Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization		OMB No. 1545-0047
	For calendar year 2020, or fiscal year beginning $OCT \ 1$, 2020, and ending $SEP \ 30$,	2021	0000
Department of the Treasury Internal Revenue Service	 Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information. 		2020
Name of exempt organization	or person subject to tax	Taxpayer	identification number
D 1 1 0 1			100045
Redwood Gospel		94-6	122045
Name and title of officer or per Jeffrey W Giln	,		
Executive Dire			
	Return and Return Information (Whole Dollars Only)		
check the box on line 1a , 2 blank, then leave line 1b , 2 return, then enter -0- on the 1a Form 990 check here 2a Form 990-EZ check h	ere b Total revenue, if any (Form 990-EZ, line 9)	this form v red -0- on t 	was he 7,113,823.
3a Form 1120-POL check	······································		
4a Form 990-PF check here 5a Form 8868 check here			
6a Form 990-T check her			
	b Total tax (Form 4720, Part III, line 1) on and Signature Authorization of Officer or Person Subject to Tax		
Under penalties of perjury,	I declare that $[X]$ I am an officer of the above organization or $[N]$ I am a person sub	-	
(name of organization)	n and accompanying schedules and statements, and, to the best of my knowledge and		that I have examined a copy
processing the return or re Agent to initiate an electron software for payment of the a payment, I must contact (settlement) date. I also aut confidential information ne	an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason (und, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its de hic funds withdrawal (direct debit) entry to the financial institution account indicated in the e federal taxes owed on this return, and the financial institution to debit the entry to this a the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior horize the financial institutions involved in the processing of the electronic payment of ta cessary to answer inquiries and resolve issues related to the payment. I have selected a as my signature for the electronic return and, if applicable, the consent to electronic fund	esignated l e tax prepa account. To to the payr uxes to reco personal	Fináncial aration o revoke nent sive
X Lauthorize Di	llwood Burkel & Millar, LLP	to enter m	V PIN 67136
	ERO firm name		Enter five numbers, but
a state agency(ie PIN on the return As an officer or p electronically file	on the tax year 2020 electronically filed return. If I have indicated within this return that a s) regulating charities as part of the IRS Fed/State program, I also authorize the aforeme i's disclosure consent screen. Herson subject to tax with respect to the organization, I will enter my PIN as my signature d return. If I have indicated within this return that a copy of the return is being filed with a es as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure co	ntioned EF on the tax a state age	RO to enter my : year 2020 ncy(ies)
Signature of officer or person subjec		Dat	te 🕨
	tion and Authentication		
•	ur six-digit electronic filing identification your five-digit self-selected PIN. 68745532060 Do not enter all zeros		
-	neric entry is my PIN, which is my signature on the 2020 electronically filed return indicate turn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Informations Returns.		
ERO's signature 🕨	Date ► 08/	11/22	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	So	
LHA For Paperwork Red	uction Act Notice, see instructions.		Form 8879-EO (2020)
023051 11-03-20			

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

►	File	2 60	narata	annli	ontion	for	oach	return.
	FIIE	ase	Jarale	applin	Jauon	101	eauii	return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	•					
Type o print	r Name of exempt organization or other filer, see instru	ctions.	Тах	payer	identification number	er (TIN)
-	Redwood Gospel Missions				94-612204	5
File by the due date t filing your return. Se	Number, street, and room or suite no. If a P.O. box, s	ee instruct	ions.			
instruction		oreign addı	ress, see instructions.			
Enter th	ne Return Code for the return that this application is for (file	e a separat	e application for each return)			0 1
Applica	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
● If thi box ▶ 1 I ti	request an automatic 6-month extension of time until ne organization named above. The extension is for the organization named above. The extension is for the organization is	Group Exe and atta Augus anization's	mption Number (GEN) If this ch a list with the names and TINs of all n st 15, 2022, to file the return for: d ending	s is for nembe	r the whole group, ch ers the extension is fu upt organization retur	or.
	this application is for Forms 990-BL, 990-PF, 990-T, 4720, ny nonrefundable credits. See instructions.	, or 6069, e	enter the tentative tax, less	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069 stimated tax payments made. Include any prior year overp			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa sing EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.
	n: If you are going to make an electronic funds withdrawal					
LHA	For Privacy Act and Paperwork Reduction Act Notice, Mail to: Department Internal H Ogden, UT	t of t Revenu	he Treasury le Service Center		Form 8868 (Re	v. 1-2020)

023841 04-01-20

			Extended to August 15, 202		
	Ω	00	Return of Organization Exempt From		OMB No. 1545-0047
Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)					» ZUZU
Department of the Treasury					Open to Public
Interi	nal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the late		Inspection
<u>A</u>	or th	e 2020 calend	ar year, or tax year beginning $OCT \ 1$, $\ 2020$ and ending	SEP 30, 2021	
	Check if pplicab	le: C Name o	forganization	D Employer identific	ation number
	Addre	Redw	ood Gospel Missions		
	Name chang		usiness as	94-612204	.5
	Initial	U	r and street (or P.O. box if mail is not delivered to street address) Room/su		
	Final returr	PO B	ox 493	707578183	0
	termi ated	0	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	12,455,793.
	Amer returr	Sant	a Rosa, CA 95402	H(a) Is this a group ret	urn
	Appli tion	^{ca-} F Name a	nd address of principal officer: Jeffrey W Gilman	for subordinates?	Yes X No
	pendi	^{ng} same	as C above	H(b) Are all subordinates inc	luded? Yes No
		empt status: [527 If "No," attach a li	ist. See instructions
			srmission.org	H(c) Group exemption	
				<u>ear of formation: 1964 M</u>	State of legal domicile: CA
Pa	art I				
e	1		be the organization's mission or most significant activities: The Redwo		
anc			ce and power of Jesus Christ, mobilize		-
Governance	2	Check this bo			
Š	3		ting members of the governing body (Part VI, line 1a)		<u> </u>
	l .		dependent voting members of the governing body (Part VI, line 1b)		<u>9</u> 76
Activities &	5		of individuals employed in calendar year 2020 (Part V, line 2a)		814
tivit	6		of volunteers (estimate if necessary)		24,050.
Ac			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11		12,659.
		Net unrelated		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	11,220,213.	7,576,915.
Revenue	9		ice revenue (Part VIII, line 2g)	-14,409.	317,408.
eve	10	-	come (Part VIII, column (A), lines 3, 4, and 7d)	5,059.	-793,791.
č	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	226,477.	13,291.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,437,340.	7,113,823.
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	2,522,117.	2,688,779.
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	b	Total fundrais	ing expenses (Part IX, column (D), line 25) T12, 911.		
Ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	3,651,698.	3,167,917.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,173,815.	5,856,696.
	19	Revenue less	expenses. Subtract line 18 from line 12	5,263,525.	1,257,127.
Net Assets or				Beginning of Current Year	End of Year
Sset	20	Total assets (I		10,972,079.	11,090,232.
etA	21		s (Part X, line 26)	3,203,463. 7,768,616.	2,064,489.
	<u>22</u> art II	Net assets or	fund balances. Subtract line 21 from line 20	/,/00,010.	9,025,743.
			I declare that I have examined this return, including accompanying schedules and stat	tements and to the best of mul	nowledge and balief it is
			. Declaration of preparer (other than officer) is based on all information of which prepa		NIOWIEUYE AIN DEIIEI, IL IS
	,				

Sign	Signature of officer		Date
Here	📐 <u>Jeffrey W Gilman, Exec</u>	utive Director	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	Christina Hollingsworth	Christina Hollingswo	08/11/22 self-employed P02090706
Preparer	Firm's name 🕒 Dillwood Burkel	& Millar, LLP	Firm's EIN ▶ 68-0456752
Use Only	Firm's address 🕨 175 Concourse Bo	ulevard, Suite A	
	Santa Rosa, CA 9	5403	Phone no. (707) 577-8806
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes 🗌 No
032001 12-23	3-20 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form 990 (2020

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

Form	990 (2020) Redwood Gospel Missions	94-6122045 Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	The Redwood Gospel Mission, in the grace and power of Je	
	mobilizes our community to minister to the needy so that	lives are
	transformed.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
•	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as I	moscured by expenses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	revenue, if any, for each program service reported.	s, the total expenses, and
4a	(Code:) (Expenses \$ 4,837,900. including grants of \$) (Reven	ue \$ 317,408.)
	TEMPORARY OVERNIGHT HOUSING FOR HOMELESS MEN, 24 HOUR TE	
	FOR WOMEN & CHILDREN; 12 TO 18 MONTH ALCOHOL/DRUG RECOVER	
	& WOMEN; COMMUNITY OUTREACH EVENTS TO HOMELESS INDIVIDUA	LS & LOW INCOME
	FAMILIES; JOB TRAINING SKILLS THROUGH VARIOUS CERTIFICAT	ION PROGRAMS
	OFFERED AT ALL THE SERVICE LOCATIONS & AT A THRIFT STORE	. FREE CLOTHING
	& HOUSEHOLD ITEMS ARE AVAILABLE ON REQUEST TO HOMELESS &	LOW INCOME
	FAMILIES.	
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$)
4d	Other program services (Describe on Schedule O.)	
τu	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses > 4,837,900.	
		Form 990 (2020)
032002	2 12-23-20	(_320)
	3	

14380811 134701 67136

2020.06000 REDWOOD GOSPEL MISSIONS 67136_1

Form	990	(2020)	
1 01111	330	(2020)	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	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	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
-	Schedule D, Part III	8		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?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	х	
h	Part VI	<u>11a</u>	<u>_</u>	
b		11b	х	
•	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		- 23	
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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 "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 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	17		_X_
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	X (2020)
J32003	12-23-20	rorm	220	(2020)

032003 12-23-20

4 2020.06000 REDWOOD GOSPEL MISSIONS

Form	990	(2020)
	330	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
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 990 EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	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
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) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
2				
d	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a	х	
h	"Yes," complete Schedule L, Part IV	20a 28b	- 23	x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		x
00	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	A	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X X
33	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	33		X X
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, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	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	35b		
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	36		<u> </u>
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	37		X
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	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 27			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
032004	12-23-20	Form	990	(2020)
	E. E			

2020.06000 REDWOOD GOSPEL MISSIONS 67136_1

	990 (2020) Redwood Gospel Missions 94-6122	045	Р	_{age} 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		1	
			Yes	No
2a	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 2a 76			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
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)?	4a		X
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).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		77
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
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 13b			
	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
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		X
	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
	If "Yes," complete Form 4720, Schedule O.		000	(0000)

Form **990** (2020)

032005 12-23-20

Form 990	(2020)
----------	--------

 Form 990 (2020)
 Redwood Gospel Missions
 94-6122045
 Pag

 Part VI
 Governance, Management, and Disclosure
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schodula O contains a response or note to any line in this Part VI

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9		
	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	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	_	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	· ·		
	(mis dealer b requests mornation about ponoies not required by the internal neveral doue.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
		12a	x	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		- 23	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	x	
40	in Schedule O how this was done	120		
13	Did the organization have a written whistleblower policy?	13		x
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		77	
	The organization's CEO, Executive Director, or top management official			<u> </u>
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
_	taxable entity during the year?	16a		X
b	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?	16b		
sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) availa	lble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request X Other <i>(explain on Schedule O)</i>			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Lucy Woolums - 707-578-1830			
	PO Box 493, Santa Rosa, CA 95402		_	
	5 12-23-20	Eor	m 990	(202

Form 990 (2020)	Redwood Gospel Missions	94-6122045	Page 7				
Part VII Cor	mpensation of Officers, Directors, Trustees, Key Employees, Higher	st Compensated					
Em	Employees, and Independent Contractors						
Cheo	ck if Schedule O contains a response or note to any line in this Part VII						
Section A. Off	icers, Directors, Trustees, Key Employees, and Highest Compensated Employees						
1a Complete thi	is table for all persons required to be listed. Report compensation for the calendar year e	nding with or within the organization's	s tax year.				
 List all of the 	he organization's current officers, directors, trustees (whether individuals or organization	ns), regardless of amount of compens	ation.				
Enter -0- in colum	nns (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.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position		Reportable	Reportable	Estimated			
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar I	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		/ee	npen		(00-271099-10130)		and related
	below	Individual trustee or director	Institutional trustee	-	Key employee	st col	L.			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			0
(1) Jeffrey W Gilman	40.00									
Executive Director		1		х				82,022.	0.	46,800.
(2) Kevin O'Malley	1.50									
President		Х		Х				0.	0.	0.
(3) Richard Pedersen	1.50			-						
Vice President		Х		Х				0.	0.	0.
(4) Judy Bowhall	1.50									
Secretary		Х		X				0.	0.	0.
(5) Brad Benson	1.50									
Director		X						0.	0.	0.
(6) Judy Samson	1.50		K.							
Director		х						0.	0.	0.
(7) Dave Edmonds	1.50									
Director	1 50	X						0.	0.	0.
(8) John Adams	1.50									•
Director	1 50	X						0.	0.	0.
(9) Gary Bei	1.50								•	0
Treasurer	1 50	X		X				0.	0.	0.
(10) Connie Hawkins	1.50								0	0
Director	40.00	Х						0.	0.	0.
(11) Lucy Woolums	40.00			x				0.	0.	0.
Director of Finance				^		-		0.	0.	0.
		1								
		1								
		1								
032007 12-23-20		_	_	_	_	-	_			Form 990 (2020)

