

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning OCT 1 , 2021, and ending SEP 30 , 20 22

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information.

Executive Director

Name of filer EIN or SSN Redwood Gospel Missions 94-6122045 Jeffrey W Gilman Name and title of officer or person subject to tax

Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more

iai i Oi	e iiile iii i ait i.		
1a	Form 990 check here > X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	ть <u>7,516,425.</u>
2a	Form 990-EZ check here >	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here ▶	b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here >	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Signati	re Authorization of Officer or Person Subject to Tax	
Inder p	penalties of perjury, I declare that X	I am an officer of the above entity or I am a person subject to tax with res	pect to (name
f entity	/)	, (EIN) and that I have	e examined a copy of the
021 el	ectronic return and accompanying sch	edules and statements, and, to the best of my knowledge and belief, they are tru	ue, correct, and

201 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (extilement) date. Later at the financial institutions involved in the processing of the electronic later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box on

X I authorize	Dillwood	Burkel	&	Millar, LLP	to enter my PIN	67136
				ERO firm name		Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

gnature of officer or person subject to tax Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

68745532060

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date $ightharpoonup _06/26/23$ ERO's signature

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print Redwood Gospel Missions 94-6122045 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your PO Box 493 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. Santa Rosa, CA 95402 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 12 Form 990-T (trust other than above) 06 Form 990-T (corporation) Lucy Woolums The books are in the care of ▶ PO Box 493 - Santa Rosa, CA 95402 Telephone No. ► 707-578-1830 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📄 and attach a list with the names and TINs of all members the extension is for. August 15, 2023 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning OCT 1, 2021 , and ending SEP 30, 2022 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Mail to: Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0045

Extended to August 15, 2023

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information. ОСТ 1 2021

A 1	OI LIN	e 2021 Calendar year, or tax year beginning OCI I, 2021 and	enuing 5	EF 30, 2022							
B c	heck if	C Name of organization		D Employer identifi	cation number						
	Addre										
	Name chang	Doing business as		94-61220	45						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite								
	Final return	PO Box 493		7075781830							
	termir ated	, , , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	7,572,205.						
	Amen return	Ged Santa Rosa, CA 95402		H(a) Is this a group re	eturn						
	Application			for subordinates	? Yes X No						
	pendi	same as C above		H(b) Are all subordinates in	ncluded? Yes No						
		empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions						
		te: ▶ www.srmission.org		H(c) Group exemption	-						
K F	orm o	organization: X Corporation	L Year	of formation: 1964	M State of legal domicile: CA						
Pa	art I	Summary									
ø.	1	Briefly describe the organization's mission or most significant activities: $\underline{\text{The}}$									
Activities & Governance		the grace and power of Jesus Christ, mobi	lizes	our communi	ty to						
ŕna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net as:	sets.						
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	9						
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9						
9S &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			90						
vitie	6	Total number of volunteers (estimate if necessary)		6	5284						
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			16,000.						
۹	b			7b	9,477.						
				Prior Year	Current Year						
Φ	8	Contributions and grants (Part VIII, line 1h)		7,576,915.	7,072,211.						
ž	9	Program service revenue (Part VIII, line 2g)		317,408.	0.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-793,791.	107,338.						
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,291.	336,876.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,113,823.	7,516,425.						
	13	Grants and similar 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.						
Ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,688,779.	3,211,570.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>.</u>	0.	0.						
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) 792,39	90.								
ш	' <i>'</i>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,167,917.	2,713,487.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,856,696.	5,925,057.						
		Revenue less expenses. Subtract line 18 from line 12		1,257,127.	1,591,368.						
Ces			Ве	ginning of Current Year	End of Year						
Net Assets or - -und Balances	20	Total assets (Part X, line 16)		11,090,232.	10,188,467.						
t As	21	Total liabilities (Part X, line 26)		2,064,489.	288,853.						
		Net assets or fund balances. Subtract line 21 from line 20		9,025,743.	9,899,614.						
	art II	Signature Block									
	-	lities of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is						
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.							
		Cignature of officer		Dete							
Sigr		Signature of officer		Date							
Her	е	Jeffrey W Gilman, Executive Director									
		Type or print name and title	1 г	Oato In F							
		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN						
Paid		Christina Hollingsworth Christina Hollin	ıgswo 0								
-	arer	Firm's name Dillwood Burkel & Millar, LLP		Firm's EIN ▶	68-0456752						
use	Only	Firm's address 175 Concourse Boulevard, Suite A			07\ 577 0006						
		Santa Rosa, CA 95403		Phone no. (7	07) 577-8806						
May	≀the II	RS discuss this return with the preparer shown above? See instructions			X Yes No						

	1990 (2021) Redwood Gospel Missions	94-6122045 Page 2
Pai	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 Jes	sus Christ,
	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.	A
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, and
	revenue, if any, for each program service reported.	
4a		
	TEMPORARY OVERNIGHT HOUSING FOR HOMELESS MEN, 24 HOUR TEM	
	FOR WOMEN & CHILDREN; 12 TO 18 MONTH ALCOHOL/DRUG RECOVER	
	& WOMEN; COMMUNITY OUTREACH EVENTS TO HOMELESS INDIVIDUAL	
	FAMILIES; JOB TRAINING SKILLS THROUGH VARIOUS CERTIFICATI	
	OFFERED AT ALL THE SERVICE LOCATIONS & AT A THRIFT STORE.	
	& HOUSEHOLD ITEMS ARE AVAILABLE ON REQUEST TO HOMELESS &	LOW INCOME
	FAMILIES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	e\$)
		_
4c	(Code:) (Expenses \$	e \$)
		,
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 4,794,453.	
		Form 990 (2021)

Form 990 (2021) Redwood Gospel Missions Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		_X_
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>X</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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
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,			7.7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
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		<u>X</u>
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>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,	11a	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	па	-21	
b		11b	х	
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1 10	- 21	
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ч	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	110		
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
f	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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. See instructions	17		<u>X</u>
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	X	
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		<u>X</u>
	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			7.7
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Pa:	rt IV Checklist of Required Schedules _(continued)	1045	P	age 4
	i (continued)		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			۱
	Schedule K. If "No," go to line 25a	24a		X
	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		\vdash
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		X
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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			
		25b		X
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	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		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			۱
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			٦,
	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			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	1
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	1 30	1	
	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	5	100	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

1c X Form 990 (2021)

Redwood Gospel Missions 94-6122045 Page 5 Form 990 (2021) Part V Statements Regarding Other IRS Filings and Tax Compliance 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 90 **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O Х 3b 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)? X 4a **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). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 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). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? **d** If "Yes." indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 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 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12

a Gross income from members or shareholders
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?
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.
a Is the organization licensed to issue qualified health plans in more than one state?
Note: See the instructions for additional information the organization must report on Schedule O.
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans
c Enter the amount of reserves on hand

13b
13c

Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

14b

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

If "Yes," see the instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

16 X

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

17

6

If "Yes," complete Form 6069.

132005 12-09-21

09470627 134701 67136 2

Section 501(c)(12) organizations. Enter:

11

X

Redwood Gospel Missions 94-6122045 Form 990 (2021) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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. 9 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Other (explain on Schedule O) Own website Another's website X Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2021)

95402

Lucy Woolums - 707-578-1830 PO Box 493, Santa Rosa, CA

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average	١,,	Position do not check more than one					Reportable	Reportable	Estimated	
	hours per	box	, unle	ss per	rson i	is bot	n an	compensation	compensation	amount of	
	week	-	cer ar	nd a di	irecto	or/trus	tee)	from	from related	other	
	(list any	rector						the	organizations	compensation	
	hours for	or di	ee ee			ated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the	
	related organizations	Individual trustee or director	Institutional trustee		ee Ge	npens		1099-NEC)	1099-NEC)	organization and related	
	below	dual t	ntio na	_	m ploy	st cor	-	10001120)		organizations	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			3	
(1) Jeffrey W Gilman	40.00										
Executive Director				X				84,314.	0.	51,796	
(2) Lucy Woolums	40.00										
Director of Finance				X				78,899.	0.	3,405	
(3) Kevin O'Malley	1.50			1							
President		Х		X				0.	0.	0	
(4) Richard Pedersen	1.50]									
Vice President		Х		X		12		0.	0.	0 .	
(5) Judy Bowhall	1.50										
Secretary	1.50	X		X		_		0.	0.	0 .	
(6) Brad Benson	1.50										
Director	1.50	X			_	├		0.	0.	0.	
(7) Judy Samson	1.50								,	•	
Director	1.50	X		-		<u> </u>		0.	0.	0 .	
(8) Dave Edmonds	1.50	77							0	0	
Director (9) John Adams	1.50	Х		⊢		┢		0.	0.	0 .	
Director	1.50	х						0.	0.	0 .	
(10) Gary Bei	1.50	^	\vdash	\vdash	_	\vdash		0.	0.	0 .	
Treasurer	1.50	Х		х				0.	0.	0 .	
(11) Maria Letwinch	1.50					\vdash		•	•		
Director	1.30	х						0.	0.	0 .	
		† 							0.1	<u> </u>	
		1									
		1									
		L			L		L				
		<u> </u>									
]									

Form **990** (2021)

Page 8

(F)

