(Rev. January 2020)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

		rine Treasury nue Service	► Go to www.i	rs.gov/Form990 for in	structions a	nd the latest	information.	•	Inspection
A	For th	e 2019 cal	endar year, or tax year begi	nning			nding		mopeetion
B	Check if	applicable:	C Name of organization RE	DWOOD COMMUNITY	ACTION AG			pioyer Identi	floation number
	Address	change	Doing business as						
	Name ch	nange	Number and street (or P.O. box	If mall is not delivered to st	reet address)	Room/sulte	94-264	16370	
\equiv		Ť	904 G STREET				E Tele	phone numb	er
Ш	Initial ret	um	City or town		State	ZIP code	(707)	145-0881	
	Final return	n/terminated	EUREKA		CA	95501		140-0001	
	Amende	d satura	Foreign country name	Foreign province/state	/county	Foreign posta			
=		1			· · · · · · · · · · · · · · · · · · ·		G Gro	ss recelpts \$	8,498,038
Ш	Application	on pending	F Name and address of principal				H(a) is this a group	return for subor	dinates? Yes X No
	 		Val Martinez 904 G Street,	Eureka, CA 95501			H(b) Are all subc		
I	Tax-exe	mpt status;	X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1)	or 527	1 ''	ch a list, (see	
	Website	e: ► www		7 - (1115-1110)		02/	4	•	,
···	-	organization:		1			H(c) Group exem		
_				Association Ot	her 🕨	L Yes	ar of formation:	980 M	State of legal domicile: CA
L	art		nmary	<u> </u>	4-1-				
Φ	1	Briefly de	escribe the organization's m	ilssion or most signifi	cant activitie	s: The	Redwood Com	munity Ac	tion Agency is
, L		designat	ed the Community Action A	gency for Humboldt (County, Califo	ornia,			
Activities & Governance		********				~~~			
Ş	2	Check th	is box 🕨 🔲 if the organi	zation discontinued it	s operations	or disposed	of more than 2	25% of its i	net assets
Ğ	3	Number	of voting members of the go	overning body (Part \	/I, line 1a) .			3	13
ψ, φ	4	Number	of independent voting mem	bers of the governing	body (Part \	VI. line 1b).		4	13
itie	5	Total nur	nber of individuals employe	d in calendar year 20	19 (Part V. li	ne 2a)		. 5	152
€	6	Total nur	nber of volunteers (estimate	e if necessary) 。				8	388
Ă	7a	Total unr	elated business revenue fro	om Part VIII, column ('C), line 12 .			7a	-0
	b	Net unre	lated business taxable inco	me from Form 990-T,	line 39			7b	0
							Prior Ye		Current Year
ē	8	Contribut	tions and grants (Part VIII, I	ine 1h)				8,913,052	7,846,106
Revenue	9	Program	service revenue (Part VIII,	line 2g) 。 . . . , .				594,235	644,795
è	10	Investme	ent income (Part VIII, columi	n (A), lines 3, 4, and 1	7d)			28	97
	11	Other rev	zenue (Part VIII, column (A)	, lines 5, 6d, 8c, 9c, 1	10c, and 11e)		69,066	7,040
	12	Total reve	nue—add lines 8 through 11	(must equal Part VIII, c	olumn (A), lin	e 12)		9,576,381	8,498,038
	13	Grants a	nd similar amounts paid (Pa	art IX, column (A), line	es 13)			0	0
	14	Benefits	paid to or for members (Par	t IX, column (A), line	4)			0	0
es	15	Salaries,	other compensation, employe	e benefits (Part IX, col	umn (A), lines	5–10)		4,522,564	3,955,898
Sus	16a	Profession	mal fundraising fees (Part I	X, column (A), line 11	e)			0	0
Expenses	b	Total fund	draising expenses (Part IX,	column (D), line 25)	>	0	i periodiga per adago i antesare. Biologia		
ш	' '	Other ex	oenses (Part IX, column (A)	, lines 11a-11d, 11f-:	24e)			5,298,705	4,518,894
	18	Total exp	enses. Add lines 13-17 (mu	ıst equal Part IX, colu	umn (A), line	25)	(3,821,269	8,474,792
16	19	Revenue	less expenses. Subtract lin	e 18 from line 12				-244,888	23,246
Net Assets or Fund Balances	00		ata (Dual V. P. 40)				Beginning of Cu		End of Year
Sse	20	Total ass	ets (Part X, line 16) .					3,611,516	5,827,007
in et	21	Total llab	ilities (Part X, line 26)					7,537,987	6,789,898
	_		ts or fund balances. Subtrac	ot line 21 from line 20) <u>, , , , , , , , , , , , , , , , , , ,</u>			-926,471	-962,891
	irt II		nature Block				 		
and	belief, it is	es or perjury, s true, correc	I declare that I have examined this t, and complete. Declaration of prep	return, including accompar parer (other than officer) is t	iying schedules i hased on all info	and statements, rmation of which	and to the best of	my knowledgi knowledge	8
						THE CONTRACT OF WITHOUT	r proparor has any	Kilowiedge,	· · · · · · · · · · · · · · · · · · ·
Sig			Signature of officer)ate	
He	re		√al Martinez				-	/# (Q	
			Type or print name and title						
			Type preparer's name	Preparer's sign	nature		Date	1	PTIN
Pai	id				>1			Check [if ''''
	parer	Robe	ert Izabal		w/ C	PA:	10/28/2020) self-empl	loyed P01009486
	e Only		name ► Izabal, Bernacial	(& Co	· ·		Firm's E	N ▶ 77-00	016122
			address ► 388 Market Stree	et, Suite 888, San Fra	ancisco, CA	94111	Phone n		396-5551
May	the IR		this return with the prepare					x 3	X Yes No
_						5	· · · · · · · · · · · · · · · · · · ·		

Part IV Checklist of Required Schedules

			Yes	Νo
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1_1_	X	<u> </u>
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	2	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		Х
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C. Part III	5		Х
Ŭ	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	6		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	7	<u></u> .	X
.9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	8		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Χ	
	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		X
	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		×
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11 d	Х	***
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	X	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X, Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Х	
b	Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	12a	Х	
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(li)? If "Yes," complete Schedule E.	13		Χ
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
Ď	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "You," complete Schooling 5, Botto Level IV.		ļ	
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		<u>X</u>
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see Instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