Form 990 (2020)

14380811 134701 67136

2020.06000 REDWOOD GOSPEL MISSIONS 67136__1

8

	1990 (2020) Redwood G									94-6	122	045	Pa	.ge 8
Pai	rt VII Section A. Officers, Directors, Trust (A) Name and title	tees, Key Emp (B) Average hours per week) (C) age Position (do not check more than one box, unless person is both an			ne an	ompensated Employee (D) Reportable compensation from	<u>(continued)</u> (E) Reportable compensatio from related	n	Esti amo	(F) mateo punt c			
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MK	s	comp fro orga and		e on ed
								_						
								-						
	Subtotal Total from continuation sheets to Part VII								82,022.		0.		,80	0.
d 2	Total (add lines 1b and 1c)) wh	> o re	82,022.	000 of reportable	0.	46	,80	0.
_	compensation from the organization												Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su			ey e	mpl	oye	e, or	hig	hest compensated emp	loyee on		3		x
4	For any individual listed on line 1a, is the sur and related organizations greater than \$150	m of reportabl	e co									4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com	ccrue compen	isati	on fr	oma	any	unre	late	ed organization or individ	dual for services		5		x
Sec	ction B. Independent Contractors		- 5 10	<u>JI 50</u>	<u>CT</u>	JE/ 30	011 .						1	
1	Complete this table for your five highest con the organization. Report compensation for t										oensat	ion fror	n	
	(A) Name and business a								(B) Description of s	ervices	С	(C) ompen		l
NW	eicity, Inc, 115 Hall B #102, Brainbridge, WA 9 teway Communication Inc	8110	L	00]	р 				Publication			113	,87	5.
	805 NE Mason Ct, Portla		97	23	0				Printing and	Mailing		111	,15	53.
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lin	nitec	l to t	thos 2		ted	above) who received mo	ore than				
												Form 9	90 (2	020)

	n 990 (1 Missior	ıs		94-6122	045 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under costions 512
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d f f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$ Other income	154,842. 7,422,073. 3,546,328. ▶ Business Code 900099	7,576,915.	317,408.		sections 512 - 514
Proç	e f g	All other program service revenue Total. Add lines 2a-2f		317,408.			
	3 4 5	Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond p Royalties	est, and roceeds	7,233.			7,233.
	b c d	Gross rents (i) Real Less: rental expenses 6b Rental income or (loss) 6c Net rental income or (loss) (i) Securities	(ii) Personal				
Revenue	с	assets other than inventory 7a Less: cost or other basis 7b and sales expenses 7b Gain or (loss) 7c Net gain or (loss)	4,530,187. 5,331,211. -801,024.	-801,024.			-801,024.
Other Re		Gross income from fundraising events (not including \$ 154,842. of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses 8b					
		Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19	····· ►	-10,759.			-10,759.
	с 10 а b	Less: direct expenses 9b Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold 10b	►				
eous		Net income or (loss) from sales of inventory Rental	Business Code	24,050.		24,050.	
Miscellaneous Revenue	b c d e	All other revenue		24,050.			
	12	Total revenue. See instructions		7,113,823.	317,408.	24,050.	-804,550.
032009	9 12-23-			·		-	Form 990 (2020

 Form 990 (2020)
 Redwood Gospel Missions

 Part IX
 Statement of Functional Expenses

	Check if Schedule O contains a respons	((C)	<u>וח)</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
1	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	130,000.	65,000.	32,500.	32,500
5	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,142,328.	1,769,511.	152,858.	219,959
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
)	Other employee benefits	253,388.	218,929.	13,369.	<u>21,090</u> 17,118
)	Payroll taxes	163,063.	125,639.	20,306.	17,118
1	Fees for services (nonemployees):				
а	Management				
b	Legal	34,390.		34,390.	
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	156,896.	12,000.	1,261.	<u>143,635</u> 37,127
2	Advertising and promotion	56,017.	18,890.		37,127
3	Office expenses				
4	Information technology	90,722.	50,149.	4,256.	36,317
5	Royalties				
3	Occupancy	155,816.	155,816.		
7	Travel	25,062.	15,745.	3,603.	5,714
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings				
)	Interest	84,172.	63,129.	21,043.	
I	Payments to affiliates				
2	Depreciation, depletion, and amortization	192,241.	192,241.		
3	Insurance	53,468.	48,968.	4,500.	
ł	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	1 600 527	1 600 240		100
a	Food Expense	1,698,537.	1,698,348.	160	<u>189</u> 161,375
b	Postage and Printing	165,969.	4,432.	162.	101,3/5
C	Auto Expense	96,287.	96,287.	2 200	7 000
d	Repairs and Maintenance	78,738.	68,050.	3,399.	7,289
	All other expenses	279,602.	234,766.	14,238.	30,598
5	Total functional expenses. Add lines 1 through 24e	5,856,696.	4,837,900.	305,885.	712,911
6	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 if following SOP 98-2 (ASC 958-720)				Faura 990 (00

032010 12-23-20

11 67136__1 2020.06000 REDWOOD GOSPEL MISSIONS

Form 990 (2020)

Form 990 (2020)

		Check if Schedule O contains a response or note			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			334,959.	1	493,552.
	2	Savings and temporary cash investments	589,289.	2	1,840,075.		
	3	Pledges and grants receivable, net		•	3		
	4				2,690.	4	7,073.
	5	Loans and other receivables from any current or			•	_	
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif	•				
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			101,605.	8	142,581.
As	9				26,100.	9	60,137.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,867,868.			
	b	Less: accumulated depreciation	10b	5,867,868. 1,549,683.	4,502,300.	10c	4,318,185.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	4,218,129.
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			5,415,136.	15	10,500.
	16	Total assets. Add lines 1 through 15 (must equa			10,972,079.	16	11,090,232.
	17	Accounts payable and accrued expenses			303,463.	17	325,950.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F				21	
s	22	Loans and other payables to any current or form					
itie		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e perso	ns		22	
ן ב	23	Secured mortgages and notes payable to unrela	ted thir	d parties	2,900,000.	23	1,738,539.
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pay	ables	o related third			
		parties, and other liabilities not included on lines	17-24)	Complete Part X			
		of Schedule D)			25	
	26	Total liabilities. Add lines 17 through 25			3,203,463.	26	2,064,489.
		Organizations that follow FASB ASC 958, chee	ck her				
Ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			2,317,835.	27	4,299,729. 4,726,014.
Ba	28	Net assets with donor restrictions			5,450,781.	28	4,726,014.
pur		Organizations that do not follow FASB ASC 95					
щ,		and complete lines 29 through 33.					
s l	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq				30	
t≱	31	Retained earnings, endowment, accumulated inc				31	
ė	32	Total net assets or fund balances			7,768,616.	32	9,025,743.
z		Total liabilities and net assets/fund balances			10,972,079.	33	11,090,232.

Redwood Gospel Missions Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

Form	1990 (2020) Redwood Gospel Missions	94	-6122	2045	Ра	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,113	3,8	<u>23.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,856		
3	Revenue less expenses. Subtract line 2 from line 1	3		1,257		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		7,768	3,6	16.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		9,025	5.7	43.
Pa	rt XII Financial Statements and Reporting			,		
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?			3a		X X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2020)

SCH	EDU	LE A
-----	-----	------

Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public Inspection

1

Name of	the	organization
---------	-----	--------------

Nam	Name of the organization Employer identification number								
		Redw	ood Gospel	Missions				9	4-6122045
Pa	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The o	organi	zation is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
	X	A church, convention of ch					I)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative					i).		
4		A medical research organiz)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	-					e general p	oublic described in
		section 170(b)(1)(A)(vi). (C	•		Ū.				
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org			-	ed in conju	inction with a	land-grant	college
		or university or a non-land-						-	-
		university:						-	
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exer							
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
а] Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	pporting
		organization. You must o	omplete Part IV, Se	ections A and B.					
b] Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ing
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с] Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection v	ith its suppor/	ted organiz	ation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	quirement and	an attentiv	reness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supportion	ng organiz	ation.			
		r the number of supported o	•						
g		ide the following information			(iv) to the orga	anization listed			
	(1) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir		(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see in	istructions)	
Tata									
<u>Tota</u> ⊢⊔∧		aperwork Reduction Act N	latica, soo tha Instri	uctions for Form 990 or	000 E7	022021_01			m 990 or 990-EZ) 2020

LHA For Paperwork Reduction / chedule A (Form 990 or 990 CT NOTICE. S 14

Schedule A (Form 990 or 990-EZ) 2020 Redwood Gospel Missions Part II Support Schedule for Organizations Described in Section

94-6122045 Page 2

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						-
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
		(-) 0010	(1-) 0017	(-) 0010	(1) 0010	(-) 0000	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
-	Amounts from line 4 Gross income from interest,						
8							
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities, e	etc. (see instructiv	ons)			12	
	First 5 years. If the Form 990 is for the			fourth. or fifth tax	vear as a section 5		
	organization, check this box and stop				-		
See	ction C. Computation of Public						
	Public support percentage for 2020 (lir			column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2020. If the o					nore, check this bo	x and
	stop here. The organization qualifies a						
b	33 1/3% support test - 2019. If the or	rganization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qualit	ies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2020. If the org	ganization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts	-and-circumstanc	ces test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances tes	t. The organizatio	on qualifies as a pu	ublicly supported o	rganization		
b	0 10% -facts-and-circumstances test	- 2019. If the orc	ganization did not	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	e facts-and-circur	nstances test, che	ck this box and s	top here. Explain i	in Part VI how the	
	organization meets the facts-and-circu	mstances test. Th	he organization qu	alifies as a publicly	supported organi	zation	
18	Private foundation. If the organization	<u>ı did not check a</u>	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ►
					Sch	edule A (Form 990) or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Redwood Gospel Missions 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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 organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			C •			
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						-
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	/ear as a section 5	01(c)(3) organizati	on,
	check this box and stop here						
	tion C. Computation of Public						
15	Public support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
	tion D. Computation of Inves						
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box a	-	•		• •		►
b	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			
03202	3 01-25-21		16		Sch	edule A (Form 99	0 or 990-EZ) 2020

2020.06000 REDWOOD GOSPEL MISSIONS

Schedule A (Form 990 or 990 EZ) 2020 Redwood Gospel Missions

94-6122045 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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")? *I* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 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.)

17

032024 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 Redwood Gospel Missions

1

Yes No

	_		Yes	N
Has the organization a	ccepted a gift or contribution from any of the following persons?			
a A person who directly	or indirectly controls, either alone or together with persons described in lines 11b and			
11c below, the govern	ng body of a supported organization?	11a		
b A family member of a	erson described in line 11a above?	11b		
c A 35% controlled entit	of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.		11c		
ection B. Type I Sup	porting Organizations			
			Yes	Ν
more supported organ directors, or trustees a effectively operated, su	r, members of the governing body, officers acting in their official capacity, or membership of one or zations have the power to regularly appoint or elect at least a majority of the organization's officers, all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>pervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>now the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	s and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
0	erate for the benefit of any supported organization other than the supported erated, supervised, or controlled the supporting organization? If "Yes," explain in			
Part VI how providing	such benefit carried out the purposes of the supported organization(s) that operated,			
	d the supporting organization.	2		
ection C. Type II Sup	porting Organizations			
			Yes	Ν
Were a majority of the	organization's directors or trustees during the tax year also a majority of the directors			
or trustees of each of	ne organization's supported organization(s)? If "No," describe in Part VI how control			
or management of the	supporting organization was vested in the same persons that controlled or managed			

Se	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a	2		
	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 supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method to	hat the orga	anization used to satisf	y the Integral Part Test durin	g the year (see instructions).
---------------------------------------	--------------	--------------------------	--------------------------------	--------------------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in Part VI how you supported	a governmental entity (see instruction <u>s).</u>
---	--	---	---------------------------------------	---

18

2 Activities Test. Answer lines 2a and 2b below.

the supported organization(s)

- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Schedule A	(Form 990 or 990-EZ) 2020	Redwood	Gospel	Missions	
Part V	Type III Non-Functi	onally Integrate	ated 509(a)	(3) Supporting	organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	on A - Adjusted Net Income	_	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	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		
Sect	on B - Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally i	ntegra	ted Type III supporting organ	nization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A (Form 990 or 990-EZ)	2020 Redwood	Gospel Miss	ions

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	· ·		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

<u>Schedule A (Form 9</u>	90 or 990-EZ) 2020 Redwood	l Gospel	Missions	94-6122045 Page 8
Part VI Supp Part IV line 1; Sectio	Vernental Information. Prov 7, Section A, lines 1, 2, 3b, 3c, 4b, Part IV, Section D, lines 2 and 3; F n D, lines 5, 6, and 8; and Part V, 9	vide the explan 4c, 5a, 6, 9a, 9 Part IV, Section	ations required by Part II, lir 9b, 9c, 11a, 11b, and 11c; P 1 E, lines 1c, 2a, 2b, 3a, and	e 10; Part II, line 17a or 17b; Part III, line 12; art IV, Section B, lines 1 and 2; Part IV, Section C, 3b; Part V, line 1; Part V, Section B, line 1e; Part V, this part for any additional information.
(See in	nstructions.)			
			~	
32028 01-25-21			21	Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