Name and title	hours per (do not check more than one box, unless person is both an compensation							compensation	sation compensation ar				
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer P		Highest compensated 5		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	ons comper		sation the ation ated	
		-											
				L,									
1b Subtotal	II, Section A							163,213.	0	•		201.	
d Total (add lines 1b and 1c) Total number of individuals (including but in the state of the st							o re	163,213. ceived more than \$100,	000 of reportable	•	55,	201.	
compensation from the organization		4	7			_			•			0	
3 Did the organization list any former officer	. director, trust	ee. k	ev e	lame	ove	e. or	hial	hest compensated emp	lovee on		Ye	s No	
line 1a? If "Yes," complete Schedule J for										3	\perp	Х	
4 For any individual listed on line 1a, is the s			1										
and related organizations greater than \$15										4	_	<u> </u>	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes." cor									dual for services	5		X	
Section B. Independent Contractors	nplete Schedul	e J to	or su	ich ļ	oers	on .				5		12	
1 Complete this table for your five highest co	ompensated inc	lepe	nder	nt co	ontra	actor	s th	at received more than \$	100,000 of compen	sation	from		
the organization. Report compensation for	the calendar ye	ear e	ndir	ıg w	ith c	or wi	thin	the organization's tax y	ear.				
(A) Name and business	s address	NC	ONE	7.				(B) Description of s	ervices		(C) pensat	ion	
		140	<u> </u>										
							-						
2 Total number of independent contractors (•	ot lin	nited	d to	thos		ted	above) who received mo	ore than				
\$100,000 of compensation from the organ										For	m 99 0	(2021)	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts **b** Membership dues 1b c Fundraising events 142,677. 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 6,929,534. similar amounts not included above ... 1f 1g \$2,839,862. g Noncash contributions included in lines 1a-1f 7,072,211. h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 51,106. 51,106. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 8,000. 6 a Gross rents 0. 6b **b** Less: rental expenses ... 8,000. c Rental income or (loss) 8,000. 8,000. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of $_{7a}100,522.$ assets other than inventory b Less: cost or other basis 44,290. Other Revenue and sales expenses 56,232. 56,232. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$142,677.0contributions reported on line 1c). See Part IV, line 18 8b 11,490.**b** Less: direct expenses -11,490.-11,490. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 324,366. 11 a Thrift Store Sales 561439 324,366. 532000 16,000. 16,000. ь Rental d All other revenue 340,366. e Total. Add lines 11a-11d 16,000. 420,214. 7,516,425. 8,000. Total revenue. See instructions 12

132009 12-09-21

Form **990** (2021)

Form 990 (2021) Redwood Gospel Missions Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must cor	nplete column (A).	
	Check if Schedule O contains a respon	(4)		(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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			A	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	230,185.	72,912.	120,604.	36,669.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 500 500	0.100.004	04 500	050 610
7	Other salaries and wages	2,532,592.	2,189,294.	84,680.	258,618.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	046 011	212 540	14 740	10 (02
9	Other employee benefits	246,911.		14,740.	19,623.
10	Payroll taxes	201,882.	158,760.	23,090.	20,032.
11	Fees for services (nonemployees):				
a	• • • • • • • • • • • • • • • • • • • •	22 021		22 021	
b	9	32,821.		32,821.	
С					
d	, 0				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	column (A), amount, list line 11g expenses on Sch 0.)	104,176.	19,600.		84,576. 55,562.
12	Advertising and promotion	80,985.	25,423.		55,562.
13	Office expenses	124 074	40 041	2 407	00 206
14	Information technology	131,974.	48,241.	3,427.	80,306.
15	Royalties	191,984.	101 004		
16	Occupancy		191,984.	1,932.	8,817.
17	Travel	29,547.	18,798.	1,934.	0,01/.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	111 - 11		27.014	
20	Interest	114,781.	87,535.	27,246.	
21	Payments to affiliates	188 455	100 455		
22	Depreciation, depletion, and amortization	177,455.	177,455.	5 554	0.2
23	Insurance	70,268.	64,601.	5,574.	93.
24	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.) Food Expense	1,052,901.	1,052,640.	204.	57.
a b	Postage and Printing	193,982.	8,286.	254.	185,442.
	Repairs and Maintenance	115,889.	101,604.	6,019.	8,266.
c d	Auto Expense	106,964.	106,964.	0,010	0,200
	All other expenses	309,760.	257,808.	17,623.	34,329.
е 25	Total functional expenses. Add lines 1 through 24e	5,925,057.	4,794,453.	338,214.	792,390.
26	Joint costs. Complete this line only if the organization	0,020,0074	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	200,211	
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	11 Tollowing CC1 - 30-2 (1-00-300-120)		<u> </u>		Form 990 (2021)

Form 990 (2021) Part X | Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or note	to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			493,552.	1	394,822.
	2	Savings and temporary cash investments	1,840,075.	2	1,561,233		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	7,073.	4	3,080		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%		4	
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualifi	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described				6	
ţ	7	Notes and loans receivable, net			112 724	7	150 110
Assets	8	Inventories for sale or use			142,581.	8	179,140
۷	9	Prepaid expenses and deferred charges			60,137.	9	36,549
	10a	Land, buildings, and equipment: cost or other		6 000 000			
		basis. Complete Part VI of Schedule D	10a	6,078,037.	4 240 405		4 44 6 20 7
	b	Less: accumulated depreciation			4,318,185.	10c	4,416,397
	11	Investments - publicly traded securities			4 010 100	11	2 506 046
	12	Investments - other securities. See Part IV, line 1	4,218,129.	12	3,586,246		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets	10 500	14	11 000		
	15	Other assets. See Part IV, line 11			10,500.	15	11,000
	16	Total assets. Add lines 1 through 15 (must equa			11,090,232.	16	10,188,467
	17	Accounts payable and accrued expenses			325,950.	17	288,853
	18	Grants payable			-	18	
	19	Deferred revenue			<u>/</u>	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form- trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrelate			1,738,539.	23	
	24	Unsecured notes and loans payable to unrelated		oution	1,730,3330	24	
	25	Other liabilities (including federal income tax, pay				2-7	
		parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			2,064,489.	26	288,853
		Organizations that follow FASB ASC 958, chec		_	,		
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			4,299,729.	27	5,653,875.
Bal	28	Net assets with donor restrictions			4,726,014.	28	4,245,739.
pu		Organizations that do not follow FASB ASC 95					
Ŧ		and complete lines 29 through 33.					
ğ	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	
As	31	Retained earnings, endowment, accumulated inc				31	
Net	32	Total net assets or fund balances			9,025,743.	32	9,899,614.
_	33	Total liabilities and net assets/fund balances			11,090,232.	33	10,188,467. Form 990 (2021

Pai	t 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	7,51	6,4	25.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,92		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,59		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,02		
5	Net unrealized gains (losses) on investments	5	-71'		
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	9,899	9,6	14.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
				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 on Schedule	Ο.			
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	X	
	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3а	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		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b	000	
			Form	990	(2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

2021

Open to Public Inspection

Employer identification number Name of the organization Redwood Gospel Missions 94-6122045 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

(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.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	•	, ,	, ,	` ,	,	
	membership fees received. (Do not						
i	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					A	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to				4		
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions					7	
	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)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶ ┃	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		·				
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, e	etc. (see instruction	ons) ,			12	
13	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	501(c)(3)	
	organization, check this box and stop						>
	tion C. Computation of Public						
	Public support percentage for 2021 (lir					14	<u>%</u>
	Public support percentage from 2020					15	<u>%</u>
	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies a	s a publicly supp	orted organization				▶□
	33 1/3% support test - 2020. If the o	•		•		•	
	and stop here. The organization qualit	ies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	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	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances tes	t. The organization	on qualifies as a pu	blicly supported o	rganization		▶∐
b	10% -facts-and-circumstances test	- 2020. If the org	ganization did not d	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-circun	nstances test, che	ck this box and st	op here. Explain i	in Part VI how the	
	organization meets the facts-and-circu	mstances test. Th	ne organization qua	alifies as a publicly	supported organi	zation	▶∐
12	Private foundation. If the organizatior	did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	and see instructions	3 ▶∟

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	etion A. Public Support	siow, picase comp	note i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(-)	(0) = 2 · 2	(2)====	(-)	(7,755
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(a) 2011	(8)2010	(6) 2013	(4) 2020	(0) 2021	(i) rotal
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on 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.)				_		<u> </u>
14	First 5 years. If the Form 990 is for th	· ·			•		· —
804	check this box and stop hereetion C. Computation of Public						P
	•			. (5)		1.5	
	Public support percentage for 2021 (li	, , , , , , , , , , , , , , , , , , , ,		.,,		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2021. If the						7 is not
t	more than 33 1/3%, check this box an 33 1/3% support tests - 2020. If the	-	-				
	line 18 is not more than 33 1/3%, chec	•			•	·	
20	Private foundation. If the organization						

132023 01-04-22

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")? If "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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.)

	.,	
	Yes	No
1		
2		
За		
- Ou		
3b		
3c		
4a		
4b		
70		
4c		
5a		
- Cu		
- Ch		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
40-		
10a		
10b		
ıle A (Forn	n 990)	2021

132024 01-04-21

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		I I	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
200	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360	tion b. All Type III Supporting Organizations		.,	
	Did the conscinution was ide to each of its supported conscinutions by the last day of the fifth wealth of the		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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ū	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		
Sec	stion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	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 in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
b	Did the activities described on 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	3			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	1	l

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	<u>Orga</u>	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co			
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 orga	anization (see
	instructions).	0	2. 11 0 0	,

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sect	on D - Distributions		•		Current Year			
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose		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				
6	Other distributions (describe in Part VI). See instructions.			6				
7	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 2021 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021			
1	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2021							
a	From 2016							
b	From 2017							
c	From 2018							
d	From 2019							
e	From 2020							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2021 distributable amount							
<u>i_</u>	Carryover from 2016 not applied (see instructions)							
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from Section D, line 7:							
a	Applied to underdistributions of prior years							
b	Applied to 2021 distributable amount							
c	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2021. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j and 4c.							
8	Breakdown of line 7:							
	Excess from 2017							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
	Excess from 2021							
	LAUGUS ITUITI ZUZ I				de adula A (Farras 000) 0004			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	A

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

Redwood Gospel Missions

Employer identification number 94-6122045

Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised fu	ınds
	are the organization's property, subject to the organization's e		_
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose confe	erring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreating	on or education) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru-		
d	Number of conservation easements included in (c) acquired at		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the orga	anization during the tax
	year ▶		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conserva	tion easements during the year
7	Amount of expanses incurred in monitoring inspecting handli	ing of violations, and enforcing concernation of	accompants during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conservation e	easements during the year
	Description approximation approximation and the Cold should	action the requirements of costion 170/b)/4//	DV:
8	Does each conservation easement reported on line 2(d) above		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation	n accompanie in its revenue and evenues state	
9	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements.	ote to the organization's illiancial statements	triat describes trie
Pa		Art. Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form		
12	If the organization elected, as permitted under FASB ASC 958		alance sheet works
iu	of art, historical treasures, or other similar assets held for publ	•	
	service, provide in Part XIII the text of the footnote to its finance	, ,	and or public
h	If the organization elected, as permitted under FASB ASC 958		ice sheet works of
	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items:	exhibition, education, or research in furtheran	de di public scrvice,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			. .
2	If the organization received or held works of art, historical trea		
~	the following amounts required to be reported under FASB AS	,	i, provide
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

