Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10/01 , 2017, and ending 9/30 , 2018

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [X] Amended return
- [ ] Application pending

C
REDWOOD GOSPEL MISSION
P O BOX 493
SANTA ROSA, CA 95403

D Employer identification number
94-6122045

E Telephone number
(707) 578-1830

G Gross receipts $ 7,158,037.

F Name and address of principal officer: JEFF GILLMAN
SAME AS C ABOVE

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If 'No,' attach a list. (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( )◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► WWW.SRMISSION.ORG

H(c) Group exemption number ►

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ► **L** Year of formation: 1965 **M** State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE MISSION IS DEDICATED TO HELPING THE "LEAST, LAST AND LOST" OF SONOMA COUNTY, OFFERING SHELTER AND DRUG OR ALCOHOL RECOVERY SERVICES 365 DAYS A YEAR.

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	91
6	Total number of volunteers (estimate if necessary)	6	2,500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,389,607.	5,483,021.
9	Program service revenue (Part VIII, line 2g)	16,105.	5,800.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	763.	-271.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	291,018.	275,793.
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,697,493.	5,764,343.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,915,715.	2,134,644.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 665,637.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,545,418.	3,016,941.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,461,133.	5,151,585.
19	Revenue less expenses. Subtract line 18 from line 12	236,360.	612,758.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,676,617.	5,268,776.
21	Total liabilities (Part X, line 26)	3,233,555.	3,212,956.
22	Net assets or fund balances. Subtract line 21 from line 20	1,443,062.	2,055,820.

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Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ JEFF GILLMAN — EXECUTIVE DIR.
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
SUSAN E GORANSON				P00049464

Firm's name ► GORANSON AND ASSOCIATES, INC.
Firm's address ► 717 COLLEGE AVENUE, FIRST FLOOR
SANTA ROSA, CA 95404
Firm's EIN ► 455565460
Phone no. 7075421256

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Part 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 MISSION IS DEDICATED TO HELPING THE "LEAST, LAST AND LOST" OF SONOMA COUNTY, OFFERING SHELTER AND DRUG OR ALCOHOL RECOVERY SERVICES 365 DAYS A YEAR.

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 ☒ No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 4,210,608. including grants of $) (Revenue $)

PROGRAM SERVICES INCLUDE: TEMPORARY OVERNIGHT HOUSING FOR HOMELESS MEN, 24 HOUR TEMPORARY HOUSING FOR WOMEN & CHILDREN; 12 TO 18 MONTH ALCOHOL/DRUG RECOVERY FOR BOTH MEN & WOMEN; COMMUNITY OUTREACH EVENTS TO HOMELESS INDIVIDUALS & LOW INCOME FAMILIES; JOB TRAINING SKILLS THROUGH VARIOUS CERTIFICATION PROGRAMS OFFERED AT ALL THE SERVICE LOCATIONS & AT A THRIFT STORE. FREE CLOTHING & HOUSEHOLD ITEMS ARE AVAILABLE ON REQUEST TO HOMELESS & LOW INCOME FAMILIES.

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4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ► 4,210,608.

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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If 'Yes,' complete Schedule C, Part III*	5		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, the environment, historic land areas, or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or 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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*	11d		X
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI and XII*	12a	X	
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		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18	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		X

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Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If 'Yes,' complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *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 sections 301.7701-2 and 301.7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	91		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If 'Yes,' has it filed a Form 990-T for this year? *If 'No' to line 3b, provide an explanation in Schedule O*	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)?	4a			X
b	If 'Yes,' enter the name of the foreign country: ►				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
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 any contributions that were not tax deductible as charitable contributions?	6a			X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	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	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
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?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	14b			

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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 in Schedule O. See instructions.*