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

2020

Employer identification number

9	4	_	6	1	2	2	0	4	5
~	-		v	-	~	~	v	_	-

Name of the	organization
-------------	--------------

Organization type (check or	ne):
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 foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Redwood Gospel Missions

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

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

		Financial Statements		OMB No. 1545-0047
Form 990)	Part IV, line 6, 7, 8, 9, 10, 1	nization answered "Yes" on Form 990 I1a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	b.	Ζυζυ
Pepartment of the Treasury Internal Revenue Service	► At	ttach to Form 990.) for instructions and the latest inform		Open to Public Inspection
ame of the organizatio				nployer identification number
lame of the organization	Redwood Gospel Miss:	ions		94-6122045
Part I 🔰 Organiza	ations Maintaining Donor Advised		or Accou	
organizatio	n answered "Yes" on Form 990, Part IV, line	6.		
		(a) Donor advised funds	(b) Fu	inds and other accounts
1 Total number at er	nd of year			
	f contributions to (during year)			
	f grants from (during year)			
	t end of year		,	
	on inform all donors and donor advisors in wr		ed funds	
are the organizatio	n's property, subject to the organization's ex	clusive legal control?		Yes N
	on inform all grantees, donors, and donor adv			
for charitable purp	oses and not for the benefit of the donor or o	donor advisor, or for any other purpose	conferring	
impermissible priva				
Part II Conserva	ation Easements. Complete if the orga	nization answered "Yes" on Form 990,	Part IV, line 7	7.
I Purpose(s) of cons	ervation easements held by the organization	(check all that apply).		
Preservation	of land for public use (for example, recreation	on or education) Preservation of	f a historicall	y important land area
Protection o	f natural habitat	Preservation of	f a certified h	nistoric structure
Preservation	of open space			
	of open space through 2d if the organization held a qualifie	d conservation contribution in the form	of a conserv	
	through 2d if the organization held a qualifie	d conservation contribution in the form	of a conserv	
2 Complete lines 2a day of the tax year	through 2d if the organization held a qualifie	d conservation contribution in the form		ation easement on the last Held at the End of the Tax Yea
Complete lines 2a day of the tax yeara Total number of ccb Total acreage restr	through 2d if the organization held a qualifie onservation easements ricted by conservation easements		2a 2b	ation easement on the last Held at the End of the Tax Yea
2 Complete lines 2a day of the tax yeara Total number of ccb Total acreage restr	through 2d if the organization held a qualifie		2a 2b	ation easement on the last Held at the End of the Tax Yea
 2 Complete lines 2a day of the tax year a Total number of cc b Total acreage restriction c Number of conservation 	through 2d if the organization held a qualifie onservation easements ricted by conservation easements	ture included in (a)	2a 2b 2c	ation easement on the last Held at the End of the Tax Yea
 2 Complete lines 2a day of the tax year a Total number of co b Total acreage restriction c Number of conserved d Number of conserved 	through 2d if the organization held a qualifie onservation easements ricted by conservation easements vation easements on a certified historic struc	ture included in (a) er 7/25/06, and not on a historic structu	2a 2b 2c ire	ation easement on the last Held at the End of the Tax Yea
 Complete lines 2a day of the tax year Total number of co Total acreage restriction Number of conserving Number of conserving Number of conserving 	through 2d if the organization held a qualifie onservation easements ricted by conservation easements vation easements on a certified historic struc vation easements included in (c) acquired aft	ture included in (a) er 7/25/06, and not on a historic structu		ation easement on the last Held at the End of the Tax Yea
 2 Complete lines 2a day of the tax year a Total number of co b Total acreage restriction c Number of conserving d Number of conserving listed in the Nation 	through 2d if the organization held a qualifie onservation easements ricted by conservation easements vation easements on a certified historic struc vation easements included in (c) acquired aft nal Register	ture included in (a) er 7/25/06, and not on a historic structu		ation easement on the last Held at the End of the Tax Yea
 Complete lines 2a day of the tax year Total number of cc Total acreage restriction Number of conservation Number	through 2d if the organization held a qualifie onservation easements ricted by conservation easements vation easements on a certified historic struc vation easements included in (c) acquired aft nal Register	ture included in (a) er 7/25/06, and not on a historic structu ased, extinguished, or terminated by the		ation easement on the last Held at the End of the Tax Yea
 Complete lines 2a day of the tax year a Total number of cc b Total acreage restriction c Number of conservation d Number of conservation listed in the Nation Number of conservation where the states were stated in the states were states we	through 2d if the organization held a qualifie onservation easements ricted by conservation easements vation easements on a certified historic struc vation easements included in (c) acquired aft nal Register vation easements modified, transferred, relea	eture included in (a) er 7/25/06, and not on a historic structu ased, extinguished, or terminated by the ment is located ►		ation easement on the last Held at the End of the Tax Yea
 2 Complete lines 2a day of the tax year a Total number of co b Total acreage restriction c Number of conservation d Number of conservation a Number of conservation b Number of states with the states with the	through 2d if the organization held a qualifie onservation easements ricted by conservation easements vation easements on a certified historic struct vation easements included in (c) acquired aft nal Register vation easements modified, transferred, releat where property subject to conservation ease tion have a written policy regarding the perio orcement of the conservation easements it h	ture included in (a) er 7/25/06, and not on a historic structu ased, extinguished, or terminated by the ment is located > dic monitoring, inspection, handling of olds?	ire 2d	ation easement on the last Held at the End of the Tax Yes
 Complete lines 2a day of the tax year Total number of co Total acreage restriction Number of conservation Number of conservation Number of conservation Number of conservation Number of states variable Does the organization violations, and enformance 	through 2d if the organization held a qualifie onservation easements ricted by conservation easements vation easements on a certified historic struc vation easements included in (c) acquired aft nal Register vation easements modified, transferred, relea where property subject to conservation ease tion have a written policy regarding the perio	ture included in (a) er 7/25/06, and not on a historic structu ased, extinguished, or terminated by the ment is located dic monitoring, inspection, handling of olds?	ire 2d	ation easement on the last Held at the End of the Tax Yes
 2 Complete lines 2a day of the tax year a Total number of co b Total acreage restriction c Number of conservation d Number of conservation 3 Number of conservation 3 Number of states value 5 Does the organization 5 Staff and volunteer 	through 2d if the organization held a qualifie onservation easements ricted by conservation easements vation easements on a certified historic struct vation easements included in (c) acquired aft hal Register vation easements modified, transferred, releat where property subject to conservation easements tion have a written policy regarding the perio orcement of the conservation easements it h r hours devoted to monitoring, inspecting, ha	ture included in (a) er 7/25/06, and not on a historic structu ased, extinguished, or terminated by the ment is located > dic monitoring, inspection, handling of olds? andling of violations, and enforcing cons	re 2d 2b 2c 2c 2d 2d 2d 2d	ation easement on the last Held at the End of the Tax Yea Held at the Tax Yea Held at the Tax
 Complete lines 2a day of the tax year Total number of co Total acreage restr Number of conservation Number of conservation Number of conservation Number of conservation Number of states value Does the organization Staff and volunteer 	through 2d if the organization held a qualifie onservation easements ricted by conservation easements vation easements on a certified historic struct vation easements included in (c) acquired aft nal Register vation easements modified, transferred, releat where property subject to conservation ease tion have a written policy regarding the perio orcement of the conservation easements it h	ture included in (a) er 7/25/06, and not on a historic structu ased, extinguished, or terminated by the ment is located > dic monitoring, inspection, handling of olds? andling of violations, and enforcing cons	re 2d 2b 2c 2c 2d 2d 2d 2d	Ation easement on the last Held at the End of the Tax Yea Held
 Complete lines 2a day of the tax year Total number of co Total acreage restriction Total acreage restriction Number of conserving Number of conserving Number of conserving Number of states with the state of the state of	through 2d if the organization held a qualifie onservation easements ricted by conservation easements vation easements on a certified historic struct vation easements included in (c) acquired aft nal Register vation easements modified, transferred, releat where property subject to conservation easements tion have a written policy regarding the perio orcement of the conservation easements it h r hours devoted to monitoring, inspecting, handling es incurred in monitoring, inspecting, handling	ture included in (a) er 7/25/06, and not on a historic structure ased, extinguished, or terminated by the ment is located ▶ dic monitoring, inspection, handling of olds? andling of violations, and enforcing conserva	2a 2b 2c 2c 2c 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d	Ation easement on the last Held at the End of the Tax Yea Held
 2 Complete lines 2a day of the tax year a Total number of cc b Total acreage restriction c Number of conserventisted in the Nation 3 Number of conserventisted in the Nation 3 Number of conserventisted in the Nation 3 Number of states with the state of th	through 2d if the organization held a qualifie onservation easements ricted by conservation easements vation easements on a certified historic struct vation easements included in (c) acquired aft hal Register vation easements modified, transferred, releat where property subject to conservation easements tion have a written policy regarding the perio orcement of the conservation easements it h r hours devoted to monitoring, inspecting, ha	ture included in (a) er 7/25/06, and not on a historic structu ased, extinguished, or terminated by the ment is located ▶ dic monitoring, inspection, handling of olds? andling of violations, and enforcing conserva satisfy the requirements of section 170(a organization servation easement h)(4)(B)(i)	ation easement on the last Held at the End of the Tax Yea Held at the Tax Yea Held at the Tax

De	ut III Our entire tiene Mainteining Callestings of Art. Historical Tressures, or Other Oir	law Assaha
	organization's accounting for conservation easements.	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that of	lescribes the
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statemen	t and

Part	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works

of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$

			Ψ	
	(ii) Assets included in Form 990, Part X		\$	
		ovid	e –	
	the following amounts required to be reported under FASB ASC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		\$	
b	Assets included in Form 990, Part X		\$	
			• •	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

67136__1

34 2020.06000 REDWOOD GOSPEL MISSIONS

Sche		Gospel Mis				9	94-61	2204	5 Ра	age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tr	easures, or	Other	Similar	Assets	contir	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that	make sig	gnificant u	se of its		,	
	collection items (check all that apply):									
а	Public exhibition	d	Loan or ex	change progra	m					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further	the organizatio	n's exem	pt purpos	e in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	f art, historical trea	asures, or othe	r similar a	assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizati	on answered "	Yes" on I	Form 990,	Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributio	ns or other ass	ets not ir	ncluded				
	on Form 990, Part X?		-					Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amoun	t	
с	Beginning balance					<u>1c</u>				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				_
	Did the organization include an amount on F					y?	∟	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete									
		(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three ye	ears back	(e) Four	years	back
	Beginning of year balance	5,047,513.								
b	Contributions	820.284								
c	Net investment earnings, gains, and losses	-829,384.								
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses	4,218,129.		_						
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balance	(line 1g, column (a)) neid as:						
a L	Board designated or quasi-endowment ► Permanent endowment ► 100	%	_%							
d o		% %								
С	Term endowment The percentages on lines 2a, 2b, and 2c sho									
20	Are there endowment funds not in the posse		tion that are hold a	and administor	od for the	organizat	tion			
Ja	by:	ssion of the organiza				e organiza]	Yes	No
	(i) Unrelated organizations							3a(i)	103	X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization									
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990,	Part X, I	ine 10.				
	Description of property	(a) Cost or of		st or other		cumulated	d	(d) Boo	k value	e
	,	basis (investm	• • •	s (other)	• •	reciation		., -		
1a	Land		1,3	58,862.				1,35	8,80	62.
	Buildings			99,403.	8	92,35		2,20		
	Leasehold improvements			68,062.	2	70,73			7,32	
	Equipment			10,412.	2	89,86	7.		0,54	
	Other		1	31,129.		96,73	0.		4,39	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part)	K. column (B). line	10c.)				4,31	8,18	85.
						_				

Schedule D (Form 990) 2020

032052 12-01-20

Part VII I	nvestments -	Other \$	Securities.
Part VII II	nvestments -	Other a	securities.

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						
(2) Closely held equity interests						
(3) Other						
(A) Fixed Income Investments	1,676,104.	Cost				
(B) Equity Funds Investments	2,525,915.	Cost				
(C) Tambellini Endowment Fund	16,110.	Cost				
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,218,129.					
Part VIII Investments - Program Related.						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.						

	on i on o o o, i arciv, into	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1		
(2		
(3		
(4		
(5		
(6		
(7		
(8		
(9		
Total	(Column (b) must equal Form 990 Part X col (B) line 15)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value <u>1.</u> (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

X

032053 12-01-20

	edule D (Form 990) 2020 Redwood Gospel Missions			age 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	7,124,58	82.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a			
b	Donated services and use of facilities 2b			
с	Recoveries of prior year grants			
d		59.		
е	Add lines 2a through 2d	2e	10,75	
3	Subtract line 2e from line 1	3	7,113,82	23.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
с	Add lines 4a and 4b	4c		Ο.
-				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		7,113,82	23.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expenses		7,113,82 n.	23.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		7,113,82 n.	23.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retur	7,113,82 n. 5,867,45	
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	per Retur	n.	
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	per Retur	n.	
Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a	per Retur	n.	
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c	5 per Retur	n.	
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2a Prior year adjustments 2b	5 per Retur	n.	
Pa 1 2 b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c	5 9 . 5	n. 5,867,45 10,75	55.
Pa 1 2 b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 10, 7	5 9 . 2e	n. 5,867,45	55.
Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d	5 9 . 2e	n. 5,867,45 10,75	55.
Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 3ubtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	5 9 . 2e	n. 5,867,45 10,75	55.
Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2b Prior year adjustments 2c Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 1	5 9 . 2e	n. 5,867,45 10,75	55.
Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2b Prior year adjustments 2c Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a	59. 2e 3	n. 5,867,45 10,75 5,856,65	55. 59. 96.
Pa 1 2 a b c d a b c d a b c d c d c d b c d b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d 10,7 Add lines 2a through 2d Subtract line 2e from line 1 4a Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b	59. 2e 	n. 5,867,45 10,75	55. 59. 96.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

The Mission determines whether its tax positions are
"more-likely-than-not" to be sustained upon examination by the applicable
taxing authority based on the technical merits of the positions. As of
September 30, 2021, the Mission has reviewed its tax positions and has
concluded no reserve for uncertain tax positions is required. The
Mission's exempt Mission information returns are subject to review through
three years after the date of filing for federal and four years after the
date of filing for California.