132051 10-28-21

	Dodenod (gamal Winnia			04.6	122045 - 0
	dule D (Form 990) 2021 Redwood (Tt III Organizations Maintaining Col	Gospel Missio		sures or Otl	94-0 ner Similar Asse	122045 Page 2
3	Using the organization's acquisition, accession					
Ū	collection items (check all that apply):	, and other records, once	carry or the lo	nowing that mak	o organioant acc or it	3
а	Public exhibition	d 🗌	Loan or excha	ange program		
b	Scholarly research	e 🔲		3 1 3		
С	Preservation for future generations					
4	Provide a description of the organization's colle	ections and explain how the	ney further the	organization's e	xempt purpose in Pa	art XIII.
5	During the year, did the organization solicit or r	eceive donations of art, h	storical treasu	ires, or other sim	ilar assets	
	to be sold to raise funds rather than to be main				<u></u>	Yes No
Pai	rt IV Escrow and Custodial Arrange		e organization	answered "Yes"	on Form 990, Part I	√, line 9, or
	reported an amount on Form 990, Part	·				
1a	Is the organization an agent, trustee, custodian	•				
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII an	d complete the following	table:			
	5					Amount
	Beginning balance					
	Additions during the year					
	Distributions during the year					
	Ending balance Did the organization include an amount on Form					Yes No
	If "Yes," explain the arrangement in Part XIII. C				•	
Par						
				(c) Two years bac		ck (e) Four years back
1a	Beginning of year balance	4,218,129.	5,047,513.			
b	Contributions					
С	Net investment earnings, gains, and losses	-617,175.	-829,384.			
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
	Administrative expenses	2 500 0514	010 100			
	End of year balance	, ,	,218,129.			
2	Provide the estimated percentage of the currer		g, column (a))	held as:		
	Board designated or quasi-endowment ► Permanent endowment ► 100	<u>%</u>				
	Term endowment \(\bigs\)					
·	The percentages on lines 2a, 2b, and 2c should					
3a	Are there endowment funds not in the possess		at are held and	l administered fo	r the organization	
ou	by:	ion of the organization the	at are ricid arie	administered to	r the organization	Yes No
	(i) Unrelated organizations					3a(i) X
	(ii) Related organizations					···
b	If "Yes" on line 3a(ii), are the related organization	ons listed as required on S	Schedule R?			··
4	Describe in Part XIII the intended uses of the or	ganization's endowment				•
Pai	t VI Land, Buildings, and Equipme	nt,				
	Complete if the organization answered '	Yes" on Form 990, Part I	V, line 11a. Se	e Form 990, Part	X, line 10.	
	Description of property	(a) Cost or other	(b) Cost of	,	e) Accumulated	(d) Book value

Schedule D (Form 990) 2021

968,260.

293,706.

309,139.

90,535.

1,358,862.

2,131,143.

474,356.

159,955.

292,081.

4,416,397.

e Other

b Buildings

c Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

d Equipment

1,358,862.

3,099,403.

768,062.

469,094.

382,616.

Schedule D (Form 990) 2021 Redwood Gos	pel Missions	94	-6122045 Page 3
Part VII Investments - Other Securities.	<u> </u>		i i i i i i i i i i i i i i i i i i i
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) Fixed Income Investments	1,426,968.	Cost	
(B) Equity Funds Investments	2,159,278.	Cost	
(C)			
(D)			
(E)			
(F)			
(G)		4	
(H)			<u> </u>
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,586,246.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9) Total (Col. (b) must equal Form 000, Port V, col. (P) line 12)			
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 1	1d. See Form 990. Part X. line 15.	
	Description		(b) Book value
			(*)
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	
Part X Other Liabilities. Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1a or 11f See Form 990 Part Y line 25	
1. (a) Description of liability	on romin 990, raitiv, ime i	Tre of Tri. Gee Form 330, Fart X, line 23.	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

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 ... X

Schedule D (Form 990) 2021

(7) (8)

Part XIII Supplemental Information.

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, 2022, 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 expense

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

	o to www.irs.gov/Form990 for instr	uctions and	the latest information	on.	Порссион
Name of the organization Redwood	Gospel Missions			94-6122	entification number 045
	Complete if the organization answer	ered "Yes" o	n Form 990, Part IV, li		
Indicate whether the organization rais Mail solicitations Internet and email solicitations	sed funds through any of the followin e Solicita	tion of non-g	Check all that apply. government grants rnment grants	<u> </u>	
c Phone solicitations d In-person solicitations 2 a Did the organization have a written of	g Special	fundraising	events	tees, or	
key employees listed in Form 990, P b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	art VII) or entity in connection with p viduals or entities (fundraisers) pursu	rofessional f	undraising services?	☐ Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No			
	(2)				
Total 3 List all states in which the organization	on is registered or licensed to solicit	contributions	s or has been notified	it is exempt from re	gistration
or licensing.	in to registered of moorised to someth	5011115410116	or nac scorr notinica	TE 10 OXOMPE HOM TO	

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

	edul a rt l		Gospel Miss			-6122045 Page 2			
		of fundraising event contributions and gro							
			(a) Event #1 Road to Real Change Banqu	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through			
			(event type)	(event type)	(total number)	col. (c))			
Revenue	1	Gross receipts	142,677.			142,677.			
	2	Less: Contributions	142,677.			142,677.			
	3	Gross income (line 1 minus line 2)							
	4	Cash prizes							
"	5	Noncash prizes							
benses	6	Rent/facility costs							
Direct Expenses	7	Food and beverages	3,430.			3,430.			
ä	8	Entertainment							
	9	Other direct expenses	•			8,060.			
	10	Direct expense summary. Add lines 4 through	٠,		_	11,490.			
Pa	ırt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization is		900 Part IV line 19 or r		-11,490.			
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1330,1 art 17, mic 13, 611	eported more than				
Revenue		¥ - 5,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Reve	1	Gross revenue							
Se	2	Cash prizes							
Expenses	3	Noncash prizes							
Direct Ex	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes % No	Yes % No	Yes % No				
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>				
		ter the state(s) in which the organization condu	_	states?		Yes No			
b	lf "	No," explain:							

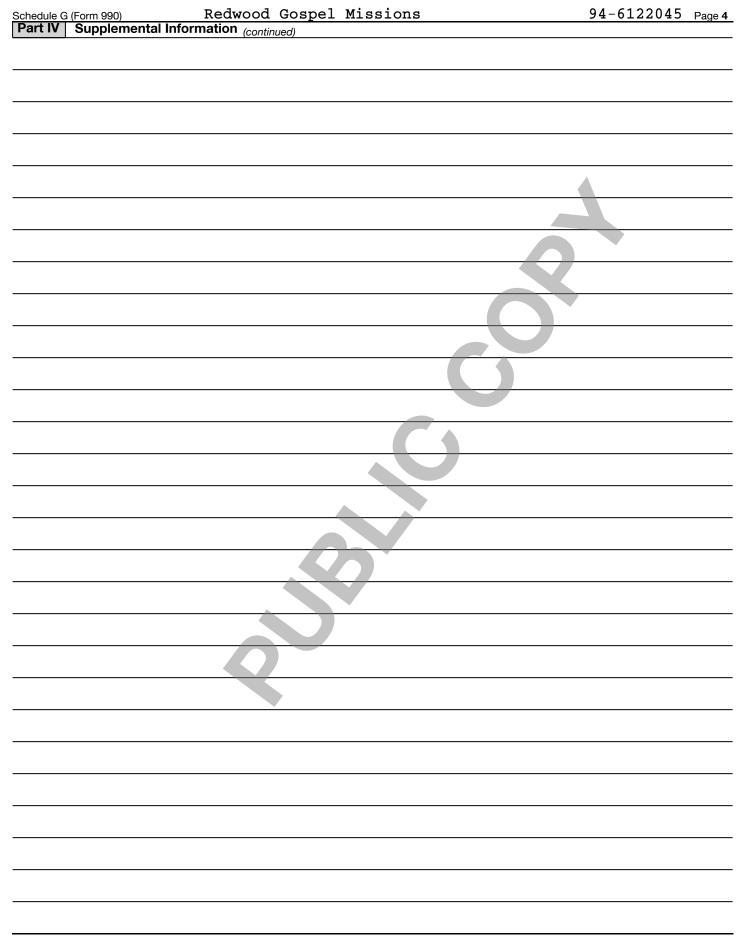
Schedule G (Form 990) 2021

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain: _

132082 10-21-21

Schedule G (Form 990) 2021 Redwood Gospel Missions	94-6122045 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity form	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	I
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	? Yes No
The second of gammans in the second s	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	ne amount
of gaming revenue retained by the third party > \$	is a mount
c If "Yes," enter name and address of the third party:	
on 100, onto hand address of the time party.	
Name ▶	1
Ivalite P	
Address ▶	
Address	
16 Gaming manager information:	
16 Gaming manager information:	
Nove N	
Name	
Gaming manager compensation \$	
Description of continuous stated N	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or s	spent in the
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a	and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	



SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

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

Redwood Gospel Missions

Employer identification number 94-6122045

Pai	rt I Types of Property									
		(a) Check if	(b) Number of	(c) Noncash contri	hution	Mot	(d) hod of deter	mini	na	
		applicable	contributions or	amounts report	ted on		noa oi aeter n contributio		_	3
				Form 990, Part VI		-1 . 4	1			
1	Art - Works of art	X	1	4.3	<u>,680.</u>	Thrift	Value			
2	Art - Historical treasures									
3	Art - Fractional interests					4				
4	Books and publications			1 004		1	1			
5	Clothing and household goods	X				Thrift				
6	Cars and other vehicles	X	1	17	,673.	Proceed	ds			
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	X	1	18	,749.	FMV				
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or					ĺ				
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory	X	1	1,028	,658.	Vendors	3			
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (Furniture)	X	1	374	,856.	Thrift	Value			
26	Other (Electronics a) X 1 150,442. Thrift Valu					Value				
27	Other (
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions						
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement	29					
									Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines	s 1 throug	h 28, that it				
	must hold for at least three years from the date									
	exempt purposes for the entire holding period?		•	•			3	0a		Х
b	If "Yes," describe the arrangement in Part II.									
31								31		Х
	Does the organization hire or use third parties of						F			
	contributions?		-	· ·			3	2a		Х
b	If "Yes," describe in Part II.						<u> </u>			
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column	(a) is chec	cked.				
	describe in Part II.	(0) 101			,_, 0.100	,				
	For Paperwork Reduction Act Notice see	the Instruct	ione for Form 000	`		60	hadula M (E		. 000\	2021

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-FZ

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Redwood Gospel Missions

Employer identification number 94-6122045

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. 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.

