	ing that grant funds may be
	used only for charitable purposes and not for	or the benefit of the donor or do	
	impermissible private benefit?	<u></u>	Yes No
Part	Il Conservation Easements. Comp	lete if the organization answ	ered "Yes" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held	by the organization (check all	hat apply).
•	Preservation of land for public use (e.g.		Preservation of an historically important land area
	Protection of natural habitat		Preservation of certified historic structure
		' لــا	reservation of certified flistene structure
_	Preservation of open space		7 F 2 H 7 A 4 F 4 A 5 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A
2	•	ld a qualified conservation con	ribution in the form of a conservation easement
	on the last day of the tax year.		Design III And Pad Afric Van
_	Total number of conservation easements .		Held at the End of the Year
a	Total acreage restricted by conservation ea		
b	Number of conservation easements on a ce		
c d	Number of conservation easements include		
3	Number of conservation easements modifie		· · · · · · · · · · · · · · · · · · ·
Ū	during the taxable year	,,,,	
4	Number of states where property subject to	conservation easement is loca	ted •
5	Does the organization have a written policy		
	enforcement of the conservation easement		
6	Staff or volunteer hours devoted to monitor	ng, inspecting, and enforcing e	asements during the year
7	Amount of expenses incurred in monitoring	, inspecting, and enforcing easo	ements during the year 🕒 \$
8	Does each conservation easement reported	d on line 2(d) above satisfy the	requirements of section
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		
9			s in its revenue and expense statement, and
			anization's financial statements that describes
	the organization's accounting for conservat		
Par	III Organizations Maintaining Collecti		
_	Complete if the organization answere		
1a	If the organization elected, as permitted un	der SFAS 116, not to report in i	is revenue statement and balance sheet works of
	art, historical treasures, or other similar ass	ets held for public exhibition, e	ducation, or research in furtherance of public
	service, provide, in Part XIV, the text of the		
þ			evenue statement and balance sheet works of art,
	historical treasures, or other similar assets		ation, or research in furtherance of public
	service, provide the following amounts rela-	-	
	(i) Revenues included in Form 990, Part V	II, line 1	
	(ii) Assets included in Form 990, Part X		
2			er similar assets for financial gain, provide the
	following amounts required to be reported to		
а	Revenues included in Form 990, Part VIII,	ine 1	
b	Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·

Page	2

Part	III Organizations Maintaining Col	ections of	Art,	Histo	orical T	reasures, c	r Oth	<u>ıer Similar As</u>	sets (co	ontinue	ed)
3	Using the organization's accession and of items (check all that apply):	her records,	chec	ck any	of the f	ollowing that	are a	significant use	of its co	llection	า
	Public exhibition		d		Loanic	or exchange p	nrogra	ame			
a						n exertainge i	progre				
þ	Scholarly research		е		Other			• • • • • • • • • • • • • • • • • • • •			
С	Preservation for future generations										
4	Provide a description of the organization's Part XIV.	collections	and (explai	n how th	ney further th	e org	anization's exen	npt purp	se in	
5	During the year, did the organization solid assets to be sold to raise funds rather that	n to be main	taine	ed as	part of tl	he organizati	on's c	collection?	Ye	<u> </u>	No
Part	Trust, Escrow and Custodial / Part IV, line 9, or reported an an	Arrangeme nount on Fo	nts. orm 9	Com 990, I	plete if Part X,	organizatio line 21.	n ans	wered "Yes" to	Form	990,	
1a							s or o	ther assets not	 1		
	included on Form 990, Part X?								Ye	:s	No
b	If "Yes," explain the arrangement in Part 2	XIV and com	plete	the f	ollowing	table:					
							<u> </u>		mount		
C	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance						. <u>1f</u>				0
2a	Did the organization include an amount o	n Form 990,	Part	X, lin	e 21?.				Ye	s X	No
b	If "Yes," explain the arrangement in Part 3	XIV.									
Part		if organizat	ion a	answ	ered "Y	es" to Form	990,	Part IV, line 1	0.		
		Current year		b) Prio		(c) Two years		(d) Three years bac		our years	back
1a	Beginning of year balance						1	arteliyi			他意识
b	Contributions					Artina establica di Maria di Argania di Artina					20
C	Investment earnings or losses .						17. A		i de mi		
d	Grants or scholarships		0 00 00 00				74				THE S
e	Other expenditures for facilities		DET :	APUS -1 Yusi			777			ergener Grænde	32 (A. T. T.) 32 (A. T. T.)
·	and programs			4 E - 1	en en en					ragelli.	
f	Administrative expenses		1675			to The Part of the Police	TOWN.	o fre tratte			
g	End of year balance	0	1		- X1 A-4-17 (-18				Liv mases		athenor.
2	Provide the estimated percentage of the	vear end bal	ance	held	as:						
a	Board designated or quasi-endowment	, • • • • • • • • • • • • • • • • • • •		%							
b	Permanent endowment	%									
c	Term endowment ▶ %	-55'6'6									
	Are there endowment funds not in the po	ssession of t	the o	raania	ration th	at are held a	nd ac	Iministered for t	ne		
Ju	organization by:			. 5						Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
ь.	If "Yes" to 3a(ii), are the related organiza								3b		
b	Describe in Part XIV the intended uses of						• •		L	<u>, </u>	
4 Dom		e and Fou	inm	ent	See Foi	rm 990 Par	t X li	ne 10			
Part		(a) Cost or of		- 1		st or other		Depreciation	(4) B	ook valu	
	Description of investment	(a) Cost or				s (other)	(0)	· · · · · · · · · · · · · · · · · · ·	(0) 0		
1a	Land			0	,	1,071,730	•				1,730
b	Buildings			0		4,638,097		0		<u>4,63</u>	8,097
C	Leasehold improvements			0		0		<u> </u>			0
d	Equipment			0		461,139		0		<u>46</u>	31 <u>,139</u>
е	Other	<u></u>		0		0		0			0
Tota	I. Add lines 1a-1e. (Column (d) should eq	ual Form 99	0, <i>P</i> a	rt X, (column (B), line 10(c)).) .	🕨		6,17	0,966
											