Part XI, Line 2d - Other Adjustments:

Fundraising events revenue

032054 12-01-20

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Redwood Gospel Missions Part XIII Supplemental Information (continued)	94-6122045 Page 5
Part XIII Supplemental Information (continued)	
Part XII, Line 2d - Other Adjustments:	
Fundraising events expense	
	<i>•</i>
	Schedule D (Form 990) 2020

Redwood Gospel Missions

032055 12-01-20

<pre>fform 990 or 990-E2 Complete if the organization answered "Vest" on Form 990.F2T, NB, or 19, or 11 MI Partial Revent "source" Name of the organization interest one of the 150,000 of rom 990-E2.</pre>	SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
Dependent meter of the treasure theme a Revenues Saves Dependent Saves Open to Public Inspection A coto www.irs.gov/Form990 for instructions and the latest information. Employer indentification number 94-6122045 Part Fundaming Activities. Complete it the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ files are not required to complete this part. Employer indentification number 94-6122045 Part Fundaming Activities. Complete it the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ files are not required to complete this part. Employer indentification and the indentification of non-government grants 1 Solicitation of non-government grants 2 Solicitation of organization raised funds through any of the following activities. Check all that apply. Image: Solicitation and the indentification of grants and the indentification of grants and the indentification of grants and the solicitations 2 Solicitation of organization nave a written or oral agreement with any individual (including officers, directors, trustees; or her organization have a written or oral agreement with any individual (including officers, directors, trustees; or her organization have a written or oral agreement with any individual (including officers, directors, trustees; or her organization address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Activities arectory issue and address of individual or enti	(Form 990 or 990-EZ)							or if the	2020
Internal servers Important Servers	Department of the Treesury	0							
Name of the organization Employer identification number 94 - 6122045 Part Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part N, line 17. Form 990-EZ files are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations c Phone solicitations g Special fundraising services? d Indicate whether the organization nave a written or contaction with professional fundraising services? 2 a Did the organization Part N (in ertity in connection with professional fundraising services? (i) Name and address of individual or entities (fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual (iii) Activity If a second fundraiser from activity (iv) Amount paid for retained by organization (i) Name and address of individual (iii) Activity If a second fundraiser from activity (iv) Amount paid for retained by organization		► Go	to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		
Punchraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Indicate whether the organization area written or oral agreement with any individual (including officers, directors, trustees; or key employees listed in Form 990, Part IV) or entity in connection with professional fundralising services? 2 Did the organization have a written or oral agreement with any individual (including officers, directors, trustees; or key employees listed in Form 990, Part IV) or entity (indralsers) pursuant to agreements under which the fundralser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entities (fundralsers) form activity form activi	Name of the organization							Employer ide	ntification number
required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d Inperson solicitations g Special fundraising events o Interves, "list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity in control with the formation or entity (fundraiser) (ii) Activity (iii) Activity from activity (iv) Gross receipt from occi, it is to be occintations of model to col. (i) is of the occi (ii) is of entity (fundraiser) iii) Activity Interve interv									
Bellicitations Bellicit				ered "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Ves No b If 'Vse,'' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Dec trained by) from activity (iv) Amount paid to (or retained by) organization (i) Name and address of individual or entities (fundraiser) (iii) Activity (iv) Gross receipts (V) Amount paid to (or retained by) from activity (v) Amount paid to (or retained by) organization (ii) Name and address of individual (iii) Activity (ves No ves No ves No (iii) Activity (ves No ves No ves No ves No (iii) Activity Ves No ves No ves No ves No (ves No ves No ves No ves No ves No (ves No ves No ves No ves No ves No (ves No ves No ves No ves No ves No	1 Indicate whether the	organization raise	ed funds through any of the followin	g activ	vities.	Check all that apply.			
c Phone solicitations g Special fundraising events d Inperson solicitations g Special fundraising events 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees; or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b It "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$\$,000 by the organization. (ii) Date intervention of the fundraiser is to be compensated at least \$\$,000 by the organization. (v) Gross teceipts (v) amount paid to (or retained by to (or retained by to (or retained by to organization) (vi) Amount paid to (or retained by to organization) (vi) Amount paid to (or retained by to organization) (ii) Name and address of individual or entity (fundraiser) (ii) Activity Yes No (vi) Amount paid to (or retained by to organization) (iii) Activity Yes No Intervention of the organization of the organ	a 📃 Mail solicitatio	ns							
d ☐ nperson solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual or entities (fundraiser) with the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Name and address of individual or entities (fundraiser) with the fundraiser is to be compensated at least \$5,000 by the organization. (iv) Amount paid to compensite of the fundraiser is to be compensite of the fundraiser is to be compensated at least \$5,000 by the organization. (iv) Amount paid to compensite of individual or entities (fundraiser) with the fundraiser is to be compensite of the fundraiser is the fundraise									
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Aame and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iv) Gross receipts for activity form activity for			g Special	fundra	aising	events			
key employees listed in Form 990, Part VII) or entity in connection with professional fundralising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundralisers) pursuant to agreements under which the fundraliser is to be compensated at least \$5,000 by the organization. (ii) Nome and address of individual or entities (fundralisers) (iii) Activity (iii) Del the fundraliser is (iv) Amount paid for certained by) fundraliser is to be comparization. (v) Amount paid (v) Amount paid for certained by) fundraliser is to be comparized to a solicit control of control				(:		Kiesene eline et ene turne			
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iv) Gross receipts (h) (or retained by) fundraiser listed in col. (i) (v) Amount paid to orretained by) fundraiser (iii) Activity Yes No Ivo activity (v) Amount paid to orretained by) fundraiser (iv) Armount paid to orretained by (vi) Activity Yes No Ivo activity (vi) Amount paid to orretained by (vi) Armount paid to orretained by (vi) Activity Yes No Ivo activity (vi) Amount paid to orretained by (vi) Armount paid to orretained by (vi) Activity Yes No Ivo activity (vi) Amount paid to orretained by (vi) Armount paid to orretained by (vi) Activity Yes No Ivo activity (vi) Amount paid to orretained by (vi) Armount paid to orretained by (vi) Activity Yes No Ivo activity (vi) Amount paid to orretained by (vi) Armount paid to orretained by (vi) Amount paid to orretained by (vi) Amount paid to orretained by <td>•</td> <td></td> <td>v</td> <td></td> <td>•</td> <td></td> <td>lees,</td> <td></td> <td></td>	•		v		•		lees,		
compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iv) Gross receipts from activity from activity from activity organization (v) Amount paid to (or retained by) organization Yes No Image: State of the state of th			, , ,			U U	ie fur		
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iv) Gross receipts from activity f		•	. , ,		agree				
(i) Name and address of individual or entity (fundraiser) (ii) Activity Image and address of individual backward or entity (fundraiser) (iii) Activity (iii) Activity (iii) Gross receipts to for retained by organization Yes No Isted in col. (i) Isted in col. (i) Isted in col. (i) Isted in col. (i) Yes No Isted in col. (ii) Isted in col. (iii) Isted in col. (iii) Isted in col. (iii) Isted in col. (iii) Isted in col. (iii) Isted in col. (iii) Isted in col. (iii) Isted in col. (iii) Isted in col. (iii) Isted in col. (iii) Isted in col. (iii) Isted in col. (iii) Isted in col. (iii) Isted in col. (iii) Isted in col. (iii) Isted in col. (iii) Isted in col. (iiii) Isted in col. (iii) Isted in col. (iiii) Isted in col. (iiiii) Isted in col. (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		,	5						
or entity (fundraiser) (ii) Activity investigation of the construction of the constru	(i) Name and address	of individual		fundi	raiser	(iv) Gross receipts	(v) to (c	Amount paid or retained bv)	
Yes No Yes No Yes No	or entity (fundra	aiser)	(II) Activity	or cor	ntrol of	from activity		fundraiser	
Total							115		-
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration				Yes	No				
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration					•				
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration	Totol								
		the organization	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	nistration
		r the organization			ationic				gioliation

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

Schedule G (Form 990 or 990-EZ) 2020

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 Redwood Gospel Missions Part II Fundraising Events. Complete if the gradient in the second second

94-6122045 Page 2

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000	a	irt II	Fundraising Events. Complete if the	e organization answered "Yes" o	on Form 990, Part IV, I	line 18, or reported m	ore than \$15,000
			of fundraising event contributions and gro	oss income on Form 990-EZ, line	s 1 and 6b. List events	s with gross receipts	greater than \$5,000.

		of fundraising event contributions and gro				5 greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Evening of		None	(add col. (a) through
			Норе			col. (c)
			(event type)	(event type)	(total number)	COI. (C))
nue						
Revenue	1	Gross receipts	154,842.			154,842.
ŭ						-
	2	Less: Contributions	154,842.			154,842.
	3	Gross income (line 1 minus line 2)				
		· · · · ·				
	4	Cash prizes				
	5	Noncash prizes				
es						
Direct Expenses	6	Rent/facility costs				
a Xi						
sct I	7	Food and beverages				
Dire						
	8	Entertainment				
	9	Other direct expenses				10,759.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	10,759.
	11	Net income summary. Subtract line 10 from li				-10,759.
Pa	nrt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			
Ð			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nue			()3-	bingo/progressive bingo	(-,	col. (a) through col. (c))
Revenue						
	1	Gross revenue				
S	2	Cash prizes				
en se						
, dx	3	Noncash prizes				
Direct Expenses						
Dire	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	└── Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
	_				L	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		►	
		Not coming income summer Othersteller	from line to activity (1)		•	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
~	E.e.					
9		ter the state(s) in which the organization condu				Yes No
		he organization licensed to conduct gaming ad				
	• •	No," explain:				
10-	1.1.1.	ere any of the organization's gaming licenses re	woked suspended or to	rminated during the tax of	ear?	Yes No
ĥ	,	Yes," explain:				
	_					

Schedule G (Form 990 or 990 EZ) 2020 Redwood	od Gospel Missions	94-6122045 Page 3
11 Does the organization conduct gaming activitie	es with nonmembers?	Yes No
	stee of a trust, or a member of a partnership or other entity formed	
	· · · · · · · · · · · · · · · · · · ·	
13 Indicate the percentage of gaming activity con		
	o prepares the organization's gaming/special events books and re	
Name		
Address 🕨		
15a Does the organization have a contract with a the second sec	hird party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue r	received by the organization > \$ and the	amount
of gaming revenue retained by the third party	▶\$	
c If "Yes," enter name and address of the third p	party:	
Name 🕨		
Address 🕨		
16 Gaming manager information:		
Name		
Gaming manager compensation 🕨 💲		
Description of services provided 🕨		
Director/officer Employ	yee Independent contractor	
17 Mandatory distributions:		
	make charitable distributions from the gaming proceeds to	
and all all a shade a second as the second		Yes No
	er state law to be distributed to other exempt organizations or spe	
organization's own exempt activities during the		
Part IV Supplemental Information. Pr	rovide the explanations required by Part I, line 2b, columns (iii) and	l (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable.	Also provide any additional information. See instructions.	
032083 11-25-20	Sched	dule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ)