IRS e-file Signature Authorization for a Tax Exempt Entity

 , 2021, and ending	SEP	30	, 20 ∠
	, 2021, and ending	, 2021, and endingSEP_	1 , 2021, and ending SEP 30

▶ Do not send to the IRS. Keep for your records.

Department of the Tre Internal Revenue Serv		•		ne ing. Reep it m8879TF for ti	ne latest information.		
Name of filer		y do to ii	WW.III O.Igo W/T OI	INCOTOTE TOT L	io latest illiorinationi	EIN or SSN	
R	edwood Gospe	el Missio	ons			94-612	2045
	officer or person subject to	tax Jeff:	rey W Gi	lman			
	omeer or percent cas, eet te		utive Di				
Part I	Type of Return and	d Return Info	ormation				
Form 5330 filers or 10a below, ar	s may enter dollars and nd the amount on that li olicable, blank (do not e	cents. For all oth ine for the return	ner forms, enter n being filed with	whole dollars of this form was	applicable amount, if any, fron nly. If you check the box on lib blank, then leave line 1b, 2b, en enter -0- on the applicable	ne 1a, 2a, 3a, 3b, 4b, 5b, 6 b	4a, 5a, 6a, 7a, 8a, 9a, , 7b, 8b, 9b, or 10b,
1a Form 99	90 check here				ırt VIII, column (A), line 12)		
2a Form 99	90-EZ check here >	▶ <u> </u>	il revenue, if an	y (Form 990-EZ	line 9)	2b	
3a Form 1	120-POL check here						
4a Form 99	90-PF check here >				(Form 990-PF, Part V, line 5)		
	868 check here 🕨					5b	1,990.
	90-T check here >				4)	6b	1,990.
	720 check here)		
	227 check here				Form 5227, Item D)	8b	
	330 check here		due (Form 5330			9b	
	038-CP check here				ted (Form 8038-CP, Part III, li Person Subject to Tax		b
							. ,
of entity)	of perjury, I declare tha	it 🔼 I am an o			I am a person subject to ta	•	•
of any refund. If entry to the final financial instituti later than 2 busi payment of taxe	applicable, I authorize to noial institution account ion to debit the entry to iness days prior to the part is to receive confidential cation number (PIN) as	the U.S. Treasur t indicated in the this account. To ayment (settlem Il information ne	y and its design tax preparation o revoke a paym nent) date. I also cessary to answ	ated Financial A software for pa ent, I must con authorize the fi er inquiries and	for any delay in processing the syment of the federal taxes of tact the U.S. Treasury Financi nancial institutions involved in resolve issues related to the plicable, the consent to electrical institutions involved in resolve issues related to the plicable, the consent to electrical institutions involved in resolve issues related to the plicable, the consent to electrical institutions in the symbol in the	funds withdraw wed on this reto ial Agent at 1-8 n the processir payment. I hav	val (direct debit) urn, and the 88-353-4537 no ng of the electronic e selected a
	orize Dillwood	Burkel 8	Millar	LLP	to	enter my PIN	67136
		_	ERO firm n	7			Enter five numbers, but
with a	state agency(ies) regul e return's disclosure cor	ating charities as nsent screen.	nically filed returns part of the IRS	n. If I have indic Fed/State proc	cated within this return that a gram, I also authorize the afor y PIN as my signature on the	copy of the ret ementioned EF	RO to enter my PIN
IRS Fe	ed/State program, I will			_	filed with a state agency(ies) r t screen.		ities as part of the
Part III (person subject to tax PCertification and A	Authentication	on			Date -	
	N. Enter your six-digit el						
	ollowed by your five-dig	-			68745532060 Do not enter all zeros		
•	return in accordance wi	•			ctronically filed return indicate e-File (MeF) Information for A		
ERO's signature	>				Date ▶ <u>06/</u>	26/23	
		EDO 14		··· F 0	oo Instructions		

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print Redwood Gospel Missions 94-6122045 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your PO Box 493 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 95402 Santa Rosa, CA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 12 Form 990-T (trust other than above) 06 Form 990-T (corporation) Lucy Woolums The books are in the care of ▶ PO Box 493 - Santa Rosa, CA 95402 Telephone No. ► 707-578-1830 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 💮 and attach a list with the names and TINs of all members the extension is for. August 15, 2023 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning OCT 1, 2021 $_$, and ending $_$ SEP $\,$ 30 , $\,$ 2022 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 1,099. any nonrefundable credits. See instructions За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 2,680. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Mail to: Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0045

Extended to August 15, 2023 Form **990-T Exempt Organization Business Income Tax Return** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2021 or other tax year beginning OCT 1, 2021 and ending SEP 30, 2022 ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Open to Public Inspection for 501(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Name of organization (Check box if name changed and see instructions.) Check hox if address changed. **B** Exempt under section Print Redwood Gospel Missions 94-6122045 Group exemption number (see instructions) X 501(c)(3 Number, street, and room or suite no. If a P.O. box, see instructions. Type 7220(e) PO Box 493 408(e) City or town, state or province, country, and ZIP or foreign postal code 408A]530(a)]529(a) [Santa Rosa, CA 95402 529A Check box if 10,188,467. C Book value of all assets at end of year an amended return. Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust Claim credit from Form 8941 Check if filing only to Claim a refund shown on Form 2439 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ▶ Lucy Woolums 707-578-1830 Telephone number Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated trades or businesses (see 10,477. instructions) 2 Reserved 2 10,477 3 3 Add lines 1 and 2 Charitable contributions (see instructions for limitation rules) 4 4 10,477. Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 6 6 Deduction for net operating loss. See instructions Total of unrelated business taxable income before specific deduction and section 199A deduction. 10,477. Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 9 **Trusts.** Section 199A deduction. See instructions 9 1,000. 10 Total deductions. Add lines 8 and 9 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 9,477. **Tax Computation** 1,990. Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Schedule D (Form 1041) Tax rate schedule or 2 3 3 **Proxy tax.** See instructions 4 Other tax amounts. See instructions 4 5 Alternative minimum tax (trusts only) 5 6 Tax on noncompliant facility income. See instructions 6 Total. Add lines 3 through 6 to line 1 or 2, whichever applies

LHA

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2021

Part I	III Tax and Payments							
	Foreign tax credit (corporations attach Forn	a 1110: tructo attach Form 111	6) 1a				—	
	011			-				
	General business credit. Attach Form 3800	(see instructions)		-				
	Credit for prior year minimum tax (attach Fo							
	Total credits. Add lines 1a through 1d				1e			
					2	1,990	<u> </u>	
			Form 8697		_		_	
					3			
4	Total tax. Add lines 2 and 3 (see instruction		es tax previously deferred				_	
	section 1294. Enter tax amount here		•		4	1,990		
5	Current net 965 tax liability paid from Form				5	0) .	
6a	Payments: A 2020 overpayment credited to	2021	6a					
b	2021 estimated tax payments. Check if sec	tion 643(g) election applies	►	2,680.				
	Foreign organizations: Tax paid or withheld							
е	Backup withholding (see instructions)		6e					
	Credit for small employer health insurance							
g	Other credits, adjustments, and payments:							
_	Form 4136				_	2 600		
	Total payments. Add lines 6a through 6g				7	2,680	•	
	Estimated tax penalty (see instructions). Ch Tax due. If line 7 is smaller than the total of		t owod		9		<u>. •</u>	
	Overpayment. If line 7 is larger than the total of				10	689	_	
	Enter the amount of line 10 you want: Cred			Refunded >	11).	
Part I			nformation (see instru	uctions)			_	
1	At any time during the 2021 calendar year,	did the organization have an in	terest in or a signature or o	other authority		Yes N	<u> </u>	
	over a financial account (bank, securities, o	r other) in a foreign country? If	"Yes," the organization ma	ay have to file				
	FinCEN Form 114, Report of Foreign Bank	and Financial Accounts. If "Yes	s," enter the name of the fo	reign country				
	here					_ X	<u>. </u>	
	During the tax year, did the organization red							
	foreign trust?		,			X	<u></u>	
	If "Yes," see instructions for other forms the							
	Enter the amount of tax-exempt interest rec							
	Enter available pre-2018 NOL carryovers he							
	shown on Schedule A (Form 990-T). Don't r		• •	-	, line 4.			
	Post-2017 NOL carryovers. Enter available							
	the amounts shown below by any NOL clair Business Ac				rn (O) (Or	-		
	Dusilless Ac	tivity code	\$	ost-2017 NOL car	ryover	1		
			\$			-		
6a	Did the organization change its method of a	accounting? (see instructions)	ΙΨ			x	ζ	
	If 6a is "Yes," has the organization describe	· · · · · · · · · · · · · · · · · · ·	0-EZ. 990-PF. or Form 112	8? If "No."				
	explain in Part V			, , , , , , , , , , , , , , , , , , ,				
Part \	V Supplemental Information						_	
Provide	e the explanation required by Part IV, line 6b.	Also, provide any other addition	onal information. See instru	ıctions.				
Sign	Under penalties of perjury, I declare that I have exami correct, and complete. Declaration of preparer (other				e and belief, it is tru	ie,		
Here		1 .		May	the IRS discuss th	s return with	П	
TICIC	Signature of officer	$\frac{1}{\text{Date}}$	Executive Dire		preparer shown bel		.	
			lie I I		uctions)? X Y	es N	lo	
	Print/Type preparer's name Christina	Preparer's signature Christina	Date	Check if	PTIN			
Paid	TT = 1 1 d -=	Hollingsworth	06/26/23	self- employed	DUSUOU	1706		
Prepa	""			Firm's EIN ►	P02090706 EIN ► 68-0456752			
Use O		ourse Boulevard,		FIIIII S EIN	00 042		—	
	l l	sa, CA 95403	24100 11	Phone no. (7	(07) 577	-8806	;	
	, , , , , , , , , , , , , , , , , , , ,	,					21)	

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

AUL I

94-6122045

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

B Employer identification number

Describe the unrelated trade or business •Warehouse rental

Redwood Gospel Missions

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a b	Gross receipts or sales Less returns and allowances c Balance	1c	16,000.		
2	Cost of goods sold (Part III, line 8)	3	16,000.		16,000.
3 4a	Gross profit. Subtract line 2 from line 1c Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	<u>ა</u> 4a	10,000.		10,000.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с 5	Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement)	4c 5			
6	Rent income (Part IV)	6		1,840.	-1,840.
7	Unrelated debt-financed income (Part V)	7			
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 13	Other income (see instructions; attach statement) Total. Combine lines 3 through 12	12 13	16,000.	1,840.	14,160.