uncertain tax positions under FIN 48.

_	•
Page	

Part VII Investments—Other Securitie	s. See Form 990, Part X	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products	0	
Closely-held equity interests	0	
Other	0	
	0	
	0	
	0	
	0	
~~~~~~	0	
	0	
	0	
	0	
	0	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)	) 0	
Part VIII Investments—Program Relate	<b>d.</b> See Form 990, Part X,	line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
,	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total. (Column (b) should equal Form 990, Parl X, col. (B) line 13.)	0	
Part IX Other Assets. See Form 990, I		
	(a) Description	(b) Book value
		0
		0
4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -		
		0
		0
		0
		0
		0
		0
T. 1.1 (O-1 (%) -1	Cont (D) Eng 4E l	0
Total. (Column (b) should equal Form 990, Part 2		<u>0</u>
Part X Other Liabilities. See Form 99	·	
(a) Description of liability	(b) Amount	
Federal income taxes	50.4	
SECURITY DEPOSIT	60,0	039
		<del></del>
	<u> </u>	
	<del></del>	<u> </u>
		<u> </u>
	<del>-   </del>	
	<u> </u>	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	60,0	ements that reports the organization's liability for

	ıle D (Form 990) 2008		Page 4
Par			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,827,961
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,432,773
3	Excess or (deficit) for the year. Subtract line 2 from line 1		395,188
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-238,789
9	Total adjustments (net). Add lines 48	9	-238,789
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	156,399
Par			
1	Total revenue, gains, and other support per audited financial statements	<u> </u>	<u>1</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	12	
а	Net unrealized gains on investments		
b	Donated services and use of facilities		7.3
С	Recoveries of prior year grants		75 - M 13 - M 13 - M
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d		2e 0
3	Subtract line 2e from line 1	L	<b>3</b> 7,827,961
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	- 12	
ь	Other (Describe in Part XIV)	25. 63	
С	Add lines 4a and 4b		4c 0
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		<u>5</u> 7,827,961
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expens	es p	er Return
1	Total expenses and losses per audited financial statements	L	1 7,432,773
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	3	7-301 
а	Donated services and use of facilities	-	
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d		2e 0
3	Subtract line 2e from line 1	.  _	<b>3</b> 7,432,773
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	- 0	9 TT 8 A T
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b		4c 0
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		5 7,432,773
Par	t XIV Supplemental Information		
Com	uplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; F	art IV, lines 1b
and	2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.		
	XI Line 8 Fixed assets purchased with grant funds \$22,007		
22-01			
Part	XI Line 8 Depreciation of fixed assets purchased with grant funds disposed \$74,843	<b></b> -	
Part	XI Line 8 Depreciation of fixed assets purchased with grant funds \$185,953	<b>.</b>	
		. <b></b>	
	<del></del>		

### REDWOOD COMMUNITY ACTION AGENCY

Schedule D (Forn		Page <b>5</b>
Part XIV	Supplemental Information (continued)	
Part XI Line 8	8 Fixed assets purchased with grant funds \$22,007	
Part XI Line 8	8 Fixed asset purchased with grant fund disposed \$74,843	
Part XI Line 8	8 Depreciation of fixed assets purchased with grnat funds \$185.953	
- * * = = = = = = =		