22 Old the organization report more than \$5,000 of grafts or other assistance to criter domestic individuals on Part IX, odurn (A), the 27 ff Yes, "complete Schedule J. Parts 1 and III. 22 X 23 Old the organization area "Frest" to Part IXI, Section A, line 3, 4 or 6 should complete schedule J. Parts 1 and III. 24 Old the organization have a tax-aware; both section A, line 3, 4 or 6 should complete schedule J. Parts 1 and III. 24 Old the organization have a tax-aware; both seve with an australing principle amount of more than 3° 00,000 as of the last stay of the year, the was listed after December 31,0000? If Yes, "answer line 246 through 24d and complete Schedule K. If Yes," go to the 25e. 25 Did the organization marks and proceeds of tax-event bonds beyond a temporary period exception? 26 Did the organization and an area of the parts and section of the sect	Pai	t IV Checklist of Required Schedules (continued)	040370	· .	rage 4
22 Light the organization report more than \$5,000 of grants or other assistance to or for domastic inclividuals on Part X, count A(x) line 2 V "res," complete Schedule I Part i end iii. 23 Did the organization answer "Yes" to Part VII, Section A, line 5, c., or 6 about compensation of the organization's current and former of florers, destorate, i line 5, c., or 6 about compensation of the organization's current and former of florers, destorate, value and the section of the organization's current and former of florers, destorate, value and the section of the organization have the xewering bonds and the December 31 2002? If Yes, "answer these 2 to those organization invest any proceeds of tax-exempt bonds beyond a temporary period exception." 24b				Yes	No
Part IX, ocumn (A), line 27 if Yes, "complete Schedule, Parts i and if. Did the organization are referred to part IX, section X, line 4, a re 5 about compensation of the organization's current and former of fores, directores, trustees, key employees, and highest compensate complexes if Yes, "complete Schedule 2." 24a Did the organization have a tax example band issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued and the December 31, 2002? If Yes, "another 1822 246 bit through 24d and complete Schedule K. If Yes," organization between the same and the second of the second organization maintain an escrow account other than a refunding encount at any time during the year? 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization and the second organization, but the organization that paging in an excess central transaction with a disqualified person during the year? "If Yes," complete Schedule L. Part II transaction with a disqualified person during the year? "If Yes," complete Schedule L. Part II is the organization wave that it engaged in an organization and the organization and the properties of the organization spring forms \$90 or 1800-127 if Yes, complete Schedule L. Part II is 1800 organization wave that it engaged in an organization provided in the graph of the organization provided in the graph of the organization provided in the properties of the properties of the properties of the organization provided in the properties of the properties of the organization provided in the properties of the properties of the properties of the organization provided in the properties of the properties of the properties of the properties of the organization provide a grant or of the properties of the organization provide a grant organization provided and provided and provided properties of the organization reported and provided properties of the organization provided provided provided	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	-	1	1.0
23 D. dit he organization answer "Yes" to Part VII, Section A. Jin 6 Jr. or 6 about compensation of the organization current and former of finest, directors, trustees, key employees, and injent components of the property of the year, that was issued after December 31, 2002? If "Yes," answer Brase 24th Privagil 24d and complete Schedule J. 24 Did the organization have at six 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 Brase 24th Privagil 24d and complete Schedule K. If "No." you to like 25th Privagil 25th Privagil 24d and complete Schedule K. If "No." you to like 25th Privagil 25th Priv		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
organization's current and former officiers, directors, futureless, key employees, and highest componented apployees. If Yes, "complete Schedule I, 2 at 19,000.00 at 50 feb. 258. 19.00.00 at 50 feb. 258. 2 at 19.00.00 at 19.00.0	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	<u> </u>		1.
employees 7 if Yes, "complete Schedule J. 23 X 24 Dut the organization have at a tax-exempt bord 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 times 240 through 244 and comprete Schedule K. "If Yes," or the 25s. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 245 c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 246 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 246 c Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year? 246 d Did the organization are an an on penalt of issuer for bonds outstanding at any time during the year? 246 256 Section 501(x)(3), 501(x)(4), and 501(x)(29) organizations. Did the organization engage in an excess benefit transaction with a discussified person of the process benefit transaction with a discussified person of the process benefit transaction with a discussified person of the organization engage in an excess benefit transaction with a discussified person in a profix year, and that the pransaction has not been reported or, any of the organization engage in any organization engage in an excess benefit transaction with a discussified person or any annount on Part X, the S or 22, for receivables from or payables to any current or former office, director, director, transaction and organization provide a grant or other sassistance to any current or former office, director, director, assistance to any current or former office, director, transaction with one of the fellowing parties (see Schedule L, Part III). 27 Did five organization provide a grant or other assistance to any current or former office, director, transaction with one of the fellowing parties (see Schedule L, Part III). 28 Was the organization organization and provide a grant or other current organization an		organization's current and former officers, directors, trustees, key employees, and highest compensated	ŀ		
249 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the least only of the year, that was issued after December 31,00027 if Yos, * anomalies 24 bitrough 244 and complete Schedule K. if Yos, * go to the 28s. 24 bitrough 244 and complete Schedule K. if Yos, * go to the 28s. 25 bit the organization matritain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt conds? 26 bit the organization act as an *on-ballet for* issuer for bonds outstanding at any time during the year? 27 bit the organization act as an *on-ballet for* issuer for bonds outstanding at any time during the year? 28 Section 501(x)3, 501(c)(4), and 501(c)(29) organizations. Did the organization speep is an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported or, any of the organizations prior fore a 93 or 95-27 if *Yes,* complete Schedule I. Part 1. 28 bit the organization expend ray amount on Part X, line 5 or 22, for receivables from or payables to any curront or former officer, director, trustee, key employee, creator or founder or years the standard or the season of the organization provide a great or other assistance to any curront or former officer, director, trustee, key employee, creator or founder or former officer, director, trustee, key employee, creator or founder or former officer, director, trustee key amployee, creator or founder or substantial contributor, or 95% controlled entity of family member of any of these persons? If *Yes,* complete Schedule I. Part II. 28 Was the organization provide a great or other assistance to any curront or former officer, director, trustee, key employee, creator or founder, substantial contributor? If *Yes,* complete Schedule I. Part III. 29 Was the organization aparty to a business transaction with one of the following parties (see Schedule I. Part III. 29 A Jask's controlled entity of one or more Individuals ander		employees? If "Yes," complete Schedule J	. 23	Х	
24a	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			1
24a		\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			1
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year? 24d 25S Section Solic(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization provide a prant or other assistance to any outrent or former officer, director, trustee, key employee, creator of founder, substantial contributor, or 58% controlled entity or family member of any of these persons? if "Yes," complete Schedule L. Part II. 25 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 38% controlled entity (including an employee thereof) or family member of any of these persons? if "Yes," complete Schedule L. Part IV. 26 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV. 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV. 28 A Complete Schedule L. Part IV. 28 A Complete Schedule L. Part IV. 28 A Complete Schedule L. Part IV. 39 Did the organization receive more than \$25,000 in non-cash contributions? if "Yes," complete Schedule L. Part IV. 30 Did the organization receive more than \$25,000 in non-cash contributions? if "Yes," complete Schedule R. Part II. 30 Did the organization liquidate, terminate, or dissolve and cease operations? if "Yes," complete Schedule R. Part II. 31 Did the organization receive contributions of art. historical treasures, or other similar assects, or qualified conse		24b through 24d and complete Schedule K. If "No," go to line 25a .	24a	ŀ	X
to defease any tax-exempt bonds? 24d Old the organization at as an "on behalf of issuer for bonds outstanding at any time during the year? 25a Saction 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqual field person during the year? If "Yes," complete Schedule I. Part I. b is the organization aware that it engaged in an excess benefit transaction with a disqual field person of the organization aware that it engaged in an excess benefit transaction with a disqual field person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 950 or 90-E27 /f "Yes," complete Schedule I., Part I. Did the organization report any emount on Part X, line 5 or 22, for receivables from or payables to any current of former officing, director, trustee, key employee, creator or founder, substantial contributor, or 35% control ed entity or family member of any of these persons? If "Yes," complete Schedule I., Part III. 25b	, b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I. b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 980-E27 if "Yes," complete Schedule I., Part I. Did the organization report any amount on Part X, line 6 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part II. 26	a 25-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported or, any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule I., Part I. 25 Did the organization report any amount on Part X, line S or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? if "Yes," complete Schedule I., Part III. 26 X 27 Did the organization provide a great or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a great selection committee member, or to a 35% controlled entity of flouding an employee thereof, a great selection committee members or to a 35% controlled entity (inducting an employee thereof) or family member of any of those persons? if "Yes," complete Schedule I., Part IV. 28 Was the organization a party to a business transaction with one of the following parties (see Schedule I., Part IV.) 38 Accurrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? if if Yes, if "Omplete Schedule I., Part IV.) 39 A 35% control eld entity of one or more Individuals and/or organizations described in lines 28a or 28b7 if if if yes, if complete Schedule III. Part IV. 30 Did the organization receive more than \$25,000 in non-cash contributions? if if Yes, if complete Schedule III. 30 Did the organization receive more than \$25,000 in non-cash contributions? if if Yes, if complete Schedule III. 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 31 If Yes, if yes, if organization will need the interest of the sell of the organization will need to any tax-exempt or taxable entity if if Yes, if complete Schedule III. 31 Did the organization or office in th	∠5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 890-EZ7 if "Yes," complete Schedule L. Part I. 25 Did the organization report any amount on Pert X. line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employes, creator or founder substantial contribution or 36% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part III. 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contribution or employee thereof, a grant selection committies member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," controlled entity (including an employee thereof) or family member of any of these persons? If "Yes, "controlled entity (including an employee, creator or founder). 27 A very selection of fire or the selection of the selection committee member, or to a 35% controlled entity for applicable filing thresholds, conditions, and exceptions): 28 A family member of any individual described in line 28a7 if "Yes," complete Schedule L. Part IV. 28 A family member of any individual described in line 28a7 if "Yes," complete Schedule L. Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 L. V. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Part I. 20 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M. Part I. 20 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 21 Did the organization on soll of the properties of the sell of the properties Schedule M. Part II. 22 Did the organization on soll of the properties of the s	L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
990-EZ7 fr Yes, "complete Schedule L, Part I. 28b X 27 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 26 X 28 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity, (including an employee thereof) or family member of any of these cersons? If "Yes," complete Schedule L, Part III. 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV). 29 Act Ivi Instructions, for applicable filling thresholds, concilitions, and exceptions); a Acurrent or former officer director, trustee, key employee, creator or founder, or substantial contributor? If If Yes, "complete Schedule L, Part IV. 28a X 27b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b X 29c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29c Did the organization receive contributions of ant, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 29c Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. 29c Did the organization in particular transfer more than 25% of its net assets? 29c Did the organization related to any tax-exempt or taxabie entity? If "Yes," complete Schedule N, Part II. 29c Did the organization related to any tax-exempt or taxabie entity? If "Yes," complete Schedule R, Part II. 29c Did the organization complete Schedule R, Part V, Inte 2. 29c Did th	D	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
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or former officor, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? if "Yes," complete Schedule L. Part II. 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? if "Yes," complete Schedule L., Part III. 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L., Part IV instructions, for applicable filling thresholds, conditions, and exceptions): 28 A 35% complete Schedule L., Part IV. 29 A 35% controlled entity of one or more inclividuals and/or organizations described in lines 28a or 28b? If If "Yes," complete Schedule L., Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization in the province Schedule M. 20 Did the organization receive and such as a second cease operations? If "Yes," complete Schedule N, Part II. 20 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. 20 Did the organization may not 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part II, III, or IV, and Part V, IIIne 1. 30 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part V, III. 31 Did the organization on the organization receive an	26	Did the organization report any amount on Part V. Sur. 5 20	25b	<u> </u>	X
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##Yes," complete Schedule L, Part IV. A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If #"Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 If "Yes," complete Schedule N, Part II. 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 If "Yes," complete Schedule R, Part I . 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II. 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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 V, line 2 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part V, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 X 40 Enter the number of Forms W-2G included in line 1a.	а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributors if			Fir
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c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b7 if if "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? if "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? if "Yes," complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? if "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 If "Yes," complete Schedule N, Part II. 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-29 rid "Yes," complete Schedule R, Part II. 33 Did the organization related to any tax-exempt or taxable entity? if "Yes," complete Schedule R, Part III, or IV, and Part V, line 1. 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? if "Yes," complete Schedule R, Part V, line 2. 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? if "Yes," complete Schedule R, Part V, line 2. 37 Did the organization complete Schedule R, Part V, line 2. 38 Did the organization complete Schedule R, Part V, line 2. 39 Did the organization complete Schedule R, Part V, line 2. 30 Did the organization complete Schedule R, Part V, line 2. 31 Did the organization one onduct 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 V, line 2. 31 Did the organization omplete Schedule R, Part V, line 2. 32 Did th	b	A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV	· —		Ŷ
Bir Yes," complete Schedule L, Part IV. 286 X 29 X 29 X X 29 X X X X X X X X X	C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	200		
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Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? if "Yes," complete Schedule N, Part II. 32	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 34	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Ilne 1. 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a X 35a X 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 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 VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. 38 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 39 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 39 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.		If "Yes," complete Schedule N, Part II.	. 32		Х
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· · · · · · · · · · · · · · · · · · ·		gaming (gambling) winnings to prize winners?	10	X	selle i li i
					(2019)

Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. 4a 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)? b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)	.0370	٣	age (
Statements, filed for the celendar year ending with or within the year oversed by this return. 2 1 52	_			Yes	No
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Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. Enter the amount of reserves on hand. Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year. If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					
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Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. Enter the amount of reserves on hand. Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year. If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	12a	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form 1041?	12a		
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b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. c Enter the amount of reserves on hand. 13b 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year. 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	а	Is the organization licensed to issue qualified health plans in more than one state?	13a	for interes	
the organization is licensed to issue qualified health plans					
c Enter the amount of reserves on hand					- v
Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year. 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					
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 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year. If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 					<u> </u>
excess parachute payment(s) during the year			140		
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			[j		.,
ls the organization an educational institution subject to the section 4968 excise tax on net investment income?					
				Angelogia	
If "Yes," complete Form 4720, Schedule O.			16		X
		If "Yes," complete Form 4720, Schedule O.			(.)

904 G Street, Eureka, CA 95501

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person?... 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?... Χ Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?.... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ 8a Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?. 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?. 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 13 Χ 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? The organization's CEO, Executive Director, or top management official. 15a If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 20 Fiscal Director

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compens	ated	
Form 990 (2019)	REDWOOD COMMUNITY ACTION AGENCY	94-2646370	Page
•			

Empl	oyees, and Independent Contractors				
Chec	k if Schedule O contains a response or note to any line in this Part VII.				
	The state of the s		,	 ,	

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee,"
- 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

					C)	_	<u></u>			
(A) Name and title	(B) Average hours	box,	unle: er an	heck ss pe	mor erson	e than o i is both or/trust	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Vai Martinez	50.00									· · · · · · · · · · · · · · · · · · ·
Executive Director (2) Donald Cline	0,00		-	Х	_	ļ		129,511	0	25,202
Finance Director	50.00	· I								
(3) Sondra Schaub	0.00			Х	 	-		58,720	0	23,756
Director	0.00	1								
(4) Jeannette Nelson	1,00		 	_				0	0	0
Director	0.00							0		
(5) Steve Finch	1.00							U.	0	. 0
Director	0.00							o	٥	0
(6) John Myers	1.00				-			0		
Director	0.00	I .						0	اه	0
(7) Angelica Shahbal-Matias	1,00								×	<u>_</u>
Director	0.00	. X						0	0	0
(8) Mollie Smith	1.00									<u> </u>
Director	0.00	Х					,	ol	o	. 0
(9) Richard Evans	1.00									
Director	0.00	Χ						0	0	0
(10) Zuretti Goosby	2.00									
President	0,00	Х		Χ				0	0	0
(11) Mariene Jurkovich	2,00					l.				
Treasurer	0.00	. X.		Х				0	0	0
(12) Pamela Goodwin	2.00						j			
Vice President	0.00	Х	-	Х		ļ		0	0	0
(13) Nezzie Wade	2.00									
Secretary (14) Indexit City	0.00	Χ		Х				0	0	0
(14) Inderfit Gill Director	1,00	X	•					_		Ť.
Dilectol	1 0.00				<u></u>	L I		0	0	0

Form 990 (2019)

	art VII Section A. Officers, Directors, Iri	istees, Key Em	ploye	es,	and	Hi.	ghes	t Co	ompensated Em	ployees (contin	nued)
	(A) Name and title	(B) Average hours	box,	unje	Pos neck sa pe	rson	than o is both or/trust	an	(D) Reportable	(E) Reportable	(F) . Estimated amount
				Institutional trustee			Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	of other compensation from the organization and related organizations
(15) Dire (16)		1,00 0,00	1						0	0	C
										* · · · · · · · · · · · · · · · · · · ·	
(18)		H H H H H H H H H H H H H H H H H H H		<u> </u>							
(19)											
(20)									,		
								·			
(23)		******	· 								
(24)	***************************************				-	-					
(25)				٠.							
1b c d	Subtotal Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c)	ection A						•	188,231 0 188,231	0	48,958 0 48,958
2	Total number of individuals (including but not lin reportable compensation from the organization	nited to those list	ted a	bov	e) w	ho r	ecel	/ed	more than \$100,0	000 of	1 40,900
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Schedu	ctor, trustee, key ule J for such Ind	emp	oloye	e, c	or hi	ghes	t co	mpensated		Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual.	f reportable com	pens	atio	n ar s, " c	nd o com _i	ther o	com Scl	pensation from		4 X
5	Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Yes	ue compensation es," complete Sci	n from	n an Ie J	y ur for s	nrela s <i>uch</i>	ated o	orga son	anization or individ	dual	5 X
Sect	ion B. Independent Contractors										
1	Complete this table for your five highest compercompensation from the organization. Report cor	nsated independ mpensation for th	ent c	ontr Jeno	acto lar y	ors t /ear	hat re	ecei ng v	ived more than \$1 with or within the	100,000 of organization's t	ax year.
	(A) Name and business addr	ess							(B) Description of service	ces C	(C) compensation
	Construction 115 Redmond R								nstruction work fo		641,773
GHD			1185	<u> </u>					ineering and proj		132,248
	nbeck Properties PO Box 37 Eure ent Child Abuse California 4700 Roseville F		rth H	liahl	and	s ()			nab of building for ctor Program, me		847,450
										HIND: III;	<u>131,392</u> 0
2	Total number of independent contractors (includ more than \$100,000 of compensation from the compensation from			thos	e lis	sted	abov	/e) ¹ 4	who received	1	

Part VIII Statement of Revenue

		Check if Schedule O contains a respor			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
হ হ	1a		1a	0	基準以降集得推力的	的 知识的是一次	1. 农生产工工	securis 8 2-8 4
Contributions, Gifts, Grants and Other Similar Amounts	b		1b	0				
9 6	C		<u>1c</u>	0				
Gifts, llar Arr	d		1d	0				
0.10	e	Government grants (contributions)	1e	7,832,048				
e ii	f	All other contributions, gifts, grants, and				Transaction of the		
out Der		similar amounts not included above	1f	14,058		2.2. E		As have to
<u> </u>	g	The state of the s						
Contributions, and Other Sim		Ilnes 1a1f	1g	\$0				
	<u>h</u>	Total. Add lines 1a-1f		<u>.</u>	7,846,106	Marine Car		
as.		en e		Business Code	ALCO DE MINISTER			
<u>.</u>	2a			531110	597,856	597,856		
e e	þ	Service Fees			46,939	46,939		
gram Serv Revenue	C				0			
e an	ď				0			
Program Service Revenue	e	A D. II			0			
₫.	T.	All other program service revenue .		<u> </u>	. 0			
	2	Total. Add lines 2a-2f	1 .	. <u> </u>	644,795			學學學學學
	3	Investment income (including dividends, in						
	4	other similar amounts)			97			97
	5	Income from investment of tax-exempt bor	- 1		0			
	3	Royalties (i) Rea	, , , , ,	(ii) Personal	0	Constitution of the constitution		
	6a	Gross rents 6a	a)	(ii) Fersonal				
	b	Less: rental expenses . 6b				10.00 (10.00) 10.00 (10.00)		
	C	Rental income or (loss) 6c	.0	0				
	ď	Net rental income or (loss)	- 0		PIN WEST	Company of the control of the		
	7a		tles	(ii) Other		ONE WILLIAM IN HAVE		
	-	sales of assets			分类以外列分 列			元明程 447年月 - 1907年 日本第二次第二次
		other than inventory 7a	0	0				
E .	b	Less: cost or other basis						
Revenue		and sales expenses 7b	0	0	5.6-14-74.5			
Ş ,	С	Gain or (loss) . 7c	Q.	0	(3) (3) (4) (4) (4)	可收加。 第500年		
er F	d	Net gain or (loss)			0	isaa falium ilaa dhillafe oo oo		a de la Principal de la Companya de La Companya de la Companya de
Othe	8a	Gross income from fundraising			107 772 773 17			
.0		events (not including \$0		*.	高数型的系数型			
		of contributions reported on line 1c).	i					
		See Part IV, line 18	8a	0	· 1000年7月至19			
	d	Less: direct expenses ,	_8b	0				
	C	Net income or (loss) from fundraising even	ts.	<u>.,,,,,▶</u>	0			
	9a	Gross income from gaming activities.	.					
	ī	See Part IV, line 19.	9a	0				
	b	Less: direct expenses	9b.	0	District Co.			
	100	Net income or (loss) from gaming activities	· · ·	. , , , , , >	O	raken e seneri och och och	· :	
	10a	Gross sales of inventory, less returns and allowances	40.					
	b	·	10a 10b	0				
	o c	Net income or (loss) from sales of inventory		0	rokinga, peri	BRANNY VIOLEN		
v,		rear mounto or floso) troth sales of myentor	' · · · T	Business Code		yjun 14 silji din isalg	(1884). V	and the second second
Miscellaneous Revenue	11a	Miscellaneous	ţ	900099	7,040	Adamse Allighi, W. William T.		7,040
cellaneo Revenue	b		•••		0			/,040
왕	C	1945400000000000000000000000000000000000	·-·		0			
S &	d	All other revenue	;		0		_	
Ē	e	Total. Add lines 11a-11d			7,040	ARTHUR YOU	era e appe	
	12	Total revenue. See instructions			8,498,038	644 795	0	7 197