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	2	
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement). See instructions See Statement 1	5	1,260.
6	Taxes and licenses	6	239.
7	Depreciation (attach Form 4562). See instructions 7 1,840	,	
8	Less depreciation claimed in Part III and elsewhere on return	8b	0.
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	14	2,184.
15	Total deductions. Add lines 1 through 14	15	3,683.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	10,477.
17	Deduction for net operating loss. See instructions	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	10,477.
ΙЦΛ	For Panarwork Paduation Act Natice see instructions	Sobodu 2	Io A (Form 990-T) 2021

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Pa	ลด	е	2

Part	ule A (Form 990-T) 2021				Page 2
		hod of inventory valuation	<u>1</u> ▶		
1					
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)		G1 - 1	4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter l				
9	Do the rules of section 263A (with respect to property				Yes No
Part	, , ,				
1	Description of property (property street address, city, s				25.402
	A	PO Box	493, Santa	Rosa, CA	95403
	В				
	c				
	D	Г			Т
		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				
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Stmt 4	1,840.	nd on Part I, line 6, c	Oldmir (A)	
5 Part	in lines 2(a) and 2(b) (attach statement) Stmt 4 Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s	1,840.	ne 6, column (B)	>	1,840.
	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address)	1,840. Inter here and on Part I, lingue instructions) Sity, state, ZIP code). Che	ne 6, column (B)	▶ e instructions.	-
5 Part	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	1,840. Inter here and on Part I, lingue instructions) Sity, state, ZIP code). Che	ne 6, column (B)	▶ e instructions.	1,840.
5 Part	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of a B B B B B B B B B B B B B B B B B B	1,840. Inter here and on Part I, lingue instructions) Sity, state, ZIP code). Che	ne 6, column (B)	▶ e instructions.	-
5 Part	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or a column and or a column	1,840. Inter here and on Part I, lingue instructions) Sity, state, ZIP code). Che	ne 6, column (B)	▶ e instructions.	-
5 Part	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of a B B B B B B B B B B B B B B B B B B	1,840. Atter here and on Part I, line ee instructions) City, state, ZIP code). Che	eck if a dual-use. See	e instructions. A ROSA, CA	95403
5 Part 1	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, company) B	1,840. Inter here and on Part I, lingue instructions) Sity, state, ZIP code). Che	ne 6, column (B)	▶ e instructions.	-
5 Part	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, company) B	1,840. Atter here and on Part I, line ee instructions) city, state, ZIP code). Che P O BOX	eck if a dual-use. See	e instructions. A ROSA, CA	95403
5 Part 1	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of the columns income in	1,840. Atter here and on Part I, line ee instructions) City, state, ZIP code). Che	eck if a dual-use. See	e instructions. A ROSA, CA	95403
5 Part 1	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or a column and or allocable to debt-financed property Gross income from or allocable to debt-financed property Deductions directly connected with or allocable	1,840. Atter here and on Part I, line ee instructions) city, state, ZIP code). Che P O BOX	eck if a dual-use. See	e instructions. A ROSA, CA	95403
5 Part 1	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property	1,840. A 1,840. A 0.	eck if a dual-use. See	e instructions. A ROSA, CA	95403
5 Part 1	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of the columns income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)	1,840. Atter here and on Part I, line ee instructions) city, state, ZIP code). Che P O BOX	eck if a dual-use. See	e instructions. A ROSA, CA	95403
5 Part 1 2 3 a b	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of the columns income from or allocable to debt-financed property Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement)	1,840. Inter here and on Part I, line ee instructions) Dity, state, ZIP code). Che P O BOX A 0.	eck if a dual-use. See	e instructions. A ROSA, CA	95403
5 Part 1	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of the columns income from or allocable to debt-financed property Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b,	1,840. Inter here and on Part I, line ee instructions) Dity, state, ZIP code). Che P O BOX A 0.	eck if a dual-use. See	e instructions. A ROSA, CA	95403
5 Part 1 2 3 a b c	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of the columns income in	1,840. Inter here and on Part I, line ee instructions) Dity, state, ZIP code). Che P O BOX A 0.	eck if a dual-use. See	e instructions. A ROSA, CA	95403
5 Part 1 2 3 a b	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	1,840. Auter here and on Part I, line ee instructions) bity, state, ZIP code). Che P O BOX A 0. 0.	eck if a dual-use. See	e instructions. A ROSA, CA	95403
5 Part 1 2 3 a b c	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of the columns income from or allocable to debt-financed property Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	1,840. Inter here and on Part I, line ee instructions) Dity, state, ZIP code). Che P O BOX A 0.	eck if a dual-use. See	e instructions. A ROSA, CA	95403
5 Part 1 2 3 a b c	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	1,840. Inter here and on Part I, line ee instructions) Dity, state, ZIP code). Che P O BOX A 0. 0. 0.	eck if a dual-use. See	e instructions. A ROSA, CA	95403
5 Part 1 2 3 a b c	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	A O. O. O. O. O.	eck if a dual-use. See 493, SANT2	e instructions. A ROSA, CA	95403 D
5 Part 1 2 3 a b c	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A B B B B B B B B B B B B B B B B B B	1,840. Inter here and on Part I, line ee instructions) Dity, state, ZIP code). Che P O BOX A 0. 0. 0.	eck if a dual-use. See	e instructions. A ROSA, CA	95403 D
5 Part 1 2 3 a b c	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A B B B B B B B B B B B B B B B B B B	A O. O. O. O. O. O. O. O. O. O	B B	c instructions. A ROSA, CA C	95403 D
5 Part 1 2 3 a b c	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A B B B B B B B B B B B B B B B B B B	A O. O. O. O. O. O. O. O. O. O	B B	c instructions. A ROSA, CA C	95403 D
5 Part 1 2 3 a b c	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A B B B B B B B B B B B B B B B B B B	A O. O. O. O. O. O. O. O. O. O	B B	c instructions. A ROSA, CA C	95403 D
5 Part 1 2 3 a b c 4 5 6 7 8	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A B B B B B B B B B B B B B B B B B B	A O. O. O. O. O. O. O. O. O. O	B B B In the factor of the control of the contro	e instructions. A ROSA, CA C	95403 D

	Interest, Annu	iities, Ro	oyalties, and Re	ents fron	n Control	led Or	ganizations	S (se	ee instruct	ions)		r age o
			_		Exempt Controlled Organizations							
	Name of controller organization	d	2. Employer identification number	incom	unrelated ne (loss) tructions)		al of specified nents made	that is	art of colur included olling orga gross inc	in the iniza-	the connected with	
<u>(1)</u>												
(2)												
(3)												
(4)			N -		A III O							
	axable Income		Net unrelated		controlled Or	-	1	of colu	mn 0	44.	Deductions	diractly
7. 1	axable income	in	come (loss) e instructions)	9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		in the zation's	C	connected ome in colu	with	
(1)												
(2)												
(3)								9				
(4)												
					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)		Part I,	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)				
Totals				•			0.			0.		
Part V	I Investment	ncome	of a Section 50	1(c)(7), (9	9), or (17)	Orgar	nization (s	ee inst	ructions)			-
		cription of		,,,,,,	2. Amou incon	nt of	3. Deduction directly connected (attach states	ons ected	4. Set- (attach st		and se	deductions et-asides ls 3 and 4)
(1) Inv	estment In	come				0.		0.		0		0.
(2)												
(3)												
(4)												
Totals					Add amou column 2. here and of line 9, colu	Enter Part I, Imn (A) 0 •					colum	mounts in n 5. Enter d on Part I, column (B)
Part V	III Exploited E	xempt A	ctivity Income,	Other T	han Adve	ertising	g Income	see ins	structions)			
1 D	escription of exploite	ed activity:										
	ross unrelated busin									2		
	xpenses directly con											
	ne 10, column (B)									3		
	4 Net income (loss) from unrelated trade or business. Subtract					-						
	lines 5 through 7									4		
										5		
										6		
	• •			•						,		
4	. Enter here and on F	art II, IIne	12							7		

Schedule A (Form 990-T) 2021

Part	IX Advertising Income				g
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals on	a consolidated basis.		
	A				
	В				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
	·	. A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on	·		△	0.
а	·				
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from lin	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in	n			
	line 4 showing a loss or zero, do not complete	e			
	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 les	ss		/	
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of	on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gi	reater of the line 8a, columns	total or zero here and	on	_
	Part II, line 13			_	0.
Part	X Compensation of Officers, Dir	rectors, 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)				%	
Total	Enter here and an Dort II line 1				0.
Part	Enter here and on Part II, line 1 Supplemental Information (se	sa inaterrational		P	<u> </u>
· u··	Zi Gappiementai imormatiem (se	ee (ristructions)			
			· · · · · · · · · · · · · · · · · · ·		

Schedule A (Form 990-T) 2021

1,840.