032084 04-01-20

SCHEDULE L	I	Tra	nsaction	ıs V	Vith	Int	erested	P	ersons			0	MB No.	1545-00	047
(Form 990 or 990-EZ)			rganization ans 28b, or 28c, o	were or For	d "Yes m 990	s" on -EZ, F	Form 990, Par Part V, line 38a	t IV, a or 4	line 25a, 25b, 2	6, 27,	28a,		2	02	20
Department of the Treasury Internal Revenue Service		to to v	► Atta www.irs.gov/Fo				r Form 990-EZ		st information				pen T spect		olic
Name of the organization			www.ii 3.gov/i 0	11133		nsuu		late	st mormation.	Em	plove	r ident	•		Imber
5		d G	ospel Mi	ssi	ons							220			
Part I Excess I	Benefit Trans					ion 50	01(c)(4), and see	ctior	n 501(c)(29) orga	nizatio	ons on	ıly).			
Complete i	f the organization	n answ	vered "Yes" on F	Form S	990, Pa	art IV,	line 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Name of disqual	ified person	(b) F	Relationship betw person and or			lified	(4	c) De	escription of tran	sactic	n			Corre	No
										_	_		_		
													-	_	
												~			
2 Enter the amount o			•	•		•	•	Ũ							
section 4958											► \$				
3 Enter the amount o	of tax, if any, on li	ne 2, a	above, reimburs	ed by	the or	ganiza	ation				▶ \$				
Part II Loans to	and/or From	n Inte	erested Pers	sons.											
Complete i	f the organizatior	n answ	vered "Yes" on F	Form 9	990-EZ	, Part	V, line 38a or F	orm	990, Part IV, lin	e 26; (or if th	e orga	nizatio	on	
reported ar	n amount on For	n 990	, Part X, line 5, 6	ŕ –								10. 1			
(a) Name of	(b) Relatio		(c) Purpose		ban to or m the	· ·	e) Original	(f) Balance due) In ault?	(h) Ap by bo	proved ard or		Vritten ement?
interested person	with organ	Zaliuii	of loan		ization?	- I - I	icipal amount					comm		-	
				To	From			-		Yes	No	Yes	No	Yes	No
															+
															+
															+
						1									+
Total							> \$	1							1
Part III Grants o	or Assistance	Ben	efiting Inter	este	d Per	rsons	S.								
Complete i	f the organization	n answ	vered "Yes" on F	Form 9	990, Pa	art IV,	line 27.		1						
(a) Name of intere	ested person		b) Relationship interested pers the organiza	on an			(c) Amount of assistance		(d) Type assistan			•) Purp assist		of
						1									
						 									
		_													
		+													
		-													
						1									
LHA For Paperwork R	eduction Act No	tice, s	see the Instruct	tions	for Fo	rm 99	0 or 990-EZ.		Sch	edule	L (Fo	rm 990) or 99	90-EZ	2) 2020

032131 12-09-20

	(Form 990 or 990-EZ) 2020			
Part IV	Business Transaction	ons Involving	Interested	d Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

Complete if the organization answered rives on Form 990, Part IV, line 20a, 20b, or 20c.					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Benson Investments, Inc	BOARD MEMBER	4,500,000.	During the		X
			A		

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Benson Investments, Inc

(d) Description of Transaction: During the year ended September 30,

2021, the Mission placed the property in the Tambellini Endowment on the

market for a listing price of \$4,499,999. The Mission accepted the

highest offer in the amount of \$4,500,000, which was from a board member

of the Mission. The offer amount was considered consistent with market

conditions at the time of sale and factoring in prior offers and buyer

activity during a six-month period marketing the property.

Schedule L (Form 990 or 990-EZ) 2020

032132 12-09-20

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

2020
Open to Public Inspection

Internal	Revenue Service Go to www.irs.g	ov/Form990 fo	r instructions and	I the latest information.		Inspe	ction	
Name	of the organization					identificatio		nber
	Redwood Go:	spel Mis	sions		9	4-6122	045	
Par	t I Types of Property							
	·	(a)	(b)	(c)		(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on		d of determin	•	_
		applicable		Form 990, Part VIII, line 1g	noncash co	ontribution ar	nounts	5
1	Art - Works of art							
	Art - Historical treasures							
	Art - Fractional interests							
	Books and publications							
	Clothing and household goods			20,679.	Market			
	Cars and other vehicles		2					
	Boats and planes							
	Intellectual property							
	Securities - Publicly traded		1	125,205.	FMV			
	Securities - Closely held stock							
	Securities - Partnership, LLC, or							
	trust interests							
	Securities - Miscellaneous							
	Qualified conservation contribution -							
10	Historic structures							
14	Qualified conservation contribution - Other							
	Real estate - Residential							
	Real estate - Commercial							
	Real estate - Other							
	Collectibles							
	Food inventory		1	1,672,350.	Market			
	Drugs and medical supplies	···		1707275500	<u>inarine e</u>			
	Taxidermy Historical artifacts							
	Scientific specimens Archeological artifacts							
	Other (Ministry) X	1	1,710,974.	Markot			
	Other (Thrift Store		1	3,520.	Market			
				5,520.	Market			
	Other (
	Other (Number of Forms 8283 received by the org		the tax year far a	antributiona				
	for which the organization completed Form	18283, Part V, L	Jonee Acknowledg	ement 29			Yes	No
30a	During the year, did the organization receiv	e by contributio	on any property rep	orted in Part I, lines 1 throug	h 28. that it			
	must hold for at least three years from the							
	exempt purposes for the entire holding per					30a		х
	If "Yes," describe the arrangement in Part I							
	Does the organization have a gift acceptan		equires the review	of any nonstandard contributi	ions?	31		х
	Does the organization hire or use third part							
520			•			32a		x
h						J2d		
b	If "Yes," describe in Part II.							

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

032141 11-23-20

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
032142 11-23-	20 Schedule M (Form 990) 2020

Schedule M (Form 990) 2020 Redwood Gospel Missions

94-6122045

Page 2

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



94-6122045

Redwood Gospel Missions

Form 990, Part I, Line 1, Description of Organization Mission:

minister to the needy so that lives are transformed.

Form 990, Part VI, Section B, line 11b:

THE ORGANIZATIONS EXECUTIVE DIRECTOR AND ACCOUNTING MANAGER WILL REVIEW

FORM 990 BEFORE FINAL APPROVAL TO FILE THE TAX RETURN.

Form 990, Part VI, Section B, Line 12c:

THE ORGANIZATION REQUIRES ALL BOARD MEMBERS TO COMPLETE AN ANNUAL

AFFIRMATION THAT THEY ARE IN COMPLIANCE WITH THE ORGANIZATION'S STANDARDS

AND POLICIES FOR BOARD MEMBERS. THIS INCLUDES AN ANNUAL DISCLOSURE OF ANY

CONFLICTS OF INTEREST WITH THE ORGANIZATION.

Form 990, Part VI, Section B, Line 15:

THE BOARD OF DIRECTORS REVIEWS AND / OR APPROVES ANY COMPENSATION MATTERS CONCERNING THE EXECUTIVE DIRECTOR. RETURN IS DISTRIBUTED TO BOARD MEMBERS PRIOR TO FILING.

A SALARY BENCHMARKING PROCESS IS IMPLEMENTED FOR DEPARTMENT MANAGERS.

Form 990, Part VI, Section C, Line 18:

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE

PUBLIC UPON REQUEST TO THE MAIN OFFICE DURING NORMAL BUSINESS HOURS.

Form 990, Part VI, Section C, Line 19:

ALL ARE AVAILABLE UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Form 8879-EO	IRS e-file Signature Authoriza for an Exempt Organizatio	ation on	F	OMB No. 1545-0047
	For calendar year 2020, or fiscal year beginning OCT 1 , 2020, and ending		20 21	2020
Department of the Treasury Internal Revenue Service	 Do not send to the IRS. Keep for your record to the IRS. Keep for your record to the latest information of the latest information. 			2020
Name of exempt organization			Taxpayer ide	ntification number
Podwood Como	Miggiong		94-612	22045
Redwood Gospe			94-01	22045
Jeffrey W Gil				
Executive Dire	Return and Return Information (Whole Dollars Only)		_	
	n for which you are using this Form 8879-EO and enter the applicable ar	mount if any from	m the return	lf you
check the box on line 1a, 2 blank, then leave line 1b, 2	b , 3a , 4a , 5a , 6a , or 7a below, and the amount on that line applicable and the 3b , 4b , 5b , 6b , or 7b , whichever is applicable, blank (do not enter -0-). a applicable line below. Do not complete more than one line in Part I.	h being filed with	this form was	S
1a Form 990 check here				
2a Form 990-EZ check h 3a Form 1120-POL chec				
4a Form 990-PF check h				
5a Form 8868 check here	b Balance due (Form 8868, line 3c)		5b	
6a Form 990-T check her			6b	2,658.
7a Form 4720 check here	b Total tax (Form 4720, Part III, line 1) on and Signature Authorization of Officer or Person Su			
	I declare that X I am an officer of the above organization or I I			th respect to
	, (EIN), and accompanying schedules and statements, and, to the best of my			
software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne identification number (PIN) PIN: check one box only	hic funds withdrawal (direct debit) entry to the financial institution accourt e federal taxes owed on this return, and the financial institution to debit to the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 busi horize the financial institutions involved in the processing of the electron cessary to answer inquiries and resolve issues related to the payment. I as my signature for the electronic return and, if applicable, the consent to	the entry to this a iness days prior thic payment of ta have selected a p	account. To re to the payment xes to receive personal	evoke nt e I.
X I authorize Di			to enter my F	
	ERO firm name			Enter five numbers, but do not enter all zeros
a state agency(ie PIN on the return As an officer or p electronically file	on the tax year 2020 electronically filed return. If I have indicated within t s) regulating charities as part of the IRS Fed/State program, I also author i's disclosure consent screen. erson subject to tax with respect to the organization, I will enter my PIN d return. If I have indicated within this return that a copy of the return is I es as part of the IRS Fed/State program, I will enter my PIN on the return	rize the aforement as my signature being filed with a	on the tax yes	to enter my ear 2020 y(ies)
Signature of officer or person subject	to tay		Date	
	tion and Authentication		σαισ	
•	ur six-digit electronic filing identification	45520060		
number (EFIN) followed by	,	45532060 ot enter all zeros		
-	neric entry is my PIN, which is my signature on the 2020 electronically file turn in accordance with the requirements of Pub. 4163, Modernized e-F iness Returns.			
ERO's signature 🕨		Date 08/	11/22	
	ERO Must Retain This Form - See Instruc Do Not Submit This Form to the IRS Unless Reque		So	
LHA For Paperwork Red	uction Act Notice, see instructions.			Form 8879-EO (2020)
023051 11-03-20	48			

2020.06000 REDWOOD GOSPEL MISSIONS 67136__1

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

►	File	2 60	narata	annli	ontion	for	oach	return.
	FIIE	ase	Jarale	applin	Jauon	101	eauii	return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	·									
Type or print	Name of exempt organization or o	other filer, see instructions.	Та	xpayer	r identification numb	er (TIN)				
print	Redwood Gospel Mi	ssions		94-6122045						
File by the due date for filing your return. See			tions.							
instructions. Santa Rosa, CA 95402										
Enter the	Return Code for the return that this	application is for (file a separa	te application for each return)			0 7				
Applicat	ion	Return	Application			Return				
Is For		Code	Is For			Code				
Form 99) or Form 990-EZ	01	Form 990-T (corporation) 07							
Form 99	D-BL	02	Form 1041-A	Form 1041-A 08						
Form 472	20 (individual)	03	Form 4720 (other than individual)			09				
Form 99)-PF	04	Form 5227			10				
Form 99	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 99	D-T (trust other than above)	06 Woolums	Form 8870			12				
box ► 1 I re the ► 2 If t	If it is for part of the group, cheepquest an automatic 6-month extension or a calendar year or X tax year beginningOCT 1 tax year entered in line 1 is for less Change in accounting period	and attact this box ► and attact	return for: Id ending <u>SEP 30, 2021</u> on:	memb	ers the extension is the extension is the extension retu	for.				
	his application is for Forms 990-BL, 9		enter the tentative tax, less	3a	\$ 2	,658.				
	y nonrefundable credits. See instructi his application is for Forms 990-PF, 9		refundable credits and	Ja	ψ <u>Δ</u>	,000.				
	imated tax payments made. Include			3b	\$	0.				
	lance due. Subtract line 3b from line			00	Ψ	<u> </u>				
	ing EFTPS (Electronic Federal Tax Pa			3c	\$ 2	,658.				
	If you are going to make an electron		bit) with this Form 8868, see Form 8453							
	For Privacy Act and Paperwork Red	Department of t	the Treasury Ne Service Center		Form 8868 (Re	ev. 1-2020)				

023841 04-01-20

		_	Extended to August 15, 2022		
Form	990-T	E	Exempt Organization Business Income Tax Return		OMB No. 1545-0047
			(and proxy tax under section 6033(e))		
		For ca	endar year 2020 or other tax year beginning $\underbrace{ ext{OCT} 1, 2020}_{ ext{OCT}}$, and ending $\underbrace{ ext{SEP} 30, 202}_{ ext{SEP}}$	1	2020
Departr	nent of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.		
Internal	Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
A [Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmbl	oyer identification number
B Ex	empt under section	94-6122045			
X	501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.		o exemption number nstructions)
	408(e) 220(e)	Type	PO Box 493		
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code		
	529(a) 529S		Santa Rosa, CA 95402	F	Check box if
			ok value of all assets at end of year > 11,090,232.		an amended return.
			X 501(c) corporation 501(c) trust 401(a) trust Other trust A	pplica	ble reinsurance entity
H C	heck if filing only to	o 🕨	Claim credit from Form 8941 Claim a refund shown on Form 2439		
I C	heck if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	
			ed Schedules A (Form 990-T)		<u>1</u>
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
			d identifying number of the parent corporation.		
				07-	578-1830
Par			d Business Taxable Income		
1			ss taxable income computed from all unrelated trades or businesses (see		10 650
				1	13,659.
2	Reserved			2	12 (50
3	Add lines 1 and 2			3	13,659.
4			see instructions for limitation rules)	4	
5			taxable income before net operating losses. Subtract line 4 from line 3	5	13,659.
6		•	ng loss. See instructions	6	
7			ss taxable income before specific deduction and section 199A deduction.		12 650
	Subtract line 6 fro			7	<u>13,659.</u> 1,000.
8			ally \$1,000, but see instructions for exceptions)	8	<u> </u>
9			duction. See instructions	9	1,000.
10	Total deductions			10	<u> </u>
11		ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		12,659.
Par	t II Tax Com	nutat	on	11	12,059.
1				1	2,658.
2	-		s corporations. Multiply Part I, line 11 by 21% (0.21)	<u> </u>	2,0301
2	Part I, line 11 from	_	Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins			3	
3 4	Other tax amounts			4	
+ 5	Alternative minimu			5	
6			cility income. See instructions	6	
0 7			h 6 to line 1 or 2, whichever applies	7	2,658.
<u>,</u>		Ŭ	an Act Nation and instructions		990-T (2020)