Part IX Statement of Functional Expenses

		organizations .					

	Check if Schedule O contains a response or note t	o any line in this P	art IX,,,,,		
	not include amounts reported on lines 6b, 7b, 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 domestic organizations			支持发表的 化二角环	F 2010年7月1日 11日 11日 11日 11日 11日 11日 11日 11日 11日
	domestic governments. See Part IV, line 21	0		Service and the service of	
2	Grants and other assistance to domestic	· ·			
	individuals. See Part IV, line 22	. 0			
. 3	Grants and other assistance to foreign			(种) (新) (新) (1) (1)	
	organizations, foreign governments, and foreign	•	ľ		
	individuals. See Part IV, lines 15 and 16	0	i		
4	Benefits paid to or for members	0		FINAL CARREST AND	\$ 14 to 1 to 1
5	Compensation of current officers, directors,				
	trustees, and key employees	237,189	196,867	40,322	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	<u> </u>			
7	Other salaries and wages	2,803,644	2,329,482	474,162	
8	Pension plan accruals and contributions (include				7/11
	section 401(k) and 403(b) employer contributions)	52,377	41,841	10,536	
9	Other employee benefits	461,635	341,132		
10	Payroll taxes	401,053	334,312		
11	Fees for services (nonemployees);				
а	Management,	0			
b	Legal	5,727	68	5,659	
C	Accounting	67,052		67,052	, , , , , , , , , , , , , , , , , , ,
d	Lobbying	0	1		
е	Professional fundralsing services. See Part IV, line 17	0	WORK OF THE STATE	的数数(G)数(G)在16.20	
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	324,326	245,024	79,302	
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			*.** *********************************
16	Occupancy.	234,622	190,320	44,302	
17	Travel	119,906	109,090	10,816	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	· 0			
19	Conferences, conventions, and meetings	. 0			
20	Interest	85,972	1,034	84,938	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	85,262	0	85,262	0
23	Insurance	0	<u> </u>		•
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e, if		4.7		
	line 24e amount exceeds 10% of line 25, column		MANUFACTURE.		
	(A) amount, list line 24e expenses on Schedule O.)		April 1997		
а	Other Operating	1,020,826		237,474	
b	Contractors	2,014,303		59,575	
¢	Program Services	475,780			
d	Eguipment	85,118	84,820	298	
е	All other expenses	0			
25	Total functional expenses, Add lines 1 through 24e	8,474,792	7,087,850	1,386,942	0
26	Joint costs. Complete this line only if the		,		
	organization reported in column (B) joint costs				
	from a combined educational campaign and				•
	fundraising solicitation. Check here			•	
	following SOP 98-2 (ASC 958-720)				

Total liabilities and net assets/fund balances.

Part X **Balance Sheet** (B) Beginning of year End of year 1 2 439,049 2 860,436 3 2,743,291 3 4 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Assets 7 40,373 39,099 9 . Prepaid expenses and deferred charges 39.608 9 30,431 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 7,841,958 b 5,780,869 2,151,477 10c 2,061,089 11 11 0 12 0 12 0 13 Investments—program-related. See Part IV, line 11. 0 13 0 14 Ö 14 0 15 1,197,718 15 1,136,190 16 Total assets, Add lines 1 through 15 (must equal line 33) 6,611,516 16 5,827,007 17 1,549,157 17 868,372 18 Ö 18 19 Deferred revenue 965,535 19 1,115,860 20 0 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . 0 21 22 Loans and other payables to any current or former officer, director. Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 0 22 23 Secured mortgages and notes payable to unrelated third parties 3,793,831 23 3.862,218 24 Unsecured notes and loans payable to unrelated third parties 0 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete 1,229,464 25 943,448 26 Total liabilities. Add lines 17 through 25. 7.537,987 26 6,789,898 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions . . . , . . . -926<u>,4</u>71 -962,891 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here > and complete lines 29 through 33. 29 0 29 30 Paid-In or capital surplus, or land, building, or equipment fund 0 30 31 Retained earnings, endowment, accumulated income, or other funds. 0 31 32 Total net assets or fund balances

5,827,007 Form 990 (2019)

-962,891

-926,471

6,611,516

32

	t XI Reconciliation of Net Assets	92	4-2646370	Paç	_{je} 12
1	Check if Schedule O contains a response or note to any line in this Part XI.	, ,			Χ
2	Total revenue (must equal Part VIII, column (A), line 12)	1		8,498	3,038
3	Total expenses (must equal Part IX, column (A), line 25)	2		8,474	
4	Revenue less expenses. Subtract line 2 from line 1.	3		23	,246
5	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4		-926	,471
6	Net unrealized gains (losses) on investments .	5			
7	Donated services and use of facilities	6	<u>.</u>		
8	Investment expenses	7			
9	Prior period adjustments. Other changes in net assets or fund halanges (explain an Salantula C)	8			
10	Other changes in net assets or fund balances (explain on Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	9		<u>-59</u>	,666
	column (B))				
Pari	column (B)) XII Financial Statements and Reporting	10		-962	,891
	Check if Schedule O contains a response or note to any line in this Part XII			г	 ;
	The state of the s	<u> </u>		<u>· </u>	<u>l</u>
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		170 0 0 0	Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		- 44		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			14v1.	ψ.
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		2a	18,22 12	<u> X</u>
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		1.5 % (2		84
	If "Yes," check a box below to Indicate whether the financial statements for the year were audited on a		2b	X	
	separate basis, consolidated basis, or both:			2	
Ċ	both confoundated and separate pasis				
v	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	•			Ā
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a					
~~	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?				
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3a	X	· —
_	regulred audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.			!	
	any steps taken to undergo such audits			X	
			Form 9	9U (2	(019

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 601(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ,

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number REDWOOD COMMUNITY ACTION AGENCY 94-2646370 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ),) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public X described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vI). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III е functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (I) Name of supported organization (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

0

a

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants,")., 6,810,408 7,110,759 6,655,658 8,913,052 7,846,106 37,335,983 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge, Total. Add lines 1 through 3 6,810,408 7,110,759 6.655.658 8,913,052 7,846,106 37,335,983 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) ATA SAMONETON MESSAGENIANS Public support. Subtract line 5 from line 4 37,335,983 Section B. Total Support Calendar year (or fiscal year beginning in) \blacktriangleright (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Amounts from line 4. 6,810,408 7,110,759 6,655,658 8,913,052 7,846,106 37,335,983 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources , 3,560 85 0 28 97 3,770 Net income from unrelated business activities, whether or not the business is 10,119 4,527 28,207 69.066 7,040 118,959 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10. . . 37,458.712 2,821,570 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) organization, check this box and stop here..., ..., ..., ..., ..., ..., ... Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 99.67% 99.67% 16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

If the organization fails to qualify under the tests listed below, please complete Part II.