Redwood Gospel Missions	<u>;</u>			94-6122	2045
Form 990-T (A)	Interest	Paid		Statement	1
Description				Amount	
Mortgage Interest			-	1,2	260.
Total to Schedule A, Pa	art II, line 5		-	1,2	260.
Form 990-T (A)	Other Ded	uctions		Statement	2
Description				Amount	
Property Insurance Repairs & Maintenance Utilities				Ţ	505. 501. 178.
Total to Schedule A, Pa	art II, line 14			2,1	L84.
Form 990-T (A)	Cost of Goods Sold	- Other	Costs	Statement	3
	- COST OF GOODS BOTO	Celler			
Description			_	Amount	
Depreciation				1,8	340.
Total to Form 990-T, So	chedule A, line 5		=	1,8	340.
Form 990-T (A) Deduct	cions Connected wit	h Rental	Income	Statement	4
Description		Activity Number	Amount	Total	
	- Subtotal -	2	1,840.	1,8	340.
m. 1 . 1					240

Total to Form 990-T, Schedule A, Part IV, Line 4

► Attach to your tax return.

Business or activity to which this form relates

Sequence No. 179

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Identifying number

A RENT

Red	lwood Gospel Missior							94-6122045
Pai	TI Election To Expense Certain Prope	rty Under Section 17	'9 Note: If you	have any liste	d property, c	omplete Part \	/ before yo	
1 N	Maximum amount (see instructions)						. 1	1,050,000.
2 T	otal cost of section 179 property plac	ed in service (see	instructions)				. 2	
3 T	hreshold cost of section 179 property	before reduction	in limitation					2,620,000.
4 F	Reduction in limitation. Subtract line 3	from line 2. If zero	or less, enter	-0-			. 4	
5 D	ollar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter -	0 If married filing	separately, see instr	uctions		5	
6	(a) Description of pr	operty		(b) Cost (business	use only)	(c) Elected c	ost	
	isted property. Enter the amount from							
	otal elected cost of section 179 prope							
	entative deduction. Enter the smaller							
10	Carryover of disallowed deduction from	n line 13 of your 20	020 Form 4562	2			10	
	Business income limitation. Enter the s						11	
	Section 179 expense deduction. Add li						12	
	Carryover of disallowed deduction to 2				13			
	: Don't use Part II or Part III below for		•					
Pai	TII Special Depreciation Allowa	nce and Other De	epreciation (D	on't include l	isted propert	y.)		
14 S	Special depreciation allowance for qua	lified property (oth	er than listed	property) place	ed in service of	during		
	he tax year							
15 F	Property subject to section 168(f)(1) ele	ection					. 15	
	Other depreciation (including ACRS)						. 16	
Pai	rt III MACRS Depreciation (Don't	include listed pro						
			Sec	tion A				
	MACRS deductions for assets placed i	•					. 17	
18 If	you are electing to group any assets placed in serv							
	Section B - Assets				ing the Gene	eral Depreciat	ion Systei	<u>m</u>
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for (business/inv only - see in	estment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property				25 yrs.		S/L	
		/			27.5 yrs.	ММ	S/L	
h	Residential rental property	/			27.5 yrs.	ММ	S/L	
		/			39 yrs.	ММ	S/L	
i	Nonresidential real property	/			,	ММ	S/L	
	Section C - Assets F	Placed in Service	During 2021	Tax Year Usin	g the Alterna	ative Deprecia	ation Syst	em
20a	Class life						S/L	
b	12-year				12 yrs.		S/L	
С	30-year	/			30 yrs.	MM	S/L	
d	•	/			40 yrs.	ММ	S/L	
	40-year	1 /			J J I J .			
Pai	rt IV Summary (See instructions.)	,		<u>l</u>	40 yio.	, ,,,,,,		
	. 13.7	,		L	40 yio.		21	
21 L	T IV Summary (See instructions.) isted property. Enter amount from line	28						
21 L 22 T	Summary (See instructions.)	2814 through 17, lin	es 19 and 20	n column (g), a	and line 21.			0.
21 L 22 T	TIV Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines	e 28 14 through 17, lin s of your return. Pa	es 19 and 20 i	n column (g), a	and line 21.		. 21	0.

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

	24b, columns														
_			on and Other I		<u> </u>			instruc	1)	
<u>24a</u>	Do you have evidence to s			nt use cla	imed?	<u> </u>	es _	No	24b If "Y	es," is th	ne evide	nce writt	en?	_ Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	_{je} ot	(d) Cost or her basis		(e) sis for dep siness/inv use on	reciation restment	(f) Recovery period	Me	(g) thod/ rention	Depre	h) eciation uction	Elec sectio	n 179
<u></u>	Special depreciation alle	owance for q	ualified listed	property	placed in	servic	e durin	g the ta	ax year an	d t					
	used more than 50% in	a qualified be	usiness use								25	A			
<u> 26</u>	Property used more tha	n 50% in a q	ualified busine	ss use:											
_		1 1	9	6		\perp				ļ					
_		: :		6							4				
_		: :		6											
<u>27</u>	Property used 50% or le					_				L	4				
_		: :		6		+				S/L -					
_		1 1		6		+				S/L -					
_	A alal anno conta in a alcono	(h) lines 05	-	6			1			S/L -	00				
	Add amounts in column										28	1	700		
29	Add amounts in column	i (i), iirie ∠o. E			r, page i B - Informa								29	l .	
	mplete this section for ve your employees, first ans														
30	Total business/investment	miles driven d	uring the	l '	a) nicle	-	b) hicle		(c) /ehicle	1	d) nicle	· ·	e) nicle	(f Vehi	-
	year (don't include commu	iting miles)								ļ					
31	Total commuting miles	driven during	the year					14		ļ					
32	Total other personal (no	ncommuting) miles												
	driven						_			ļ					
33	Total miles driven during	•			4										
	Add lines 30 through 32						1	+	T	ļ ,,				 ,,	
34	Was the vehicle availab	•		Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
25	during off-duty hours?) 	+	+							
33	Was the vehicle used potential than 5% owner or related														
36	Is another vehicle availa							+							
00	use?	•													
mo	swer these questions to ore than 5% owners or rele	determine if y ated persons	i.	ception	to comple	ting S	Section	B for ve	ehicles use	ed by em	ployees	who a	ren't	Yes	No
	employees?													165	No
JÖ	Do you maintain a writte employees? See the ins		· ·	-				-			ur				
39	Do you treat all use of v			•	_										
	Do you provide more th	-													
	the use of the vehicles,														
41	Do you meet the require														
_	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," don'	t complete	Secti	ion B fo	r the co	overed veh	icles.					
P	art VI Amortization														
	(a) Description o	f costs	Date	(b) amortization begins	Ar	(c) nortizal amoun	ble t		(d) Code section		(e) Amortiza period or per	tion	Ar fo	(f) mortization or this year	
<u>42</u>	Amortization of costs th	at begins du	ring your 2021	tax yea	r:										
_				<u>: : :</u>				\perp							
_				<u>: :</u>											
	Amortization of costs th											43			
	Total. Add amounts in o	column (f). Se	ee the instructi	ons for	where to re	port						44			- 15-
1162	252 12-21-21												F	orm 4562	2 (2021)

Form **4562** (2021)

► Attach to your tax return.

Business or activity to which this form relates

OMB No. 1545-0172

Sequence No. 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Identifying number

2

A RENT

	wood Gospel Mission							94-6122045
Par	t I Election To Expense Certain Proper	ty Under Section 17	79 Note: If you h	ave any listed p	roperty,	complete Part	V before y	
1 N	faximum amount (see instructions)						. 1	1,050,000.
2 T	otal cost of section 179 property place	ed in service (see i	instructions)				2	
3 T	hreshold cost of section 179 property	before reduction i	in limitation				3	2,620,000.
4 F	eduction in limitation. Subtract line 3	from line 2. If zero	or less, enter -0	-			4	
5 D	ollar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter -	0 If married filing sep				5	
6	(a) Description of pro	operty	(o) Cost (business use	e only)	(c) Elected c	ost	
							7	
7 1	isted property. Enter the amount from	line 29	l .		7			
	otal elected cost of section 179 prope		in column (c) lir				8	
	entative deduction. Enter the smaller							
	carryover of disallowed deduction from							
	usiness income limitation. Enter the s							
							11	
	ection 179 expense deduction. Add li						12	
	arryover of disallowed deduction to 20 Don't use Part II or Part III below for		<u> </u>	. =	13			
Par		,	•		d nrono	uds ()		
	Operation Periodication / the tra							T
	pecial depreciation allowance for qual	ified property (oth	ier than listed pr	operty) placed i	n service	e during		
	ne tax year							
15 P	roperty subject to section 168(f)(1) ele	ction					15	
	ther depreciation (including ACRS)						16	
Par	t III MACRS Depreciation (Don't	include listed pro						
			Section	on A				
17 N	IACRS deductions for assets placed in	n service in tax ye	ars beginning be	efore 2021		<u></u>	17	
18 If	you are electing to group any assets placed in servi					>		
	Section B - Assets				the Ger	neral Depreciat	ion Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for der (business/invest only - see instr	ment use	l) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property				25 yrs.		S/L	
_ 9_	To your property	/			7.5 yrs.	ММ	S/L	
h	Residential rental property	,			7.5 yrs.	MM	S/L	
		,			39 yrs.	MM	S/L	
i	Nonresidential real property	/			39 yrs.	MM	S/L	
	Section C - Assets P	Placed in Service	During 2021 Ta	x Year Using t	he Alter			tem
200		idoca iii oci vioc	During 2021 10	Tear Comig t	no Anton	Tidire Bepreen		<u> </u>
<u>20a</u>	Class life				10		S/L	
<u>b</u>	12-year	,			12 yrs.	N4N4	S/L	
	30-year	/			30 yrs.	MM	S/L	
Dar	40-year	/			40 yrs.	MM	S/L	
Par	,							T
	isted property. Enter amount from line						21	
	otal. Add amounts from line 12, lines	•						
	nter here and on the appropriate lines				see inst	r	22	0.
	or assets shown above and placed in	•	current year, er	iter the				
	ortion of the basis attributable to sect	on 262 A coots			23			