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

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 1a	8		
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? 5			X
6	Did the organization have members or stockholders? 6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body? 8a		X	
b	Each committee with authority to act on behalf of the governing body? 8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O* 9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates? 10a			X
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a		X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
12a	Did the organization have a written conflict of interest policy? *If 'No,' go to line 13* 12a		X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b		X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this was done* . . . SEE SCHEDULE O 12c		X	
13	Did the organization have a written whistleblower policy? 13			X
14	Did the organization have a written document retention and destruction policy? 14			X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . SEE SCHEDULE O 15a		X	
b	Other officers or key employees of the organization 15b			X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a			X
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b			

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Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☒ Other *(explain in Schedule O)* SEE SCH. O

19 Describe in 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. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►

LUCY WOOLUMS P O BOX 493 SANTA ROSA CA 95402 707-578-1830

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN O'MALLEY	2									
PRESIDENT	0	X						0.	0.	0.
(2) DICK PEDERSEN	2									
VICE PRESIDENT	0	X						0.	0.	0.
(3) JUDY BOWHALL	2									
SECRETARY	0	X						0.	0.	0.
(4) BRAD BENSON	2									
DIRECTOR	0	X						0.	0.	0.
(5) JUDY SAMSON	2									
DIRECTOR	0	X						0.	0.	0.
(6) DAVE EDMONDS	2									
DIRECTOR	0	X						0.	0.	0.
(7) JOHN ADAMS	2									
DIRECTOR	0	X						0.	0.	0.
(8) GARY BEI	2									
TREASURER	0	X						0.	0.	0.
(9) CONNIE HAWKINS	2									
DIRECTOR	0	X						0.	0.	0.
(10) JEFF GILMAN	40									
EXECUTIVE DIR.	0			X				0.	0.	110,006.
(11)										
(12)										
(13)										
(14)										

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organiza - tions below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total ►								0.	0.	110,006.
c Total from continuation sheets to Part VII, Section A ►								0.	0.	0.
d Total (add lines 1b and 1c) ►								0.	0.	110,006.

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2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ► 0

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes,' complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ► 0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	5,483,021.			
	g Noncash contributions included in lines 1a-1f: $ 2,630,476.				
	h **Total.** Add lines 1a-1f	5,483,021.			
Program Service Revenue	Business Code				
	2a OTHER INCOME	5,800.	5,800.		
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a-2f	5,800.			
	3 Investment income (including dividends, interest and other similar amounts)	-271.			-271.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross rents (i) Real / (ii) Personal				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory (i) Securities / (ii) Other				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a 210,275.				
	b Less: direct expenses b 30,926.				
	c Net income or (loss) from fundraising events	179,349.			
	9a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a 1,459,212.				
	b Less: cost of goods sold b 1,362,768.				
	c Net income or (loss) from sales of inventory	96,444.	96,444.		
	Miscellaneous Revenue / Business Code				
	11a				
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d				
	12 **Total revenue.** See instructions	5,764,343.	102,244.	0.	-271.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX. ☐

Do not include amounts reported on lines 6b, 7b, 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 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	110,006.	55,003.	27,502.	27,501.
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.	0.	0.	0.
7 Other salaries and wages	1,701,266.	1,322,665.	132,641.	245,960.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	184,337.	156,658.	10,366.	17,313.
10 Payroll taxes	139,035.	106,684.	12,187.	20,164.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	118,467.	1,500.	18,000.	98,967.
12 Advertising and promotion	109,248.	53,322.		55,926.
13 Office expenses				
14 Information technology	91,365.	42,950.	6,199.	42,216.
15 Royalties				
16 Occupancy	239,734.	238,727.	1,007.	
17 Travel	22,623.	12,776.	5,182.	4,665.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	165,977.	124,413.	41,564.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	141,142.	139,009.	1,995.	138.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD EXPENSE	1,197,413.	1,197,016.	377.	20.
b PROGRAM EXPENSES	315,967.	311,095.	1,854.	3,018.
c EQUIPMENT	161,755.	135,081.	13,080.	13,594.
d AUTO EXPENSES	125,798.	124,815.	920.	63.
e All other expenses	327,452.	188,894.	2,466.	136,092.
25 **Total functional expenses.** Add lines 1 through 24e	5,151,585.	4,210,608.	275,340.	665,637.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash — non-interest-bearing	101,062.	1	482,729.
	2	Savings and temporary cash investments	200,577.	2	209,906.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,995.	4	1,630.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	92,876.	8	139,789.
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 5,744,133.			
	b	Less: accumulated depreciation — 10b: 1,355,115.	4,239,415.	10c	4,389,018.
	11	Investments — publicly traded securities		11	
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	38,692.	15	45,704.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	4,676,617.	16	5,268,776.
Liabilities	17	Accounts payable and accrued expenses	185,133.	17	236,159.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	3,048,422.	23	2,976,797.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	3,233,555.	26	3,212,956.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ► [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,441,937.	27	1,660,478.
	28	Temporarily restricted net assets	1,125.	28	395,342.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,443,062.	33	2,055,820.
	34	Total liabilities and net assets/fund balances	4,676,617.	34	5,268,776.