		• • • • • • • • • • • • • • • • • • • •
.,		
		,

## SCHEDULE O (Form 990)

## Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or to provide any additional information.

Employer identification number

REDWOOD COMMUNITY ACTION AGENCY	94-2646370		
Form 990 Part III Line 4 Number served-22- Obtained emergency medical care			
Form 990 Part III Line 4 Number served-162- Obtained protection from violence			
Form 990 Part III Line 4 Number served-65- Obtained legal assistance			
Form 990 Part III Line 4 Number served-140- Obtained transportation			
Form 990 Part III Line 4 Number served-3- Disaster relief			
Form 990 Part III Line 4 Number seved-712- Clothing			
Form 990 Part III Line 4 Number served-777- Senior citizens that maintained independent living	9		
Form 990 Part III Line 4 Number served-1.187- Individuals with disabilities that maintained inde	ependent living		
Form 990 Part III Line 4 Number served-411- Safe and affordable housing units preserved or in	nproved through construction,		
weatherization or rehabilitation			
Form 990 Part III Line 4 Number served-19- Accessible "before school" and "after school" prog	ram placement		
opportunities for low-income families created or maintained	•••••		
Form 990 Part III Line 4 Number served-4- Accessible new preserved or expanded transportation	on resources		
available to low-income families created or maintained.	•		
Form 990 Part III Line 4 Number served-5- Increases in community assets as a result of change	e in law,		
regulation or ploicy, which results in improvements in quality of life and assets			
Form 990 Part III Line 4 Number served-5- Increase in the availabilty or preservation of commu	unity facilities		
Form 990 Part III Line 4 Number served-3- Increase in the availability or preservation of comm	unity services		
to improve public health and safety			
Form 990 Part III Line 4 Number served-1- Increase or preservation of neighborhood quality of	life resources		
Form 990 Part III Line 4 23,714 Total number of hours volunteered			
Form 990 Part III Line 4 Ehnicity of clients Hispanic/Latino 9.5%, Non-Hispanic/Latino 90.5%			
Race of clients - African American 3.4%, White 62%, Native American 15.5%			
Asian .02%Two or more 9.7%, Other 9.2%			
Form 990 Part VI Section A Line 11 Initial review is made by the Executive director and then the finance/audit committee			

Schedule O (Form 990) 2008	Page Z
Name of the organization REDWOOD COMMUNITY ACTION AGENCY	Employer identification number 94-2646370
Form 990 Part VI Section B Line 15a The Executive Director submits proposal to the executive	committee. The Executive
Committee discusses, coming to an agreed compensation with the Executive Director	
The Board of Directors discusses the agreement and ratifies the final decision.	
Form 990 Part VI Section B Line 15b The Executive Director working with the Human Resource	es Department and the
appropriate Division Directors follows agency policies and procedures.	
Form 990 Part VI Section C Line 19 TheForm 990 is published on the agency website all other	document are made
available upon request.	
Form 990 Part VI Section A Line 10 The Form 990 is reviewed by the Executive Director and C	FO

Part X (Sch D (990)) - Other Liabilities

Part	X (Sch D (990)) - Other Liabilities	60,639
	Description	Amount
	Federal Income Taxes	
2	SECURITY DEPOSIT	60,639
3		<u>9</u>
4		<del> </del>
5 6		<u> </u>
7		<u>8</u>
8	· · · · · · · · · · · · · · · · · · ·	0
9		Ō
10		0
11		0
12		0
13		0
14		0
15		0
16 17	· · · · · · · · · · · · · · · · · · ·	0
18		
19		0
20	<u> </u>	
21	₫	0