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

023701 02-02-21

Form 9	90-T (2020)		Page 2
Part	III Tax and Payments		
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see instructions) 1b		
с	General business credit. Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d		
е	Total credits. Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7	2	2,658.
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866		
	Other (attach statement)	3	
4	Total tax. Add lines 2 and 3 (see instructions).		
	section 1294. Enter tax amount here	4	2,658.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5	0.
6a	Payments: A 2019 overpayment credited to 2020 6a		
b	2020 estimated tax payments. Check if section 643(g) election applies		
с	Tax deposited with Form 8868 6c 2,658.		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d		
е	Backup withholding (see instructions) 6e		
f	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments: Form 2439		
	□ Form 4136 Other Total ► 6g		
7	Total payments. Add lines 6a through 6g	7	2,658.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	61.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	61.
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
	Enter the amount of line 10 you want: Credited to 2021 estimated tax Refunded	11	
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)		
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a		
	foreign trust?		Х
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
4a	Did the organization change its method of accounting? (see instructions)		Х
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"		
	explain in Part V	<u></u>	
Part	V Supplemental Information		

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
Here	Signature of officer	Date Execu	the pro-		the IRS discuss this return with oreparer shown below (see uctions)? X Yes No					
	Print/Type preparer's name	Preparer's signature	Check	if	PTIN					
Paid	Christina	Christina		self- employed						
Preparer	. Hollingsworth	Hollingsworth	08/11/22			P02090706				
Use Only		Firm's EIN		68-0456752						
000 0111	175 Concou	rse Boulevard, Sui	te A							
	Firm's address 🕨 Santa Rosa	, CA 95403		Phone no.	(7	07) 577-8806				
						Form 990-T (2020)				