Se	ction A. Public Support	unity under the	tests listed beli	JW, please coll	ipiete Part II.)	-	
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees		, , , , , , , , , , , , , , , , , , ,			(0) 2010	(i) iotai
_	received. (Do not include any "unusual grants.")						(
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						
3	Gross receipts from activities that are not an	······································		·			
	unrelated trade or business under section 513						,
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf	·					
5	The value of services or facilities			····			(
	furnished by a governmental unit to the			į			÷
	organization without charge						
6	Total. Add lines 1 through 5	0	0	0	0	— <u>-</u>	
	Amounts included on lines 1, 2, and 3	<u></u>	<u>_</u>				
,	received from disqualified persons ,	*				•	
h	Amounts included on lines 2 and 3				**		
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						•
	or 1% of the amount on line 13 for the year				}		
	Add lines 7a and 7b,	Q	0				
8	Public support (Subtract line 7c from	rship regraphy yerbar		0	U	0	
•	line 6.).						_
Sec	ction B. Total Support	w. E. George 2017 Can The Charles Service	enter de establishes destablis	2			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(D. T-1-)
9	Amounts from line 6	0	0	0	0	(6) 2019	(f) Total
10a	Gross Income from interest, dividends,		-				
	payments received on securitles loans, rents,						
	royalties, and income from similar sources.					Ì	^
b	Unrelated business taxable income (less		····				
	section 511 taxes) from businesses						•
	acquired after June 30, 1975						n
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business					<u></u>	
	activities not included in line 10b, whether						
	or not the business is regularly carried on .		+				0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,		·····				
	and 12.)	o	ol	اه	0	0	G
14	First five years. If the Form 990 is for the or	ganization's first, s				3)	
	organization, check this box and stop here.						
Sec	tion C. Computation of Public Sur	port Percenta	ige				
15	Public support percentage for 2019 (line 8, co	olumn (f), divided b	y line 13, column (f)) . , , .		15	0.00%
16	Public support percentage from 2018 Schedu	ile A, Part III, line 1	5			16	0.00%
Sec	tion D. Computation of Investmen	<u>t Income Perc</u>	entage		•		
	Investment income percentage for 2019 (line					17	0.00%
18	Investment income percentage from 2018 Sc	hedule A, Part III, I	ine 17. ,		, ,	18	0:00%
19a	33 1/3% support tests—2019. If the organiz	zation did not checi	k the box on line 14	, and line 15 is mo	ore than 33 1/3%, a	ind line 17 is	
	not more than 33 1/3%, check this box and s	t op here. The orga	anization qualifies a	is a publicly suppo	rted organization.		
b	33 1/3% support tests—2018. If the organiz	zation did not checi	k a box on line 14 o	or line 19a, and line	e 16 is more than 3	3 1/3%, and	
	line 18 is not more than 33 1/3%, check this b						
20	Private foundation, if the organization did n	ot check a box on	line 14, 19a, or 19t	, check this box ar	nd see instructions		•

Part IV Supporting Organizations

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

٤	Section	Α.	ΑII	Sup	portina	Or	ganizatior	ıs

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

	Yes	No
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1 1	eral day)	
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Part	Supporting Organizations (continued)	2646370		Page 5
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		7.3	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	(1777 f. 13) (1277 f. 13)		
b	A family member of a person described in (a) above?	11a	ļ	<u> </u>
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b	ļ	<u> </u>
Sect	tion B. Type I Supporting Organizations	11c	<u>L</u>	<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	10 mg (17 mg)	977.3	- 3
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		0.5	1007.
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	## 15 15 15 15 15 15 15 15	1 Sec. 114	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	100 min		
2	Did the organization operate for the benefit of any supported organization other than the supported	1	eg State	2.75
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes" explain in Bart	1		
	VI now providing such benefit carried out the purposes of the supported organization(s) that operated	1323 W 54		
Cook	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			<u> </u>
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	77.55	Yes	No
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	11.25 cm		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		1850 N
Sect	ion D. All Type III Supporting Organizations			
1	Did the organization resultde to some of the second of the		Yes	No
'	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	×		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	E. 200	Mari	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		4	1, 1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			4.60
•	the organization maintained a close and continuous working relationship with the supported organization(s)	2	are et al l'autorité	i i i i i i i i i i i i i i i i i i i
3	By reason of the relationship described in (2), did the organization's supported organizations have a		18 P. ~ 18 A J	
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		9.17	
	supported organizations played in this regard.			
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see	instructions	<u></u>	
а	The organization satisfied the Activities Test. Complete line 2 below.	11,00,000,000		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	V (see instruct	ions)	
2	Activities Test. Answer (a) and (b) below.			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	U. 44	Yes	No
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes			
	how the organization was responsive to those supported organizations, and how the organization determined			
, b	that these activities constituted substantially all of its activities.	2a		·
ņ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		403 A - 1 3 7	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	11/2		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		13
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- in in	2 i i j	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (Orga	nizations	ZO-TOOTO Page O
Check here if the organization satisfied the Integral Part Test as a qualifylm instructions. All other Type III non-functionally integrated supporting organization.	na tru	st on Nov 20, 1970 (evalue	n in Part VI). See s A through F
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	
5 Depreciation and depletion	5	<u> </u>	0
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		•
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	Sir.		TANGARANG TA
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a	Section 19	·····································
b Average monthly cash balances	1b	 	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	 	
e Discount claimed for blockage or other	352		<u> </u>
factors (explain in detail in Part VI):	13.7		
Acquisition indebtedness applicable to non-exempt-use assets	2	Service Annual Control of the Contro	
3 Subtract line 2 from line 1d.	3	0	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	<u> </u>
6 Multiply line 5 by .035.	6	0	<u>0</u>
7 Recoveries of prior-year distributions	7	0	
8 Minimum Asset Amount (add line 7 to line 6)	8	0	
Section C - Distributable Amount			O Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2	HARMAN AND TOWNED AND	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5	West Control of the C	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		THE ALL PROPERTY.	
emergency temporary reduction (see instructions).	6	MARKET COURTS OF THE	0
7 Check here if the current year is the organization's first as a non-functional instructions).	ly Inte	egrated Type III supporting o	organization (see

Fart	1ype III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity		•	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organiz	ations	
4				
. 5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	, , , , , , , , , , , , , , , , , , ,		
7	Total annual distributions. Add lines 1 through 6.			. (
8	Distributions to attentive supported organizations to which t	he organization is respo	nsive	
, 	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10_	Line 8 amount divided by line 9 amount	0.000		
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	WATER THE PROPERTY OF	表达 图1947年195日本	
2	Underdistributions, if any, for years prior to 2019	45 T. USIN, WITH BUILT		发展的基础设置
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019	The second of the second		
<u>a</u>	From 2014		Magazini Patrico po	
b	From 2015 0	Entrance in the control of the contr	With the late of the second	夏 罗克·波斯克克克
c	From 2016	termina mente	Mark Mark Commence	
d	<u> </u>		的 的思想。2017年11月	and 1000 1000 1000 1000 1000 1000 1000 10
е	3 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	COLOR TO THE		
f	Total of lines 3a through e	0	建设 模型的 1000000000000000000000000000000000000	
g	Applied to underdistributions of prior years	Property of the second	0	至其中關注的經濟學
<u>h</u>	Applied to 2019 distributable amount		Control of the second	
	Carryover from 2014 not applied (see instructions)		V	
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2019 from			
		A BURNEST AND THE PARTY OF THE		
a	Applied to underdistributions of prior years		0	
<u>b</u>	Applied to 2019 distributable amount			O O
C	Remainder, Subtract lines 4a and 4b from 4.	0	经济产业	E 在14年中中的基本基础。
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result		•	
	greater than zero, explain in Part VI. See instructions.	and the state of t	0	
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			0
7	Excess distributions carryover to 2020. Add lines 3j			
· _ ·	and 4c.	0		
8	Breakdown of line 7:	the state of the second and		
a	Excess from 2015	在一种工程的	mit var bereden	
b	Excess from 2016			
C	Excess from 2017 0			
d	Excess from 2018 0	100000000000000000000000000000000000000		Bridge Programme
e	Excess from 2019 0			p. \$1 [1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

REDWOOD COMMUNITY ACTION AGENCY

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

REDWOOD COMMUNITY AC		94-2646370
Organization type (check on	l e) ;	
Filers of:	Section:	·
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private found	lation
	527 political organization	•
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	n
	501(c)(3) taxable private foundation	
	covered by the General Rule or a Special Rule.	
Note: Only a section 501(c)(7	7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See
instructions.		
General Rule		
For an organization fl or more (in money or contributor's total con	lling Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and II. See instructions atributions.	s totaling \$5,000 for determining a
Special Rules		
regulations under sec 13, 16a, or 16b, and t	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % otions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 9 that received from any one contributor, during the year, total contributions of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Com	990-EZ), Part II, line he greater of (1)
contributor, during the	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receing year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitant purposes, or for the prevention of cruelty to children or animals. Complete F	able, scientific.
contributor, during the contributions totaled r during the year for an General Rule applies	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive year, contributions exclusively for religious, charitable, etc., purposes, but not more than \$1,000. If this box is checked, enter here the total contributions that exclusively religious, charitable, etc., purpose. Don't complete any of the parts to this organization because it received nonexclusively religious, charitable, reduring the year.	o such at were received its unless the etc., contributions
Caution: An organization that 990-EZ, or 990-PF), but it mu	isn't covered by the General Rule and/or the Special Rules doesn't file Scheest answer "No" on Part IV, line 2, of its Form 990; or check the box on line H	dule B (Form 990, of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filling 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 instructions). Use duplicate copi	ies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. Government 1500 Pennsylvania Avenue, NW Washington DC 20003 Foreign State or Province: Foreign Country:	\$ 577,045	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	State of California Capitol Building Sacramento CA 95814 Foreign State or Province: Foreign Country:	\$ 2,213,455	Person X Payroll . Noncash . (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
REDWOOD COMMUNITY ACTION AGENCY

Employer identification number 94-2646370

art II	Noncash Property (see instructions). Use duplicate of	copies of Part II if additional spa	ce is needed.
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
No. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
*****		\$	
No. om rt l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	277777777777777777777777777777777777777
No. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
No. om rt l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
e Ma ner July 1		\$	~~~~~~~~~~~
No. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		1 .	