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Part 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	5,764,343.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,151,585.
3	Revenue less expenses. Subtract line 2 from line 1	3	612,758.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,443,062.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,055,820.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A
(Form 990 or 990-EZ)

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

2017

Open to Public Inspection

Name of the organization	Employer identification number
REDWOOD GOSPEL MISSION	94-6122045

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 [X] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] 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:

5 [ ] 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).**

7 [ ] 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.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] 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 university:

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.)

11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a [ ] **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.**

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.**

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.**

d [ ] **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.**

e [ ] 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.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						

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12 Gross receipts from related activities, etc. (see instructions) ... 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ... ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) ... 14 %

15 Public support percentage from 2016 Schedule A, Part II, line 14 ... 15 %

16a **33-1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ... ► ☐

b **33-1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ... ► ☐

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ... ► ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ... ► ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ... ► ☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

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Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2016** Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
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.*	1		
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).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If 'Yes,' answer (b) and (c) below.*	3a		
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.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? *If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
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.*	4b		
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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
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****.*	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in* ***Part VI****.*	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If 'Yes,' provide detail in* ***Part VI****.*	9c		
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 10b below.*	10a		
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.)*	10b		

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Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**	
b	A family member of a person described in (a) above?	**11b**	
c	A 35% controlled entity of a person described in (a) or (b) above? *If 'Yes' to a, b, or c, provide detail in* ***Part VI.***	**11c**	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If 'No,' describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported 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, supervised, or controlled the supporting organization.*	**2**	

Section C. Type II Supporting Organizations

		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 the supported organization(s).*	**1**	

Section D. All Type III Supporting Organizations

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

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Section 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).***

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

		Yes	No
2	Activities Test. ***Answer (a) and (b) below.***		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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 in (a) 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 (a) and (b) below.***		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If 'Yes,' describe in* ***Part VI*** *the role played by the organization in this regard.*	**3b**	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section 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		

Section 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other 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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

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Section C – Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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 integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D – Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions.	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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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.)

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
► **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2017

Name of the organization	**Employer identification number**
REDWOOD GOSPEL MISSION	94-6122045

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (**1**) $5,000 or (**2**) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization	Employer identification number
REDWOOD GOSPEL MISSION	94-6122045

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BENSON & BENSON P O BOX 2246 SANTA ROSA, CA 95409	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	BRAD & ERIKA BENSON 1340 ZACHARY PLACE SANTA ROSA, CA 95409	$ 21,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	DMC FOUNDATION 8140 LINDBERGH LAKE ROAD CONDON, MT 59826	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	DEAN & CHRIS DE BAUN 2616 KNOB HILL DRIVE SANTA ROSA, CA 95404	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	DOUG & HEATHER EVANS 3931 CHANTARELLE CIRCLE SANTA ROSA, CA 95404	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	ED & KYLE BAKER 1589 ROSEWOOD DRIVE HEALDSBURG, CA 95448	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

COPY

Name of organization	Employer identification number
REDWOOD GOSPEL MISSION	94-6122045