023711 02-02-21

SCHEDULEA (Form 990-T) Out the task of the task of the task information. Control of the task of the task information. Description of the task of t									Ent	ity 1	
IFrom an Unrelated Trade or Business Determined if its Transmitty Determined if its Transmitty Determined if its Transmitty Determined its Transmitty Determined its Transmitty Determined its Transmitty Name of the cognitization Red woold Gospel Missions Employer identification numbers A Name of the cognitization B Employer identification numbers A number of the cognitization Red woold Gospel Missions B Employer identification numbers A number of the cognitization (0) Net and allowances March Outse rental Colspan="2">(0) Net and allowances March Outse Set (0) Net and Allowances 120 (cose noid part II, line 8) 0 10 24,000.										1 -	
A mar of the spanial forwards free as a first of the set of the set of the set of the spanial forwards free as a first of the spanial form of the spanial forwards free as a first of the spanial forward	(For	m 990-T)									
Constructions and the latest information. Denote there SNN numbers on this form as it may be made public if your organization is a SU(c)). Denote the synthesize is the synthesize is a structure is the synthesize is the synthesis the synthesize is the synthesize is the synthesiz			From an Unrelate	aı	rade d	Dr D	usine	255		2020	
International services P on ot enter SSN unifiers on this form as it may be made public if your organization is a SU(X). International services			► Go to www.irs.gov/Form990T fo	r instr	ructions and	the la	atest info	ormation.			
A same of the organization B Employer identification number 94-6122045 C Unrelated business activity code (see instructions) 531120 D Sequence: 1 of Part I Unrelated trade or business. WATERDUSE rental Part I Unrelated trade or business. WATERDUSE rental Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receiptor sales 24,000. (a) Income (b) Expenses (c) Net 2 Cost of goods sold (Part III, Ine 8) 2 24,000. 24,000. 24,000. 2 Copial gain net income (attach Sch D (Form 101 or Form 1120) (see instructions) 46 Interest, and anteria, soma activations) 46 5 Income (loss) from a partnership or an S corporation (attach statement) 6 7 7 8 6 Interest, anuelles, royaties, attents income (Part VI) 6 7 7 8 9 Investent uncles, royaties, attents attenenent) 11 24,000. 24,000. 24,000. 10 Explored destificance (Part VI) 6 7 7 8 6 6 11 Adventising income (Part VI) 11 11 11 11 11			Do not enter SSN numbers on this form as it	may b	e made public	c if you	r organiza	ation is a 501(c)(3).		
C Unrelated business activity code (see instructions) 531120 D Sequence: 1 of 1 E Describe the unrelated trade or business Warehouse rental (A) Income (B) Expenses (C) Net Ta Gross receipts or sales 24,000. (A) Income (B) Expenses (C) Net Ta Gross receipts or sales 24,000. (A) Income (B) Expenses (C) Net Ta Gross proff: Subtract the 2 from ine 1 (B) Expenses (C) Net (C) Net Ta Cost of goods old Part II, Ine 8) (C) Net (C) Net (C) Net (C) Net Ta Capital loss of come (attach Sch D (Form 1041 or Form (C) Net (C) Net (C) Net (C) Net Ta Capital loss of come (attach Sch D (Form 1041 or Form (C) Net (C) Net (C) Net (C) Net Ta Capital gain net income (attach Sch D (Form 1041 or Form (C) Net (C) Net (C) Net (C) Net To come (ass) form a partnership or an S corporation (attach statement) (C) Net (C) Net (C) Net (C) Net (C) Net <t< td=""><td>A N</td><td colspan="10"></td></t<>	A N										
E Describe the unrelated trade or business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 24,000. 2 0 0 2 Cost of goods sold (Pat III, IIIe 8) 2 0 0 24,000. 0 2 Cost of goods sold Pat III. IIIe 8) 2 0 0 24,000. 0		Redwood Gospel Missions 94-61220									
Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 24,000. 1 24,000. 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 0 2 2 0 2 2 0 2 2 0 0 2 2 0 0 2 2 0 0 2 2 0 <td><u>c</u>ι</td> <td colspan="10">C Unrelated business activity code (see instructions) 531120 D Sequence:</td>	<u>c</u> ι	C Unrelated business activity code (see instructions) 531120 D Sequence:									
Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 24,000. 1 24,000. 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 0 2 2 0 2 2 0 2 2 0 0 2 2 0 0 2 2 0 0 2 2 0 <td>ED</td> <td>escribe the unrelat</td> <td>ed trade or business Warehouse rei</td> <td>nta</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td>	ED	escribe the unrelat	ed trade or business Warehouse rei	nta	1						
b Less returns and allowances c Balance 10 24,000. 2 Cost of goods sold (Part III, line 8)											
b Less returns and allowances c Balance 10 24,000. 2 Cost of goods sold (Part III, line 8)	1 2	Gross receipts or	24.000								
2 Cost of goods sold (Part III, line 8) 2 3 Gross profit. Subtract line 2 from line 1c 3 24,000. 24,000. 4 Capital gain net income (lass) (Form 4797) (attach Form 4797) (see instructions) 4a 4a 5 Income (loss) (Form 4797) (attach Form 4797) (see instructions) 4a 4a 4a 6 Fert income (Part IV) 6 6 6 7 Urnelated debt/financed income (Part V) 6 7 7 9 Investment income or section 501(c)(7), (9), or (17) 9 9 9 9 9 Investment income or section 501(c)(7), (9), or (17) 9 10 10 10 10 Other income (Part VIII) 10 10 12 24,000. 24,000. 11 Advertising income (Part VIII) 10 10 12 24,000. 24,000. Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be 1 2 3 3 1 Compensation of officers, directors, and trustees (Part X) 1 2 3 3 3 5 3,599,6 3		•		10	2	4.0	00.				
3 Gross profit. Subtract line 1 c						- / -					
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120) (see instructions) 4a b Net gain (oss) (Form 4797) (attach Form 4797) (see instructions) 4b 4b 5 income (oss) form a partnership or an S corporation (attach statement) 6 9 6 Ret income (Part IV) 6 9 7 0 10 10 8 10 9 9 9 Interest, annuities, royatties, and rents from a controlled organization (Part VI) 9 9 9 Investment income of section 501(c)(7), (9), or (17) 9 9 10 Exploited exempt activity income (Part NI) 10 11 10 Exploited exempt activity income (Part NI) 10 11 11 12 0 24,000. 24,000. 12 13 24,000. 24,000. 24,000. 14 2 3 24,000. 24,000. 12 13 24,000. 24,000. 24,000. 14 14 14 14 14 14 15 16 3.599 14 14 14 <t< td=""><td></td><td></td><td></td><td></td><td>2</td><td>4,0</td><td>00.</td><td></td><td></td><td>24,000.</td></t<>					2	4,0	00.			24,000.	
1120) (see instructions) 4a b Net gain (loss) (form 4797) (attach Form 4797) (see instructions) 4a c Capital loss deduction for trusts 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Part IV) 6 7 Unrelated debt/inanced income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part V) 7 9 Investment income of section 501(c)(7), (9), or (17) 9 organizations (Part V) 10 10 Exploited exempt activity income (Part VIII) 10 11 Advertising income (Part IX) 11 2 Other income (see instructions; attach statement) 12 13 Total. Combine lines 3 through 12 13 24 , 000 . 2 Salaries and wages 2 3 3 Repairs and maintenance 4 3 4 Bad debts 3 4 5 Interest (attach statement) (see instructions) 7 4, 240. 9 Depletion 9 2 4 11 Excess exempt supenses (Part X) 1 1 2 Advection (attach statement) (see instructions) 7 4, 240. 8 Less de				- U		- / -					
b b b c Capital loss deduction for trusts b c Capital loss deduction for trusts c f Rent income (loss) from a partnership or an S corporation (attach statement) c 6 Rent income (Part IV) c c 7 Unrelated debt-financed income (Part V) c c 8 Interest, annutiles, royalties, and rents from a controlled organizations (Part VI) c c 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 10 c c 11 Advertising income (Part VI) 10 c c c 12 Other income (see instructions; attach statement) 12 c <t< td=""><td>Tu</td><td></td><td></td><td>42</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Tu			42							
c Capital loss deduction for trusts 4c 5 income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Part IV) 6 7 Unrelated debt/inanced income (Part V) 7 9 Interest, annuities, royaties, and rents from a controlled organization (Part V) 7 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VI) 9 10 Exploited exempt activity income (Part VIII) 10 11 11 11 12 Other income (See instructions, attach statement) 12 13 Total. Combine lines 3 through 12 13 24,000. Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income 1 1 Compensation of officers, directors, and trustees (Part X) 1 2 2 Salaries and wages 3 4 3 Repairs and maintenance 4 3 4 Salaries and wages 4 3.599. 6 3.599. 5 3.599. 6 3.655. 9 <td< td=""><td>h</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	h										
5 income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Part IV) 6 7 Unrelated debt financed income (Part V) 7 8 Interest, anuities, royaties, and rents from a controlled organization (Part VI) 7 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 9 10 Exploited exempt activity income (Part VIII) 10 11 Advertising income (Part IX) 11 12 Other income (See instructions; attach statement) 12 13 Total. Combine lines 3 through 12 13 24,000. 2 Salaries and wages 3 4 3 Repairs and maintenance 3 4 4 Bad debts 4 5 5 Depreciation claimed in Part III and elsewhere on return 8 4 4 4 Less depreciation claimed in Part III and elsewhere on return 8 4 4 14 Excess readership costs (Part IX) 11 12 12 15 Total. Combine lines 1 through 14 10 12 13 14 24,000. <td></td>											
statement) 5 6 Pent income (Part IV) 7 Unrelated debt/inanced income (Part V) 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 10 Exploited exempt activity income (Part VIII) 11 Advertising income (Part IX) 12 Other income (see instructions; attach statement) 12 13 Total. Combine lines 3 through 12 13 2 Advertising income (Part IX) 14 13 Total. Combine lines 3 through 12 13 2 Advertising income (Part IX) 14 2 Compensation of officers, directors, and trustees (Part X) 1 2 Salaries and wages 2 3 Repairs and maintenance 2 4 Bad debts 4 5 Interest (attach statement) (see instructions) See. Statement. 1 6 3655. 7 Depreciation claimed in Part III and elsewhere on return 8a <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>											
6 Rent income (Part IV) 6 7 Unrelated debt-financed income (Part V) 7 9 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VI) 9 10 Exploited exempt activity income (Part VIII) 10 11 Advertising income (Part IX) 11 12 Other income (see instructions; attach statement) 12 13 Total. Combine lines 3 through 12 13 24,000. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income 1 1 Compensation of officers, directors, and trustees (Part X) 1 2 2 Salaries and wages 3 4 3 Heaps and maintenance 4 3 4 Bad debts 4 3 5 Interest (attach statement) (see instructions) Y 4, 240. 6 3655 Depreciation claimed in Part III and elsewhere on return 8 4, 240. 10 Interest (attach statement) 8 <td< td=""><td>5</td><td></td><td></td><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	5			5							
7 Unrelated debt-financed income (Part V) 7 7 8 Interest, annuities, royalites, and rents from a controlled organization (Part V) 8 9 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part V)I 9 9 10 Exploited exempt activity income (Part V)II 10 11 11 11 10 11 11 11 11 12 Other income (see instructions; attach statement) 12 12 12 12 13 Total. Combine lines 3 through 12 13 24,000. 24,000. 24,000. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income 1 2 3 1 Compensation of officers, directors, and trustes (Part X) 1 4 4 5 2 Salaries and wages 4 5 7 4 240.0 0 0 0<	6										
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 9 10 Exploited exempt activity income (Part VIII) 10 11 Advertising income (Part IX) 11 12 Other income (see instructions; attach statement) 12 13 Total. Combine lines 3 through 12 13 14 Compensation of officers, directors, and trustees (Part X) 1 2 Salaries and wages 2 3 Repairs and maintenance 4 4 Bad debts 4 5 Interest (attach statement) (see instructions) See. Statement 1. 6 365. 7 Depireciation (attach Form 4562) (see instructions) 7 8 debts 10 10 11 12 11 12 13 12 24,000. 3 13 Repairs and maintenance 4 4 3 4 5 Interest (attach statement) (see instructions) 5 14											
organization (Part VI) 8 9 9 investment income of section 501(c)(7), (9), or (17) 9 10 Exploited exempt activity income (Part VII) 10 11 Adventising income (Part X) 11 12 Other income (see instructions; attach statement) 12 13 Total. Combine lines 3 through 12 13 14 24,000. 24,000. 15 Combine lines 3 through 12 14 2 Salaries and wages 2 3 Repairs and maintenance 4 4 Bad debts 4 5 Interest (attach statement) (see instructions) 5 7 4,240. 8a 9 0 0 10 10 11 12 2 3 13 24,000. 24,000. 2 3 3 4 4 5 14 2,000. 4 2 3 3 14 20 3 15 10 1 16				-							
9 Investment income of section 501(c)(7), (9), or (17) 9 10 Exploited exempt activity income (Part VII) 10 11 Advertising income (Part IX) 11 12 Other income (see instructions; attach statement) 12 13 Total. Combine lines 3 through 12 13 24,000. 14 Image: State State State Statement) 12 14 15 Total. Combine lines 3 through 12 13 24,000. 24,000. 12 Image: State State Statement) 12 14 24,000. 16 Compensation of officers, directors, and trustes (Part X) 1 1 2 2 Salaries and wages 3 4 3 3 Head debts 4 5 5 3, 599. 6 Taxes and licenses 6 3655. 6 3655. 7 Deprication (attach Form 4562) (see instructions) 7 4, 240. 8 4 3 10 Image: State Statement (State Statement) 10 11 12 12 13 12 Excess readership costs (Part IX) 14	0			8							
organizations (Part VII) 9 10 Exploited exempt activity income (Part VIII) 10 11 Advertising income (Part IX) 11 12 11 12 13 Total. Combine lines 3 through 12 13 24,000. 24,000. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income 1 2 1 Compensation of officers, directors, and trustees (Part X) 1 2 2 2 Salaries and wages 2 3 3 4 4 Bad debts 4 5 3,599. 6 365. 7 Depreciation claimed in Part III and elsewhere on return 8a 8b 4,240. 9 10 Contributions to deferred compensation plans 10 11 12 12 13 Excess exadership costs (Part IX) 12 13 14 2,137. 14 Contributions to deferred compensation plans 10 11 12 13 11 14 Contributions (attach statement) See Statement 2 13	9										
10 Exploited exempt activity income (Part VII) 10 11 Advertising income (Part IX) 11 12 Other income (see instructions; attach statement) 12 13 Total. Combine lines 3 through 12 13 24,000. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income 1 1 Compensation of officers, directors, and trustees (Part X) 1 2 2 Salaries and maintenance 3 4 4 Bad debts 4 5 5 Interest (attach statement) (see instructions) See Statement 1 5 6 3655. 7 Depreciation (attach Form 4562) (see instructions) 7 4,240. 8 depreciation claimed in Part III and elsewhere on return 8a 8b 4,240. 9 10 Contributions to deferred compensation plans 10 11 11 12 13 14 2,137. 17 Total deductions. Add lines 1 through 14 15 10,341. 18 Unrelated business taxable income. Subtract line 15 from Part I, line 13,	3			a							
11 Advertising income (Part IX) 11 12 Other income (see instructions; attach statement) 12 13 Total. Combine lines 3 through 12 13 24,000. 24,000. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 1 2 2 Salaries and wages 3 4 3 Repairs and maintenance 3 4 4 Bad debts 4 5 5 3,599. 6 Taxes and licenses 6 365. 7 Depreciation (attach Form 4562) (see instructions) 7 4,240. 4 4.240. 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 4,240. 9 10 Contributions to deferred compensation plans 10 11 12 11 Excess readership costs (Part IX) 13 14 2,137. 15 10,341. 12 Excess readership costs (Part IX) 13 14 2,137. 15 <t< td=""><td>10</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	10										
12 Other income (see instructions; attach statement) 12 13 Total. Combine lines 3 through 12 13 24,000. 24,000. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 1 2 2 Salaries and wages 2 3 3 4 4 4 5 Interest (attach statement) (see instructions) See Statement 1 5 3,599. 6 Taxes and licenses 6 365. 365. 5 3,599. 6 365. 7 Depreciation (attach Form 4562) (see instructions) 7 4,240. 8 4,240. 8 Depletion 9 9 10 11 12 12 12 Excess readership costs (Part IX) 12 13 11 12 12 13 14 Other deductions (attach statement) See Statement 2 14 2,137. 15 10 13 11 12 13 13											
13 Total. Combine lines 3 through 12 13 24,000. 24,000. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income 1 24,000. 1 Compensation of officers, directors, and trustees (Part X) 1 2 2 3 Repairs and maintenance 3 4 Bad debts 4 5 5 Interest (attach statement) (see instructions) See Statement 1 6 365. 6 365. 7 4,240. 8 4,240. 8 ad debts 4 5 1 Contributions to deferred compensation plans 1 1 1 Excess readership costs (Part IX) 11 11 12 Excess readership costs (Part IX) 13 14 14 Other deductions, Add lines 1 through 14 15 10,341. 15 Total deductions, Add lines 1 through 14 15 10,341. 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 13,659.											
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 1 2 Salaries and wages 3 3 Repairs and maintenance 3 4 Bad debts 4 5 Interest (attach statement) (see instructions) See Statement 1 5 3,599. 6 365. Depreciation (attach Form 4562) (see instructions) 7 4,240. 4 9 Depreciation claimed in Part III and elsewhere on return Ba 8b 4,240. 9 Depletion 10 11 12 12 Excess readership costs (Part IX) 12 13 13 Excess readership costs (Part IX) 13 14 2,137. 14 Other deductions. Add lines 1 through 14 15 10,341. 14 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 13,659. 17 0. 18 13,659. 17 0.				-	2	4 0	00.			24 000.	
directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 2 Salaries and wages 3 4 2 3 4 Bad debts 5 Interest (attach statement) (see instructions) 6 365. 7 4,240. 8 8 9 6 10 11 11 12 12 3 13 14,240. 9 9 10 11 11 12 12 13 13 14 14 15 15 10,341. 10 11 11 12 13 12 14 2,137. 15 10,341. 16 13,659. 17 0. 18 13,659. 17 0. 18 13,659.										•	
2 Salaries and wages 2 3 Repairs and maintenance 3 4 Bad debts 4 5 Interest (attach statement) (see instructions) See Statement 1 5 6 365. 7 Depreciation (attach Form 4562) (see instructions) 7 4,240. 8 Bad debts 6 365. 7 Depreciation (attach Form 4562) (see instructions) 7 4,240. 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 4,240. 9 Depletion 9 0 0 10 11 11 Employee benefit programs 10 11 12 13 14 2,137. 13 Excess readership costs (Part IX) 13 14 2,137. 15 10,341. 15 10,341. 15 10,341. 15 10,341. 16 13,659. 17 0. 13,659. 17 0. 13 14 2,137. 16 13,659. 13 13,659. 16 13,659. 16 13,659. 17 0.	Par					ons c	n dedu	ictions) Ded	uction	ns must be	
2 Salaries and wages 2 3 Repairs and maintenance 3 4 Bad debts 4 5 Interest (attach statement) (see instructions) See Statement 1 5 6 365. 7 Depreciation (attach Form 4562) (see instructions) 7 4,240. 8 Bad debts 6 365. 7 Depreciation (attach Form 4562) (see instructions) 7 4,240. 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 4,240. 9 Depletion 9 0 0 10 11 11 Employee benefit programs 10 11 12 13 14 2,137. 13 Excess readership costs (Part IX) 13 14 2,137. 15 10,341. 15 10,341. 15 10,341. 15 10,341. 16 13,659. 17 0. 13,659. 17 0. 13 14 2,137. 16 13,659. 13 13,659. 16 13,659. 16 13,659. 17 0.	1	Compensation of	officers, directors, and trustees (Part X)						1		
3 Repairs and maintenance 3 4 Bad debts 4 5 Interest (attach statement) (see instructions) See Statement 1 5 3,599. 6 365. 7 Depreciation (attach Form 4562) (see instructions) 7 4,240. 6 365. 7 Depreciation claimed in Part III and elsewhere on return 8a 8b 4,240. 9 Depletion 9 9 9 9 10 Contributions to deferred compensation plans 10 11 12 11 Excess readership costs (Part VIII) 12 13 14 2,137. 13 Excess readership costs (Part IX) 13 14 2,137. 15 10,341. 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 13,659. 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 13,659.	2								2		
4 Bad debts 4 5 Interest (attach statement) (see instructions) See Statement 1 5 6 365. 7 Depreciation (attach Form 4562) (see instructions) 7 4,240. 8 8a 8b 4,240. 9 Depletion 9 9 10 Contributions to deferred compensation plans 10 11 Excess exempt expenses (Part VIII) 12 12 13 11 13 Excess readership costs (Part IX) 13 14 Other deductions. (attach statement) See Statement 2 14 2,137. 15 15 10,341. 15 16 13,659. 16 17 O. 16 13,659. 17 0. 16 13,659. 17 17 0. 18 13,659.	3								3		
5 Interest (attach statement) (see instructions) See Statement 1 5 3,599. 6 Taxes and licenses 6 365. 7 Depreciation (attach Form 4562) (see instructions) 7 4,240. 8 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 4,240. 9 Depletion 9 10 10 10 Contributions to deferred compensation plans 10 11 11 Excess exempt expenses (Part VIII) 12 13 12 Excess readership costs (Part IX) 13 14 2,137. 13 Excess readership costs (Part IX) 13 14 2,137. 14 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 13,659. 17 Deduction for net operating loss (see instructions) 17 0. 18 13,659. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 13,659. 17	4	Bad debts							4		
6 Taxes and licenses 6 365. 7 Depreciation (attach Form 4562) (see instructions) 7 4,240. 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 4,240. 9 Depletion 9 9 10 Contributions to deferred compensation plans 10 11 11 Excess exempt expenses (Part VIII) 12 13 12 Excess readership costs (Part IX) 13 14 13 Excess readership costs (Part IX) 13 14 14 Other deductions (attach statement) 15 10, 341. 15 Total deductions. Add lines 1 through 14 15 10, 341. 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 13, 659. 17 Deduction for net operating loss (see instructions) 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 13, 659.	5	Interest (attach sta	tement) (see instructions)		Se	e S	state	ment 1	5	3,599.	
7 Depreciation (attach Form 4562) (see instructions) 7 4,240. 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 4,240. 9 Depletion 9 9 9 10 Contributions to deferred compensation plans 10 11 12 11 Excess exempt expenses (Part VIII) 12 12 13 12 Excess readership costs (Part IX) 13 14 2,137. 13 Column (C) 14 2,137. 15 10,341. 16 13,659. 17 Deduction for net operating loss (see instructions) 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 13,659.	6	Taxes and license	3						6	365.	
8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 4,240. 9 Depletion 9 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) See Statement 2 15 Total deductions. Add lines 1 through 14 15 10, 341. 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 13, 659. 17 Deduction for net operating loss (see instructions) 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 13, 659.	7										
10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) See Statement 2 14 2,137. 15 Total deductions. Add lines 1 through 14 15 10,1341. 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 13,659. 17 Deduction for net operating loss (see instructions) 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 13,659.	8								8b	4,240.	
10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) See Statement 2 15 Total deductions. Add lines 1 through 14 15 10,241. 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 13,659. 17 Deduction for net operating loss (see instructions) 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 13,659.	9	Depletion							9		
11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) See Statement 2 14 2,137. 15 Total deductions. Add lines 1 through 14 15 10,341. 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 13,659. 17 Deduction for net operating loss (see instructions) 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 13,659.	10								10		
12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) See Statement 2 14 2,137. 15 Total deductions. Add lines 1 through 14 15 10,341. 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 13,659. 17 Deduction for net operating loss (see instructions) 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 13,659.	11								11		
13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) See Statement 2 14 2,137. 15 Total deductions. Add lines 1 through 14 15 10,341. 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 13,659. 17 Deduction for net operating loss (see instructions) 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 13,659.	12								12		
14 Other deductions (attach statement) See Statement 2 14 2,137. 15 Total deductions. Add lines 1 through 14 15 10,341. 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 13,659. 17 Deduction for net operating loss (see instructions) 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 13,659.	13	Excess readership	costs (Part IX)						13		
15 Total deductions. Add lines 1 through 14 15 10,341. 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 13,659. 17 Deduction for net operating loss (see instructions) 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 13,659.	14	Other deductions	(attach statement)		Se	ee S	state	ment 2	14	2,137.	
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 13,659. 17 Deduction for net operating loss (see instructions) 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 13,659.	15								15		
17Deduction for net operating loss (see instructions)170.18Unrelated business taxable income. Subtract line 17 from line 161813,659.	16		•								
17Deduction for net operating loss (see instructions)170.18Unrelated business taxable income. Subtract line 17 from line 161813,659.							· ·		16	13,659.	
18 Unrelated business taxable income. Subtract line 17 from line 16 13,659.	17										
										13,659.	