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

	24b, columns (Ускропе			.y = .a,		
	Section A -	Depreciation	on and Other	Inform	ation (Ca	ution:	See the i	nstruc	tions for lir	nits for p	oasseng	er auton	nobiles.)		
24a	Do you have evidence to s	upport the bu	siness/investme	nt use o	claimed?		Yes	No	24b If "Y	es," is th	ne evider	nce writt	en?	Yes	☐ No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta		(d) Cost or other basis	Ι ((e) Basis for depre business/inve use only	stment	(f) Recovery period	Me	g) thod/ ention	Depre	h) ciation iction	(i) Elected section 179 cost	
25	Special depreciation allo	wance for q	ualified listed	proper	ty placed i	in serv	ice during	the ta	x year and						
	used more than 50% in	a qualified bu	usiness use								25	4			
26	Property used more than	n 50% in a q	ualified busine	ss use	:										
		: :	Ç	%											
		: :	Ç	%											
		: :	Ç	%											
27	Property used 50% or le	ss in a qualit	fied business ı	ıse:											
		: :	Ç	%						S/L -					
		: :	Ç	%						S/L -					
		: :	Ç	%						S/L -					
28	Add amounts in column	(h), lines 25	through 27. E	nter he	re and on	line 2	1, page 1				28				
	Add amounts in column												29		
							n on Use								
Cor	mplete this section for ve	hicles used I	by a sole prop	rietor, ¡	partner, or	other	r "more tha	an 5%	owner," or	related	person.	If you pr	ovided v	ehicles	
to y	our employees, first ansv	wer the ques	tions in Section	n C to	see if you	ı meet	an excep	tion to	completin	g this se	ection fo	r those v	ehicles.		
					(a)		(b)		(c)	(0	d)	(e)	(f)
30	Total business/investment	uring the	Vehicle Vehicle Vehi			/ehicle	Veh	nicle	Veh	Vehicle Veh		cle			
	year (don't include commu	ting miles)													
	Total commuting miles of														
32	Total other personal (no	ncommuting) miles			_									
	driven														
33	Total miles driven during														
	Add lines 30 through 32														
	Was the vehicle available			Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used pr														
	than 5% owner or relate	d person?													
36	Is another vehicle availa	ble for perso													
	use?														
		Section C	- Questions f	or Em	ployers W	/ho Pr	ovide Vel	nicles 1	for Use by	Their E	mploye	es			
Ans	swer these questions to o	determine if y	ou meet an e	ceptic	n to comp	oleting	Section E	3 for ve	hicles use	d by em	ployees	who a	ren't		
mor	re than 5% owners or rela	ated persons	i. (
37	Do you maintain a writte employees?		ement that pr								by your			Yes	No
38	Do you maintain a writte	n policy stat	ement that pr	ohibits	personal i	use of	vehicles,	except	t commutir	ng, by yo					
~~	employees? See the ins			-											
	Do you treat all use of ve	•													-
	Do you provide more that the use of the vehicles,								employees					L	
41 Do you meet the requirements concerning qualified automobile demonstration use?															
	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," dor	n't comple	te Sec	ction B for	the co	vered veh	icles.					
Pa	art VI Amortization									ı					
	(a) Description of	costs	Date	(b) amortization begins	on	Amortiz amo	zable		(d) Code section		(e) Amortiza period or per		Ar fo	(f) nortization r this year	
42	Amortization of costs th	at begins du	ring your 2021		ear:					•		•			

44 Total. Add amounts in column (f). See the instructions for where to report

43 Amortization of costs that began before your 2021 tax year

Form **4562** (2021)

116252 12-21-21

43

990 ► Attach to your tax return.

Business or activity to which this form relates

OMB No. 1545-0172

Sequence No. 179

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Identifying number

Red	dwood Gospel Mission				m 990 Pa			94-6122045
Par	rt Election To Expense Certain Propert	y Under Section 1	79 Note: If yo	ou have any li	sted property, c	omplete Part	V before y	ou complete Part I.
1 N	Maximum amount (see instructions)						. 1	1,050,000.
2 T	otal cost of section 179 property place	2						
	hreshold cost of section 179 property b		2,620,000.					
	Reduction in limitation. Subtract line 3 fr	4						
5 D	ollar limitation for tax year. Subtract line 4 from line 1	5						
6	(a) Description of prop	ost						
7 L	isted property. Enter the amount from I	ine 29			7			
	otal elected cost of section 179 proper						8	
	entative deduction. Enter the smaller						9	
	Carryover of disallowed deduction from						10	
	Business income limitation. Enter the sn		•		,		11	
	Section 179 expense deduction. Add lin						12	
	Carryover of disallowed deduction to 20		· · · · · · · · · · · · · · · · · · ·		13			
	: Don't use Part II or Part III below for li							
Par	Operation 2 operation and the state of the s							
14 S	Special depreciation allowance for quality	fied property (otl	her than listed	d property) pla	aced in service	during		
	he tax year							
	Property subject to section 168(f)(1) elec	tion						
		Carlanda Bakadan					16	
Fai	MACRS Depreciation (Don't	nciuae listea pro						
				ection A				T
	MACRS deductions for assets placed in	•					17	
18 If	you are electing to group any assets placed in service					Papuasia	ion Crete	
	Section B - Assets I	(b) Month and		r depreciation	Τ	erai Depreciat	ion Syste	em
	(a) Classification of property	year placed in service	(business/ii	nvestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property		_					
е	15-year property		_					
f	20-year property				ļ			
g	25-year property				25 yrs.		S/L	
h	Residential rental property	/	1		27.5 yrs.	MM	S/L	
	sacrina conta property	/	1		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	1		39 yrs.	MM	S/L	
	· · ·	/	Di 000	4 Tau V ''	in a Ala a All a	MM	S/L	<u> </u>
	Section C - Assets PI	aced in Service	During 202	i iax Year U	sing the Aiterna	ative Depreci		tem
<u>20a</u>	Class life		_		10		S/L	
<u>b</u>	12-year	,			12 yrs.	N A N A	S/L	
	30-year	/ / /	+		30 yrs. 40 yrs.	MM	S/L S/L	
Par	40-year t IV Summary (See instructions.)	/			40 yrs.	MM	S/L	
	C							<u> </u>
	Listed property. Enter amount from line		10 - 101) im a - t /	\ \		21	
	otal. Add amounts from line 12, lines 1	- ·			•		00	0.
	Enter here and on the appropriate lines of	•	•	•	ions - see instr.		22	0.
	for assets shown above and placed in so portion of the basis attributable to section	_	-		23			
Ρ		,,, <u>_</u>						

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

	24b, columns (
		Depreciation				ution	: See the	instruc	1						
<u>24a</u>	a Do you have evidence to s			ment use c	aimed?		Yes	No	24b If "Y	es," is tl	ne evide	nce writt	ten?	_ Yes ∟	No
	(a) Type of property (list vehicles first)	(b) (c) Date Business placed in investmen service use percenta		ent ,	(d) Cost or other basis		Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention		(h) Depreciation deduction		Elec sectio	(i) cted on 179 ost
25	Special depreciation allo	wance for q	ualified liste	ed propert	y placed i	n ser	vice durin	g the ta	ax year and	L					
	used more than 50% in a	a qualified bu	usiness use								25	4			
26	Property used more than														
		: :		%											
_		: :		%											
_		: :		%											
<u>27</u>	Property used 50% or le	ss in a qualif	fied busines	s use:											
_		: :		%						S/L -					
_		: :		%						S/L -					
_		: :		%						S/L-		1			
28	Add amounts in column	(h), lines 25	through 27	. Enter her	e and on	line 2	21, page 1				28				
<u>29</u>	Add amounts in column	(i), line 26. E	nter here a	nd on line	7, page 1						<u></u>		29		
				Section	B - Infor	matio	on on Use	of Vel	nicles						
Cor	mplete this section for ve	hicles used b	by a sole pr	oprietor, p	artner, or	othe	r "more th	nan 5%	owner," or	related	person.	If you p	rovided v	ehicles/	
to y	our employees, first ansv	wer the ques	tions in Sec	ction C to	see if you	mee	t an exce	otion to	completin	ng this se	ection fo	r those v	rehicles.		
—						ı .						1 .			
	Tatal baselines for each and	and the second of the second of	ta a dha		(a)		(b)		(c)	(d) Vehicle		(e) Vehicle		(f	-
30	Total business/investment i		•		hicle		Vehicle		/ehicle					Vehicle	
	year (don't include commun														
	Total commuting miles driven during the year Total other personal (noncommuting) miles														
32	•	•	•												
22	driven														
აა	Total miles driven during														
24	Add lines 30 through 32 Was the vehicle available			Yes	No	Ye	s No	Yes	s No	Yes	No	Yes	No	Yes	No
34	during off-duty hours?	•			INO	16	S NO	163	S 110	165	NO	165	INO	162	NO
25	Was the vehicle used pr				1		 								
00	than 5% owner or relate														
36	Is another vehicle availa			.											
00	use?	•		4											
	400:		- Question	s for Emn	lovers W	ho P	rovide Ve	hicles	for Use by	/ Their F	mplove	es	1		
Ans	swer these questions to o								_				ren't		
	re than 5% owners or rela	,		, de la constantina della cons		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9 000			, a, a, a,	.p.c, ccc				
	Do you maintain a writte	n policy stat	ement that		•				•	•	by your			Yes	No
20	employees?														
30	employees? See the inst			-				-			Jui				
30	Do you treat all use of ve			• •	_										
	Do you provide more that														
70	the use of the vehicles,				-10										
41	Do you meet the require														
•	Note: If your answer to														
Р	art VI Amortization	37, 00, 00, 4	0, 01 +1 10	100, 4011	t comple	10 00	OCION DIC	1 1110 00	Svered veri	10100.					
	(a)			(b)		(0	c)		(d)		(e)			(f)	
			[1	Date amortization begins	n		izable		Code section	Amortiza period or per		ation	Aı fo	mortization or this year	
					or:					1	, э от ро				
<u></u>	Amortization of costs that	at begins du	rıng your 20	J∠ i lax ye	ai.										
<u>42</u>	Amortization of costs the	at begins du	ring your 20	: :	ar.							T			
<u>42</u>	Amortization of costs th	at begins du	ring your 20	::::::::::::::::::::::::::::::::::::::	ar.										
	Amortization of costs the	-		i i								43			

Form **4562** (2021)