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

2019

Open to Public Inspection

Name of the organizati	on		Emplo	yer Identification number
REDWOOD COM	MUNITY ACTION AGENCY			94-2646370
Part I Organ	zations Maintaining Donor	Advised Funds or Other S	Similar Funds o	or Accounts
Comple	ete if the organization answer	ed "Yes" on Form 990, Part	IV. líne 6.	, , , , , , , , , , , , , , , , , , , ,
	•	(a) Donor advised funds		(b) Funds and other accounts
 Total number 	at end of year .			
2 Aggregate valu	e of contributions to (during year)			
3 Aggregate valu	e of grants from (during year) ,			
4 Aggregate va	alue at end of year			
5 Did the organ	nization inform all donors and don	or advisors in writing that the a	ssets held in dono	r advised
funds are the	organization's property, subject t	to the organization's exclusive i	egal control?	Yes No
6 Did the organ	nization inform all grantees, donor	's, and donor advisors in writing	g that grant funds o	can be used
only for chari	table purposes and not for the be	nefit of the donor or donor advi	sor, or for any other	er nurnose
conferring im	permissible private benefit?			Yes No
Conse	rvation Easements.			
Comple	ete if the organization answer	ed "Yes" on Form 990, Part	IV, line 7.	
1 Purpose(s) o	f conservation easements held by	the organization (check all that	at apply).	
Preserva	tion of land for public use (for examp	ole, recreation or education)	Preservation of a l	historically important land area
Protection	on of natural habitat			certified historic structure
Preserva	ation of open space			or more thought of dotal o
	es 2a through 2d if the organization	on held a qualified conservation	contribution in the	form of a concernation
easement on	the last day of the tax year.	The second of th		Held at the End of the Tax Year
a Total number	of conservation easements.			2a
b Total acreage	restricted by conservation easer	nents		2b
 Number of co 	inservation easements on a certif	ied historic structure included in	n (a) .	2c
d Number of co	enservation easements included in	n (c) acquired after 7/25/06, and	d not on a	
historic struct	ture listed in the National Register	-		2d .
3 Number of co	enservation easements modified,	transferred, released, extinguis	hed, or terminated	by the organization during
the tax year				
4 Number of st 5 Does the ord	ates where property subject to co	nservation easement is located		
violations an	anization have a written policy reg	garding the periodic monitoring,	, inspection, handli	ing of
6 Staff and volum	d enforcement of the conservation teer hours devoted to monitoring, in	n easements it noids?	d opfording assessed	Yes No
	neer floate devoted to morntolling, int	specifie, flatiding of violations, at	id emorang conserv	ation easements during the year
7 Amount of exp	enses incurred in monitoring, inspec	ting, handling of violations, and en	foreing conservation	aggements during the year
▶ \$			TOTALING COLLECT VALIOTI	reasements during the year
8 Does each co	enservation easement reported or	line 2(d) above satisfy the req	uirements of section	on 170(h)(4)(B)(i)
and section 1	70(h)(4)(B)(ii)?,,,,,,,			Yes No
9 In Part XIII, d	escribe how the organization repo	orts conservation easements in	its revenue and ex	xpense statement and
balance shee	t, and include, if applicable, the te	ext of the footnote to the organi	zation's financial s	tatements that describes the
organization's	accounting for conservation eas	ements.		
Part III Organi:	zations Maintaining Collecti	ions of Art, Historical Trea	asures, or Othe	r Similar Assets.
Comple	te if the organization answere	ed "Yes" on Form 990, Part	IV, line 8.	
1a If the organiza	ation elected, as permitted under	FASB ASC 958, not to report in	its revenue stater	ment and balance sheet
.works or aπ, r	nistorical treasures, or other simila	ar assets held for public exhibit	ion, education, or r	research in furtherance of
public service	, provide in Part XIII the text of th	e footnote to its financial stater	nents that describe	es these items.
b. If the organiza	ation elected, as permitted under	FASB ASC 958, to report in its	revenue statemen	t and balance sheet
works of art, I	nistorical treasures, or other similar	ar assets neid for public exhibit	ion, education, or r	research in furtherance of
public service	, provide the following amounts re	eraung to these items:		.
(i) Accete inc	noluded on Form 990, Part VIII, III Inded in Form 990, Po≠ V			> \$
2 If the organiza	luded in Form 990, Part X	t historical transition as affect	almilas anasta fra fi	P \$
following ama	ation received or held works of art unts required to be reported unde	I, HISTOTICAL TREASURES, OF OTNER S	sumiar assets for fl	nancial gain, provide the
a Revenue incli	ided on Form 900. Post VIII. Ilba :	ar naga ago sao reiating to thi	ese items;	· •
h Assets includ	aded on Form 990, Part VIII, IIN9 ' ad in Form 990, Part Y	1		, , , > \$
P Vascra IIIcind	ed in Form 990, Part X		3 1 1 1 F 5 (. , , 🟲 🐧

Sched	dule D (Form 990) 2019 REDWOO	D COMMUN	IITY ACTION A	GENCY				94-26	48370		Page 2
Part	t III Organizations Maint	aining Coll	ections of A	rt, Histo	rical Tre	asures. or (Other	Similar Asse	ts (cont	inued	Page Z
3	 Using the organization's acqu 	isition, acces	sion, and other	r records	check any	of the follow	na tha	t make significa	nt use of	ite	
	collection items (check all that	t apply):						it mano digninical	11 436 07	ιισ	
а	Public exhibition		4	d	Loan or	exchange pro	oaram				
b	Scholarly research		-	е 🗀	Other	- •	-				,
C	Preservation for future ge										
4	Provide a description of the or XIII.	ganization's	collections and	i explain h	ow they fu	arther the orga	anizati	on's exempt pur	oose in P	art	
5	During the year, did the organ	ization solici	or receive dor	nations of	art, histori	cal treasures,	or oth	er similar			
	assets to be sold to raise fund	s rather than	to be maintair	ied as par	t of the org	ganization's c	ollection	on?	Y	es 🗌	No
Par	t IV Escrow and Custodia	al Arrange	ments.								
	Complete if the organi	zation ansv	vered "Yes" o	n Form 9	990, Part	IV, line 9, o	r repo	orted an amour	nt on Fo	rm	
	990, Part X, line 21.			·							
1a	Is the organization an agent, t	rustee, custo	dian or other in	ntermediar	y for contr	ributions or ot	her as	sets not			
	included on Form 990, Part X	7, ,,, ,							Y	es	No
b	If "Yes," explain the arrangem	ent in Part X	III and complete	e the follow	wing table				٠ لـــا		
									Amount		
C.	Beginning balance						1	c			C
d	Additions during the year			, , , , ,	,		1	d			
е	Distributions during the year			1 4			1	е	·		
f .	Ending balance	a a rice	Grand Control) I a 1	и г. г. е	1	f			0
2a	Did the organization include a	n amount on	Form 990, Par	t X. line 2	1. for escr	ow or custodia	al acc	ount liability?		es X	No
b.	If "Yes," explain the arrangem										110
Part			411401(1)4)4	TI LITO ONDI	anation na	as been provid	aga o	ii ait Aiii , , ,	• • • •	<u> </u>	
ı ait	Complete if the organi	zation anev	uarad "Vaall a	n Form (100 Dad	11/15= 40					
	Complete if the organi										
1a	Beginning of year balance		a) Current year O		or year O	(c) Two years I		(d) Three years bat		our year	
b	Contributions;	• •	<u>_</u>	<u> </u>			0		_0		0
c	Net investment earnings, gain										
·	and losses										
d	Grants or scholarships										
e	Other expenditures for facilitie				·						
·	and programs			ļ							
ť	Administrative expenses	* * .			-			·• · · · · · · · · · · · · · · · · · ·			
o o	End of year balance		0			·	0				
2	Provide the estimated percent	age of the cu				lumn (a)) held			UI	<u>-</u>	U
а	Board designated or quasi-end		·	%		idinii (d)) noic	<i>a</i> ao,				
b	Permanent endowment	•	%								
С	Term endowment ►	%	21.								
	The percentages on lines 2a, 2		ould equal 100	0%.							
3a	Are there endowment funds no				n that are	held and adm	niniste	red for the			
	organization by:		•	•						Yes	No
	(i) Unrelated organizations.								3a(i)	103	1.0
	(ii) Related organizations	e et e e e							3a(ii)		
þ	If "Yes" on line 3a(ii), are the re	elated organi	zations listed a	s required	on Sched	dule R?			3b		+
4	Describe in Part XIII the intend									L	
Part				_,,							
	Complete if the organize			n Form 9	90. Part	IV. line 11a	See	Form 990 Par	t X line	10	
	Description of property		(a) Cost or ot			or other basis		Accumulated		cok valu	10
	= 1.1. mph. or 6. of 6.14		(investm			ther)		depreciation	(ធ) ខ	COV ASIF	10
1a	Land, , , , , , ,			0		1,123,255				1 11	23,255
b	Buildings			0		5,605,051		4,858,566			46,485
С	Leasehold improvements			0		0		0			<u> </u>
d	Equipment			. 0		1,113,652	·····	922,303		19	91,349
е	Other ,			0		0		0			0
Total.	l. Add lines 1a through 1e. <i>(Colu</i>	mn (d) must	equal Form 99	0, Part X,	column (E	3), line 10c.) .	. ,	, >		2,06	61,089