023741 12-23-20

hedu art								
	ule A (Form 990-T) 2020							Page
		nod of inventory valuation				<u> </u>		
1	Inventory at beginning of year					1		
2	Purchases					2		
3	Cost of labor					3		
4	Additional section 263A costs (attach statement)		4					
5	Other costs (attach statement)					5		
6	Total. Add lines 1 through 5		6					
7	Inventory at end of year					7		
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	here and in Part I, line 2				8		
9	Do the rules of section 263A (with respect to property p						Yes	N
art	IV Rent Income (From Real Property and	Personal Propert	y Leased	with Re	al Prope	ty)		
1	Description of property (property street address, city, st							
	A	P O BOX	<u>493,</u>	SANTA	ROSA,	CA	95403	
	В							
	c 🗌							
	D							
		Α	В		С		D	
2	Rent received or accrued							
а	From personal property (if the percentage of							
	rent for personal property is more than 10%							
	but not more than 50%)	0.						
b	From real and personal property (if the							
	percentage of rent for personal property exceeds							
	50% or if the rent is based on profit or income)	0.						
с	Total rents received or accrued by property.	•						
-	Add lines 2a and 2b, columns A through D							
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here a	and on Part	l line 6 col	ump (A)			(
5	Deductions directly connected with the income	through D. Linter here a	and on rare					
	-							
		0						
7	in lines 2(a) and 2(b) (attach statement)	0.						
						•		0
4 5 art '	Total deductions. Add line 4 columns A through D. En	ter here and on Part I, I	ine 6, colum	ın (B)		. ►		0
5 Irt '	Total deductions. Add line 4 columns A through D. Em V Unrelated Debt-Financed Income (set)	ter here and on Part I, I ee instructions)				. ►		0
; rt '	Total deductions. Add line 4 columns A through D. Em V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, compared to the second	ter here and on Part I, I ee instructions) ity, state, ZIP code). Ch	neck if a dua	Il-use (see il	nstructions)		95403	C
; rt '	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A	ter here and on Part I, I ee instructions)	neck if a dua	Il-use (see il	nstructions)		95403	0
	Total deductions. Add line 4 columns A through D. Em V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A	ter here and on Part I, I ee instructions) ity, state, ZIP code). Ch	neck if a dua	Il-use (see il	nstructions)		95403	C
5 Irt '	Total deductions. Add line 4 columns A through D. Em V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C	ter here and on Part I, I ee instructions) ity, state, ZIP code). Ch	neck if a dua	Il-use (see il	nstructions)		95403	0
5 I rt '	Total deductions. Add line 4 columns A through D. Em V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A	ter here and on Part I, I ee instructions) ity, state, ZIP code). Ch P O BOX	neck if a dua	Il-use (see il	nstructions) ROSA ,		1	C
irt '	Total deductions. Add line 4 columns A through D. Em V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A	ter here and on Part I, I ee instructions) ity, state, ZIP code). Ch	neck if a dua	Il-use (see il	nstructions)		95403 D	C
5 irt ' 1	Total deductions. Add line 4 columns A through D. Em V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C	ter here and on Part I, I ee instructions) ity, state, ZIP code). Ch P O BOX	neck if a dua	Il-use (see il	nstructions) ROSA ,		1	
irt '	Total deductions. Add line 4 columns A through D. Em V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A	ter here and on Part I, I ee instructions) ity, state, ZIP code). Ch P O BOX	neck if a dua	Il-use (see il	nstructions) ROSA ,		1	
<u>rt '</u>	Total deductions. Add line 4 columns A through D. Em V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A	ter here and on Part I, I ee instructions) ity, state, ZIP code). Ch P O BOX	neck if a dua	Il-use (see il	nstructions) ROSA ,		1	C
<u>s</u> irt ' i	Total deductions. Add line 4 columns A through D. Em V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A	ter here and on Part I, I ee instructions) ity, state, ZIP code). Ch P O BOX	neck if a dua	Il-use (see il	nstructions) ROSA ,		1	(
<u>rt'</u>	Total deductions. Add line 4 columns A through D. Em V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A	ter here and on Part I, I ee instructions) sity, state, ZIP code). Ch P O BOX A 0.	neck if a dua	Il-use (see il	nstructions) ROSA ,		1	(
5 Irt '	Total deductions. Add line 4 columns A through D. Em V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A	ter here and on Part I, I ee instructions) ity, state, ZIP code). Ch P O BOX	neck if a dua	Il-use (see il	nstructions) ROSA ,		1	
5 <u>irt'</u> 1 2 3 a	Total deductions. Add line 4 columns A through D. Em V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A	ter here and on Part I, I ee instructions) sity, state, ZIP code). Ch P O BOX A 0.	neck if a dua	Il-use (see il	nstructions) ROSA ,		1	
5 1 1 2 3 a b	Total deductions. Add line 4 columns A through D. Em V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A	ter here and on Part I, I ee instructions) sity, state, ZIP code). Ch P O BOX A 0.	neck if a dua	Il-use (see il	nstructions) ROSA ,		1	
5 1rt' 1 2 3 a b c	Total deductions. Add line 4 columns A through D. Em V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A	ter here and on Part I, I ee instructions) sity, state, ZIP code). Ch P O BOX A 0.	neck if a dua	Il-use (see il	nstructions) ROSA ,		1	(
<u>p</u> a b	Total deductions. Add line 4 columns A through D. Em V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A	ter here and on Part I, I ee instructions) ity, state, ZIP code). Ch P O BOX A 0. 0.	neck if a dua	Il-use (see il	nstructions) ROSA ,		1	
a b c	Total deductions. Add line 4 columns A through D. Em V Unrelated Debt-Financed Income (set Description of debt-financed property (street address, c A	ter here and on Part I, I ee instructions) sity, state, ZIP code). Ch P O BOX A 0.	neck if a dua	Il-use (see il	nstructions) ROSA ,		1	
a b c	Total deductions. Add line 4 columns A through D. Em V Unrelated Debt-Financed Income (set) Description of debt-financed property (street address, complexity) A (set) B	ter here and on Part I, I ee instructions) ity, state, ZIP code). Ch P O BOX A 0. 0. 0. 0.	neck if a dua	Il-use (see il	nstructions) ROSA ,		1	
a b c	Total deductions. Add line 4 columns A through D. Em V Unrelated Debt-Financed Income (set) Description of debt-financed property (street address, c A	ter here and on Part I, I ee instructions) ity, state, ZIP code). Ch P O BOX A 0. 0. 0. 0. 0. 0.	neck if a dua		nstructions) ROSA ,		D	(
a b c	Total deductions. Add line 4 columns A through D. Em V Unrelated Debt-Financed Income (set) Description of debt-financed property (street address, c A	ter here and on Part I, I ee instructions) iity, state, ZIP code). Ch P O BOX A 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	neck if a dua	Il-use (see il	nstructions) ROSA ,		1	
a b c	Total deductions. Add line 4 columns A through D. Em. V Unrelated Debt-Financed Income (set) Description of debt-financed property (street address, complexity) A (set) B (set) (set) (set) C (set) (set) (set) (set) C (set) (set) (set) (set) Gross income from or allocable to debt-financed property (set) (set) (set) (set) D (set) (set) <th< td=""><td>ter here and on Part I, I ee instructions) ity, state, ZIP code). Cf P O BOX A 0. 0. 0. 0. 0. 0. 0. 0.</td><td>B</td><td>Il-use (see in SANTA</td><td>c</td><td></td><td>D</td><td></td></th<>	ter here and on Part I, I ee instructions) ity, state, ZIP code). Cf P O BOX A 0. 0. 0. 0. 0. 0. 0. 0.	B	Il-use (see in SANTA	c		D	
a b c	Total deductions. Add line 4 columns A through D. Em V Unrelated Debt-Financed Income (set) Description of debt-financed property (street address, c A	ter here and on Part I, I ee instructions) ity, state, ZIP code). Cf P O BOX A 0. 0. 0. 0. 0. 0. 0. 0.	B	Il-use (see in SANTA	c		D	
a b c	Total deductions. Add line 4 columns A through D. Em. V Unrelated Debt-Financed Income (set) Description of debt-financed property (street address, or A	ter here and on Part I, I ee instructions) ity, state, ZIP code). Ch P O BOX A 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	B	Il-use (see in SANTA	c		D	
a b c	Total deductions. Add line 4 columns A through D. Em V Unrelated Debt-Financed Income (set) Description of debt-financed property (street address, columns and the set) Image: Set (Set) Image: Set (Set) B	ter here and on Part I, I ee instructions) ity, state, ZIP code). Ch P O BOX A 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	B B	Il-use (see ii SANTA	c		D	
a b c	Total deductions. Add line 4 columns A through D. Em. V Unrelated Debt-Financed Income (set) Description of debt-financed property (street address, or A	ter here and on Part I, I ee instructions) ity, state, ZIP code). Ch P O BOX A 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	B B	Il-use (see ii SANTA	c		D	

53 2020.06000 REDWOOD GOSPEL MISSIONS 67136_1

Cabad		`										
	ule A (Form 990-T) 2020 VI Interest, Annu		oyalties, and Re	ents from	n Contro	led Or	ganization	S (se	e instruct	ions)		Page 3
						E	Exempt Contro	lled Org	ganization	S		
	1. Name of controlled organization		2. Employer identification number				al of specified nents made	5. Part of column 4 that is included in th controlling organiza tion's gross incom		in the iniza-	conne	tions directly ected with in column 5
(1)									groos mo			
(2)												
(3)												
(4)												
<u></u>			No	nexempt C	Controlled O	rganizati	ons	I				
7	. Taxable Income	in	Net unrelated acome (loss) e instructions)	9. To	otal of speci yments mac	fied	10. Part that is inc	10. Part of column 9 that is included in the controlling organization's gross income		11. Deductions directly connected with income in column 10		
(1)											>	
(2)												
(3)												
(4)												
Totals	VII 1		- (- O !'	4 (-) (-) (/)	0)(17)	•	Enter here line 8, c	column	(A) 0.		r nere an ine 8, col	id on Part I, umn (B) 0 .
Part			of a Section 50	1(C)(/), (ructions)			<u> </u>
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly conn (attach state)	ected	4. Set-a (attach st		t) and	al deductions I set-asides cols 3 and 4)
(1) Ir	nvestment In	come				0.		0.		0	•	0.
(2)												
(3)												
(4)												
Totals					Add amo column 2 here and o line 9, colu	. Enter n Part I, umn (A) 0 •					colu here	amounts in umn 5. Enter and on Part I, 9, column (B) 0 •
Part	VIII Exploited E	xempt A	Activity Income,	Other T	han Adv	ertising	g Income	(see ins	tructions)			
1	Description of exploite	ed activity:										
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Entei	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con											
	line 10, column (B)									3		
4	Net income (loss) from					•	0					
_	lines 5 through 7									4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen									_		
	4. Enter here and on F	art II, IINE	12							7		

Schedule A (Form 990-T) 2020

023731 12-23-20

Schee Part	lule A (Form 990-T) 2020 IX Advertising Income				Page 4
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals or	a consolidated basis	S.	
		i i i i i i i i i i i i i i i i i i i			
	в 🗌				
	c 🗌				
	D				
Enter	amounts for each periodical listed above in the co	prresponding column.			
	·	Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on Pa		•	ا	0.
а	·····				
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa		1		0.
		a(<i>_</i>)			
4	Advertising gain (loss). Subtract line 3 from line				
•	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
-	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
-	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the grea		total or zero here an	d on	1
u	Part II, line 13			>	0.
Part	X Compensation of Officers, Direct	ctors, and Trustees	(see instructions)		
	•			3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
<u></u>					
Tota	I. Enter here and on Part II, line 1			▶	0.
Part		instructions)			
-					

023732 12-23-20

Redwood	Gospel	Missions
---------	--------	----------

94-6122045

Form 990-T (A)	Interest Paid	Statement 1
Description		Amount
Mortgage Interest		3,599.
Total to Schedule A, Par	t II, line 5	3,599.
Form 990-T (A)	Other Deductions	Statement 2
Description		Amount
Property Insurance Repairs & Maintenance Utilities		506. 461. 1,170.
Total to Schedule A, Par	t II, line 14	2,137.