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

1

A COGS

Business or activity to which this form relates

OMB No. 1545-0172

Sequence No. 179 Identifying number

epartment of the Treasury Internal Revenue Service Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Redwood Gospel Missions Schedule A COGS 94-6122045 Part | Election To Expense Certain Property Under Section 179 Note; If you have any listed property, complete Part V before you complete Part I. 1,050,000. **1** Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2,620,000. Threshold cost of section 179 property before reduction in limitation 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 15 Property subject to section 168(f)(1) election 15 1,840 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2021 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery period (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction 3-year property 19a 5-year property b 7-year property C 10-year property d 15-year property 20-year property S/L 25 yrs. 25-year property g S/L 27.5 yrs MM Residential rental property h 27.5 yrs MM S/L S/L MM 39 vrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs. S/L 12-year b 30-year 30 yrs. MM S/L С 40-vear 40 yrs MM S/L d Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 1,840. 22 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) Part V

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

	24b, columns (mita far i		ar ar itan	aabilaa N			_
			n and Other			tior	1	ne in	1	1						٠.	_
<u>24a</u>	(a) Type of property (list vehicles first)	of property Date Business phicles first) placed in investmen		(d) Cost or			Yes No (e) Basis for depreciation (business/investment use only)			(f) Recovery period	es," is the evider (g) Method/ Convention		(h) Depreciation deduction		Elec sectio	i) ted n 179	<u>Vo</u> 9
 25	Special depreciation allo	service owance for q	use percenta ualified listed		placed ir	n se			the ta	l ıx year and	<u> </u> 				CO	St	
	used more than 50% in	•			•			•		•		25	_				
	Property used more that																
	•			%													
		: :		%													
		: :		%													
<u></u>	Property used 50% or le	ss in a qualif	ied business	use:													
				%							S/L -	77					
		: :		%							S/L -						
		: :		%							S/L -						
 28	Add amounts in column	(h), lines 25	through 27. E	nter her	e and on I	ine	21. page	e 1			_	28					
	Add amounts in column													29			
		(//			B - Inforn												
	mplete this section for verour employees, first ans		•									-	•		rehicles		
	Total business/investment miles driven during the			(a) Vehicle			(b) (c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle				
	year (don't include commu							\blacksquare	_	_							
	 1 Total commuting miles driven during the year 2 Total other personal (noncommuting) miles 					4											
	Total miles driven during	g the year.			4												
	Add lines 30 through 32					9						1					
34	Was the vehicle available	le for persona	al use	Yes	No	Ye	es N	0	Yes	No No	Yes	No	Yes	No	Yes	N	<u> </u>
	during off-duty hours?			\vdash	K 4		-										
35	Was the vehicle used pr	, ,	more			4											
	than 5% owner or relate	•				-		_									
36	Is another vehicle availa	ble for perso	nal														
	use?										<u> </u>						_
Ans	swer these questions to o		 Questions rou meet an e 							-				ren't			
	re than 5% owners or rela				·						•						
	Do you maintain a writte employees?		ement that p									by your			Yes	N	0
	Do you maintain a writte employees? See the ins	en policy stat	ement that p	ohibits p	ersonal u	ise (of vehicle	es, e	xcept	t commuti	ng, by yo	our					
	Do you treat all use of v				_												_
	Do you provide more that	-															_
	the use of the vehicles,																
	Do you meet the require																_
•	Note: If your answer to																
Pá	art VI Amortization	07, 00, 00, 1	0, 01 11 10 1	oc, acri	· complet		oction B	101 (110 00	770104 7011	10100.						
	(a) Description of	f costs	Dat	(b) e amortization begins		Amoı	(c) rtizable rount			(d) Code section		(e) Amortiza period or per		An	(f) nortization r this year		
 42	Amortization of costs th	at begins du	ring your 202		ar:				-			, 3 a 31 por	yv				_
<u></u>		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		: :	Ť												_
_					†												_
<u></u>	Amortization of costs th	at began hef	ore vour 202	tax vea	r								43				_
	Total. Add amounts in o												44				_
	. C.un / Ida amounts III C	, 5, 101 THE (1). OC				. opt											

116252 12-21-21 Form **4562** (2021)

► Attach to your tax return.

OMB No. 1545-0172

Sequence No. 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

Identifying number

A PG1

Red	wood Gospel Mission				ehouse			94-6122045
Par	t I Election To Expense Certain Proper	ty Under Section 17	'9 Note: If yo	ou have any lis	sted property,	complete Part	V before y	ou complete Part I.
1 M	faximum amount (see instructions)						1	1,050,000.
2 T	otal cost of section 179 property place	ed in service (see i	instructions)				2	
3 T	hreshold cost of section 179 property	before reduction i	in limitation				3	2,620,000.
4 R	eduction in limitation. Subtract line 3	from line 2. If zero	or less, ente	er -0-			4	
5 D	ollar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter -0	0 If married filin	g separately, see i	nstructions		5	
6	(a) Description of pro	operty		(b) Cost (busin	ness use only)	(c) Elected of	ost	
7 L	isted property. Enter the amount from	line 29			7			
8 T	otal elected cost of section 179 prope	rty. Add amounts	in column (c), lines 6 and	7		8	
9 T	entative deduction. Enter the smaller	of line 5 or line 8					. 9	
	arryover of disallowed deduction from							
	usiness income limitation. Enter the si							
12 S	ection 179 expense deduction. Add lii	nes 9 and 10, but	don't enter i	more than line	11		12	
13 C	arryover of disallowed deduction to 20	022. Add lines 9 a	nd 10, less l	ine 12	► 13			
Note	: Don't use Part II or Part III below for	listed property. Ins	stead, use P	art V.				
Par	t II Special Depreciation Allowa	nce and Other De	epreciation	(Don't includ	le listed prope	rty.)		
14 S	pecial depreciation allowance for qual	ified property (oth	er than liste	d property) pla	aced in service	e during		
th	ne tax year						. 14	
15 P	roperty subject to section 168(f)(1) ele	ction					15	
	ther depreciation (including ACRS)						16	
Par	t III MACRS Depreciation (Don't	include listed pro	perty. See ir	structions.)				
			Se	ection A				
17 N	ACRS deductions for assets placed in	n service in tax yea	ars beginnin	g before 2021			17	
18 If	you are electing to group any assets placed in servi	ce during the tax year in	to one or more g	eneral asset accor	unts, check here	▶ □		
	Section B - Assets	Placed in Service			Jsing the Ger	neral Depreciat	ion Syste	m
	(a) Classification of property	(b) Month and year placed in service	(business/i	or depreciation nvestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property				25 yrs.		S/L	
		/			27.5 yrs.	MM	S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
		/			39 yrs.	MM	S/L	
i	Nonresidential real property	/				MM	S/L	
	Section C - Assets P	Placed in Service	During 202	1 Tax Year U	sing the Alter	native Depreci	ation Syst	em
20a	Class life						S/L	
b	12-year				12 yrs.		S/L	
С	30-year	/			30 yrs.	MM	S/L	
d	40-year	/			40 yrs.	MM	S/L	
Par	t IV Summary (See instructions.)							
21 L	isted property. Enter amount from line	28					. 21	
22 T	otal. Add amounts from line 12, lines	14 through 17, line	es 19 and 20) in column (g), and line 21.			
Е	nter here and on the appropriate lines	of your return. Pa	ırtnerships a	nd S corporat	ions - s <u>ee inst</u>	r	22	0.
	or assets shown above and placed in	· ·	current yea	r, enter the				
n	ortion of the basis attributable to secti	ion 263A costs			23			

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) Part V

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A -	Depreciation	on and Other I	nforma	tion (Cauti	on: S	See the i	instruc	tions for li	mits for	passena	er autom	nobiles. 1		
 24a	Do you have evidence to s					Ye		No						Yes	No
	(a) Type of property (list vehicles first)	(b) (c) Date Business placed in investmer service use percent		(d) Cost or		Basi	(e) Basis for depreciation (business/investment use only)		(f) Recovery N		(g) thod/ vention	(h) Depreciation deduction		(i) Elected section 17 cost	
25	Special depreciation allo		•		•		•	•	•		0.5				
	used more than 50% in a Property used more than										25				
20	Troperty asea more than		9							1					
		: :	9			+									
		: :	9												
 27	Property used 50% or le														
	,		9							S/L -					
		1 1	9							S/L -					
		: :	9	6						S/L -					
28	Add amounts in column	(h), lines 25	through 27. Er	nter here	and on lin	e 21,	page 1				28				
29	Add amounts in column	(i), line 26. E	nter here and	on line 7	, page 1						<u></u>		29		
			S	ection l	B - Informa	ation (on Use	of Veh	icles						
	mplete this section for verous rour employees, first answ													ehicles	
				(a)	(k	b)		(c)	(d)	(6	e)	(f)
30	Total business/investment miles driven during the		Vehicle		Veh	Vehicle Vehic		ehicle/	Vehic		Veh	Vehicle		cle	
	year (don't include commut						_			ļ					
	Total commuting miles of						_			ļ					
32	Total other personal (nor														
	driven						-								
33	Total miles driven during														
24	Add lines 30 through 32			Vaa	No	Vac	Na	Vac	No	Vac	No	Voc	Na	Vaa	N _a
34	Was the vehicle available during off-duty hours?	•		Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used pr														
00	than 5% owner or relate														
36	Is another vehicle availal	•													
	use?														
moi	swer these questions to c re than 5% owners or rela	letermine if y ated persons		ception	to comple	ting S	ection E	3 for ve	ehicles use	ed by em	ployees		ren't		1
	Do you maintain a writte employees?													Yes	No
38	Do you maintain a writte														
~~	employees? See the inst														
	Do you treat all use of ve														
40	Do you provide more that the use of the vehicles, a														
41	Do you meet the require														
	Note: If your answer to 3														
Pa	art VI Amortization	37, 00, 00, 4	0,014110 10	<u>, aon</u>	Complete	CCCLIC	<u> </u>	1110 00	voica voi	noico.					
(a) Description of costs Date			(b) amortization		(c) nortizab amount	ole								(f)	
	Amortization of costs that	at hegins du	•	tax vea		amount			section		period or per	utiliayê	10	r this year	
72	,	a. Dogino du		: :	Ī										
				: : : :											
— 43	Amortization of costs that	at began bef			r					I		43			
	Total. Add amounts in c											44			
	250 10-01-01	,,											F	orm 456 2	(2021)