Part VII Investments—Other Securities.	THOIT MOLITO!	94-2646370 Page
Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11b. 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
(1) Financial derivatives	. 0	The state of the s
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B) (C)	н.	
(D)	-	
(E)	~	
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) .	> 0	EER BELLEVIEW COME TO THE RESERVE OF THE PARTY OF THE PAR
Part VIII Investments—Program Related.		Dart IV Base 44 - Osa Fass 200 Base 44
(a) Description of Investment	(b) Book value	Part IV, line 11c. See Form 990, Part X, line 13.
	(b) Book value	Cost or end-of-year market value
(1)		
(2) (3)		
(4)		
(5)		
(6)		
(7)	-	
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X; col. (B) line 13.) . ▶	0	
Part IX Other Assets.	115.4 11 11 11 11 11 11 11 11	
Complete if the organization answered (a) Desc	"Yes" on Form 990, F	Part IV, line 11d. See Form 990, Part X, line 15.
(1) Deposits Reserves Custodial	ription	(b) Bock value
(2) Revolving Loans		465,513
(3)		670,677
(4)		
(5)		
(6)		
(7)		
(8)	<u> </u>	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B)	lino 15)	
Part X Other Liabilities.	mile 10.)	1,136,190
Complete if the organization answered	"Yes" on Form 990, F	Part IV, line 11e or 11f. See Form 990, Part X,
line 25. 1. (a) Description	otion of liability	
(1) Federal Income taxes	Ston of hability	(b) Book value
(2) Security Deposits		
, , , , , , , , , , , , , , , , , , ,		17ウ ファイ
(3) Deferred Revolving Loans		172,771 670,672
		670,677
(3) Deferred Revolving Loans (4) Line of Credit (5)		<u> </u>
(3) Deferred Revolving Loans (4) Line of Credit (5) (6)		670,677
(3) Deferred Revolving Loans (4) Line of Credit (5) (6) (7)		670,677
(3) Deferred Revolving Loans (4) Line of Credit (5) (6) (7) (8)		670,677
(3) Deferred Revolving Loans (4) Line of Credit (5) (6) (7)	line 25)	670,677 100,000

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ►Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

REDWOOD COMMUNITY ACTION AGENCY

Employer identification number

	DWOOD COMMUNITY ACTION AGENCY	94-2646	370		
Pa	rt I Questions Regarding Compensation				·
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding First-class or charter travel Travel for companions Payments for business use of person payments Health or social club dues or initiating Discretionary spending account Personal services (such as maid, club dues)	these items. personal use onal residence on fees		Yes	No
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding or reimbursement or provision of all of the expenses described above? If "No," complete Part III explain .	payment to	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by directors, trustees, and officers, including the CEO/Executive Director, regarding the items checita?	y all ked on line	2	Taking.	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for method related organization to establish compensation of the CEO/Executive Director, but explain in Pall Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations	is used by a rt III.	2		
4 a b c	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to to organization or a related organization: Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a—c, list the persons and provide the applicable amounts for each item in	he filling	4a 4b 4c		X X X
5 a b	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a compensation contingent on the revenues of: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III.		5a 5b		X
6 a b	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a compensation contingent on the net earnings of: The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III.		6a 6b		X X
7 8	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nor payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that w to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," described in Part III.	nflixed vas subject	7		X X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure describe Regulations section 53,4958-6(c)?		<u> </u>	1928	

Schedule J (Form 990) 2019 REDWOOD COMMUNITY ACTION AGENCY

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(n-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) an

(B) Best Line (C) annual (E) annu		(O) Description	141 O 141 O 141		nousida ta a se t	num (a) mum	שניים ואויים מייים וויים וויים	alvidual.
		(a) Dieakuowii oi	(b) biedadowi of vv-z and/of 1099-Wisc. compensation	SC compensation	(C) Definement and	(Pr) Mandametra		:
(A) Name and Title		(i) Base	(ii) Bonus & incentive	(iii) Other	offine deferred	(D) Nontaxable benefits	(E) lotal of columns (B)(i)-(D)	(F) Compensation in column (B) reported
		compensation	compensation	compensation				so deferred on prior
Val Martinez	€	129,511	0		3 733	21 469	154 749	. 0
1 Executive Director	8	0	0		0	COL. 1. 7	01/101	0
	Θ							
2	€							
] (i)							
3	▣							
	Ξ							
4	Œ							
	· ·							
5	(E)							
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9	▣	-						
	E				-			
7	€							***************************************
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Schedule J (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ,

OMB No. 1545-0047 **Open to Public**

Department of the Treasury Internal Revenue Service Name of the organization

REDWOOD COMMUNITY ACTION AGENCY

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

Inspection Employer identification number

REDWOOD COMMUNITY ACTION AGENCY	94-2646370
Form 990, Part III, Line 4d: Program Service Expenses: 939,843, Grants and allocations: 0,	
Revenue: 644,795 Various other programs.	
Form 990, Part III, Line 4b: The Community Services Division provides: oral health education	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
to children and adults countywide through the TOOTH Program; emergency/transitional shelter to	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
families who are homeless with referrals from Child Welfare Services through Adult and Family	
Services; 10 AFACTR AmeriCorps members at Family/Community Resource Centers to strengther	<u>]</u>
Humboidt County communities and families with parenting lessons, local resources and Case	********************************
Management services to help prevent child abuse; Financial Literacy education that support	
client independence and self-sufficiency; Case Management services for clients transitioning	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
from Substance Use Disorder Treatment and Rehabilitation. Community Services is continually	
challenging itself to develop and refine strategies that assist families and individuals to	*******************************
move from crisis into stability and building personal assets. RCAA provides continued and	
targeted support for the development of healthy, stable, thriving community members and along	·
all points of the continuum of care. Community Services is committed to identifying any gaps	
and providing services and support where necessary,	
Form 990, Part III, Line 4c: The Natural Resources program is committed to improving the	
health of communities and the watersheds that they depend on here on California's north coast	
and to helping the communities to achieve self-sufficiency. Projects include:	
Interpretation-development and designing interpretive signs and related publications.	
Watershed - From vision to plan to implementation, RCAA holistically addresses watershed	
issues from ridge-top to estuaries. Storm-water-RCAA helps local agencies and organizations	
meet and exceed state storm water regulations. Active Living - Provide planning for	
communities that encourage active transportation modes for all people. Trails - Provide	
planning, design, and construction of wild-land and multiple-use trail systems in partnership	
with variety jurisdictions. Outreach- Convening, facilities, training and inspiring partners,	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
stakeholders, and community members for various projects. Mapping - Create useful, beautiful	

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page 2
REDWOOD COMMUNITY ACTION AGENCY	Employer Identification number 94-2646370
maps that enhance project planning and outcomes. Education- Educate partners and the commun	nity
about issues and cutting edge information.	
Form 990, Part XI, Line 9: Fixed assets purchased with grant funds \$30,000 less depreciation	
of fixed assets purchased with grant funds \$89,666 = (\$59,666).	
Form 990, Part Vi, Section B, Line 11b: The Executive Director and Finance Director review the	
Form 990 with the Finance Committee members who then reports out to the full Board. The	
Executive Director and Finance Director then answer any questions the Board members have.	
Form 990, Part VI, Section B, Line 12c: The policies require annual disclosures.	
Form 990, Part VI, Section B, Line 15a: The Executive Director meets with the Executive	
Committee to discuss annual goals, her upcoming evaluation and setting of the next years	
goals. The Executive Director provides the Executive Committee a written summary of her	
progress towards the prior year goals and presents it for discussion. The Executive Committee	
members complete an evaluation of her using an Executive Director evaluation form and they ask	
her to do so also. They aggregate their individual ratings of the Executive Director into on	
evaluation which they submit to the full board for approval. The Executive Committee then	N ***
meets with the Executive Director to discuss the results and they set goals for the upcoming	**************************************
year for the Executive Director. During the process, her compensation is proposed by Board and	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
a final agreement is reached.	
Form 990, Part VI, Section B, Line 15b: The Executive Director submits a proposal to the	
Executive Committee. The Executive Committee discusses, conducts research and comes to an	
agreed compensation for the Executive Director, they then present the proposal to the full	~.~
Board for discussion and ratification.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Form 990, Part VI, Section C, Line 19: The documents are available upon request.	
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# IRS e-file Signature Authorization for an Exempt Organization

OME No. 1	545~1878
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Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8879EO for the latest information

Name of exempt organization	Employer Identification number
REDWOOD COMMUNITY ACTION AGENCY	94-2646370
Name and title of officer	
Val Martinez	Executive Director
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable if you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line 1a Form 990 check here $\blacktriangleright$ X b Total revenue, if any (Form 990, Part VIII, column (A), 2a Form 990-EZ check here $\blacktriangleright$ b Total revenue, if any (Form 990-EZ, line 9)	being filed with this 1-0-). But, if you entered in Part I. ine 12) 1b
4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, P	
5a Form 8868 check here ► b Balance Due (Form 8868, line 3c)	5b
Part II Declaration and Signature Authorization of Officer	
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined	I some of the
organization's 2019 electronic return and accompanying schedules and statements and to the best of my k are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any retauthorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (difinancial institution account indicated in the tax preparation software for payment of the organization's feder return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also autho involved in the processing of the electronic payment of taxes to receive confidential information necessary resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature electronic return and, if applicable, the organization's consent to electronic funds withdrawal.	e copy of the ic return originator (ERO) or reason for rejection of und. If applicable, I rect debit) entry to the al taxes owed on this e U.S. Treasury Financial rize the financial institutions
Officer's PIN: check one box only	
X I authorize <u>Izabal, Bernaciak &amp; Co</u> to enter my PIN ERO firm name	Enter five numbers, but do not enter all zeros
on the organization's tax year 2019 electronically filed return. If I have indicated within the is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State practices aforementioned ERO to enter my PIN on the return's disclosure consent screen.	is return that a copy of the return cogram, I also authorize the
As an officer of the organization, I will enter my PIN as my signature on the organization filed return. If I have indicated within this return that a copy of the return is being filed with charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclose	th a state agency/ies) regulating
Officer's signature Date Date	
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	94396452255
	do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically findicated above. I confirm that I am submitting this return in accordance with the requirements of I (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns.	led return for the organization Pub. 4163, Modernized e-File
ERO's signature ► Leonard J Bernaciak Date ►	10/28/2020
ERO Must Retain This Form—See Instructions  Do Not Submit This Form to the IRS Unless Requested	To Do So

TAXABLE YEAR California Exempt Organization

FORM **Annual Information Return** 199 Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy) Corporation/Organization name California corporation number REDWOOD COMMUNITY ACTION AGENCY 0974885 Additional Information, See Instructions, FEIN 94-2646370 Street address (suite or room) PMB no. 904 G STREET EÙREKA 95501 CAForeign country name Foreign province/state/county Foreign postal code A First Return J If exempt under R&TC Section 23701d, has the organization B Amended Return ..... engaged in political activities? See instructions. . . . . . . . Yes X No K is the organization exempt under R&TC Section 23701g? . . . . . ● ☐ Yes ☒ No D Final Information Return? If "Yes," enter the gross receipts from nonmember sources . . . . \$ ● Dissolved Surrendered (Withdrawn) Merged/Reorganized L If organization is a public charity exempt under R&TC Section Enter date: (mm/dd/yyyy) 23701d and meets the filing fee exception, check box. E Check accounting method: (1) Cash (2) X Accrual (3) Other No filing fee is required..... F Federal return filed? (1) ● 990T (2) ● 990PF (3) ● Sch H (990) M is the organization a Limited Liability Company? . . . . ● ☐ Yes ☒ No (4) X Other 990 series N Did the organization file Form 100 or Form 109 to G Is this a group filing? See instructions . . . . . . . . . . . . . . Yes ☒ No report taxable income? . . . . . . . . . . . . . . . . Yes X No H is this organization in a group exemption . . . . . Yes X No O Is the organization under audit by the IRS or has the If "Yes," what is the parent's name? IRS audited in a prior year? . . . . . . . . . . . . . . . . . . Yes ☒ No is federal Form 1023/1024 pending? . . . . . Yes X No I Did the organization have any changes to its guidelines Date filed with IRS not reported to the FTB? See instructions. . . . . . . . . . . . . . ☐ Yes 💢 No Part I Complete Part I unless not required to file this form. See General Information B and C. 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 ..... 2 Gross dues and assessments from members and affiliates ÖÖ 3 Gross contributions, gifts, grants, and similar amounts received...... 00 Receipts 4 Total gross receipts for filing requirement test. Add line 1 through line 3. and This line must be completed. If the result is less than \$50,000, see General Information B... Revenues 4 8,498,038 00 6 Cost or other basis, and sales expenses of assets sold ..... 7 Total costs. Add line 5 and line 6 00 00 9 Total expenses and disbursements. From Side 2, Part II, line 18 ..... 00 Expenses 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 00 00 00 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 . . . . . . . . . . . . . . 00 Filing Fee 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 . . . . . . . . . . . . 00 15 Filing fee \$10 or \$25. See General Information F 00 16 Penalties and Interest, See General Information J ........ 16 00 17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result. 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 bellef, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign Here Date • Telephone Signature of officer (707) 269-2009 Date Check if self-● PTIN Preparer's signature > employed > P01009486 10/28/2020 Pald Firm's FEIN Firm's name (or yours, Preparer's ►IZABAL, BERNACIAK & CO 77-0016122 if self-employed) Use Only and address 388 MARKET STREET, SUITE 888, SAN FRANCISCO, CA 9411 415-896-5551

Date Accep	ted				DO	NOT MAIL	THIS FOR	RM TO THE FT
TAXABLE YE	AR_ Californ	ia e-file Retui	rn Auth	orization	for			FORM
2019		Organization						8453-EO
Exempt Organi:			<del></del>	·		1	ifylng number 2646370	0433-LO
Part I El	ectronic Return Informa	ation (whole dollars or	nlv)			9-4-2	040370	
1 Total gr 2 Total gr	ross receipts (Form 199, ross income (Form 199, i openses and disburseme	line 4)					2	8,498,03
	ttle Your Account Elect				<del></del>			·
_	ectronic funds withdrawa			0 41	<b>W</b> ithdrawal	date (mm/do	d/vvvv)	
Part III Ba	inking Information (Hav	e vou verified the eye	mnt organize					
5 Routing	number t number		mpt organiza		of account;	Checki	ng 🔲	Savings
	claration of Officer					· · · · · · · · · · · · · · · · · · ·		
I authorize the	exempt organization's accepted on line 4a.	count to be settled as de	signated in Pa	art II. If I check F	art II, Box 4, I	authorize an e	electronic fun	ds withdrawal for
complete. If the payment of the authorize the intermediate sto the ERO of Sign	(O), transmitter, or intermedization's 2019 California ele de exempt organization is five exempt organization return exempt organization return exervice provider. If the product intermediate service provider.	ling a balance due return e liability, the exempt org and accompanying sche cessing of the exempt	n, I understand anization will adules and standard	riedge and belied that if the Fran remain liable for atements be trants return or ref	r, the exampt of chise Tax Boar the fee liability ismitted to the und is delaye	organization's d (FTB) does and all appli FTB by the E d, I authorize	return is true not receive f cable interesi RO, transmitt the FTB to	, correct, and full and timely t and penalties. I
Here	Signature of officer		Date		XECUTIVE	DIREC ·	TOR	
Part V De			-					
I declare that I of my knowled declare, howe 8453-EO befo the FTB, and I FTB 8453-EO later, and I will the above exe	claration of Electronic I have reviewed the above ige. (If I am only an interme ver, that form FTB 8453-EC re transmitting this return to have followed all other reconfile for four years from make a copy available to to mpt organization's return a complete. I make this declaration	exempt organization's re- ediate service provider, I D accurately reflects the p the FTB; I have provide quirements described in I the due date of the retur the FTB upon request. If nd accompanying sched ind accompanying sched	sturn and that understand the data on the reed the organizers Pub. 134 n or four years and state.	the entries on for at I am not respecturn.) I have obtaition officer with 5, 2019 Handbors from the date paid preparer, upand to the	orm FTB 8453- consible for revial ned the organ a copy of all for ok for Authoriz the exempt organder penalties	EO are compliewing the exemple of th	empt organizer's signature rmation that iders. I will ke urn is filed, w	ation's return. I on form FTB I will file with eep form hichever is
	EDOL		· 1	Date	Check If	Lohani	eno:	
ERO	ERO's- signature LEONA	ARD J BERNAC:		Date	also paid preparer	Check !f self- employed	ERO's PTIN P0019272	5
Must	Firm's name (or yours	IZABAL, BE	RNACIA	Z 5 CO	<del> </del>	Firm's FE	N	
Sign	if self-employed) and address	388 MARKET	STREE!		888	77-0016	ZIP code	
Under penaltie best of my kno	s of perjury, I declare that I owledge and belief, they are	have examined the abo	ve organizatio	on's return and a	ccompanying s ased on all info	schedules and ormation of wi	94111   statements, nich I have kr	, and to the
Paid Preparer	Paid preparer's signature			Date	Oheck if self- employed	Paid prepa	rer's PTIN	
Must Sign	Firm's name (or yours	IZABAL, BE	RNACIA		1	s FEIN 1016122		
Sign	if self-employed) and address	388 MARKET SAN FRANCI		r, SUITE		· 1181-11	ZIP code	
		DAN IKANUI	DOOL CA:				10/4/4/4	