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ELIZABETH LEWIS 125 S. MAIN STREET SEBASTOPOL, CA 95472	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	JANVER & JEN HOLLY 73A SAINT JAMES DRIVE SANTA ROSA, CA 95403	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	MAUREEN BERRY P O BOX 71 CAZADERO, CA 95421	$ 9,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	MICHAEL & SARAH GENTRY P O BOX 11039 SANTA ROSA, CA 95406	$ 21,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	PATRICIA GENTRY 3751 PINER ROAD SANTA ROSA, CA 95401	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	RICHARD & FRANCINE RIVERS 2540 SADDLEHORN COURT SANTA ROSA, CA 95401	$ 22,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

COPY

Name of organization	Employer identification number
REDWOOD GOSPEL MISSION	94-6122045

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	SONOMA COUNTY COMM FNDN 120 STONY POINT ROAD STE 220 SANTA ROSA, CA 95401	$ 257,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14	SPRING HILLS COMM CHURCH P O BOX 6653 SANTA ROSA, CA 95406	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15	SUSAN NICELY 2211 MARSH ROAD SANTA ROSA, CA 95403	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16	VICTOR & KAREN TRIONE 2451 GROSSE AVENUE SANTA ROSA, CA 95404	$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17	BENSON INVESTMENTS INC P O 2246 SANTA ROSA, CA 95405	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18	JEFFREY & BESSIE EISENHAUER 432 REBECCA DRIVE PETALUMA, CA 94952	$ 5,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

COPY

Name of organization REDWOOD GOSPEL MISSION

Employer identification number 94-6122045

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	JASON & EMILY ELDER 730 PLACER COURT SANTA ROSA, CA 95401	$ 6,275.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20	BOB & VICTORIA FLORES 819 SENTINEL COURT SANTA ROSA, CA 95409	$ 5,700.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21	PATRICK & CYNTHIA GALLAHER 11424 BROOKS ROAD WINDSOR, CA 95492	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22	CHUCK & DONNA HUSSEY 3009 SANTA MARGARITA CT SANTA ROSA, CA 95405	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23	JACK & MARILYN JONES 1361 FERGUSON ROAD SEBASTOPOL, CA 95472	$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24	KIRT & BRENDA KISLING 2309 DANCING PENNY WAY SANTA ROSA, CA 95403	$ 9,514.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

COPY

Name of organization	Employer identification number
REDWOOD GOSPEL MISSION	94-6122045

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	LARRY & WANDA LAPEERE 1756 MANOR DRIVE SANTA ROSA, CA 95403	$ 5,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26	DENNIS MARVIN 7064 OVERLOOK DRIVE SANTA ROSA, CA 95409	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27	EDWARD MICHELLI & MARILYN BOLSTER 1119 HILLSIDE DR HEALDSBURG, CA 95448	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28	NEWSONG CHURCH P O BOX 1500 WINDSOR, CA 95492	$ 6,110.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29	CHRISTOPHER & JEANNETTE PHELPS P O BOX 1817 SEBASTOPOL, CA 95473	$ 10,185.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30	JAMES PROVOST P O BOX 340519 LAKEWAY, TX 78734	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

COPY

Name of organization	Employer identification number
REDWOOD GOSPEL MISSION	94-6122045

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	SANTA ROSA BIBLE CHURCH 4575 BADGER ROAD SANTA ROSA, CA 95409	$ 6,752.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32	CHRIS & RENEE THOMPSON 821 BLOOMFIELD ROAD SEBASTOPOL, CA 95472	$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33	GENE & JUNE WOOD 2487 WOOLSEY ROAD FULTON, CA 95439	$ 5,525.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34	ALPHA AND OMEGA SEMICONDUCTOR 475 OAKMEAD PKWY SUNNYVALE, CA 94085	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35	PAUL AND JOANNE ANDERSON 6196 SAN MATEO CT ROHNERT PARK, CA 94928	$ 9,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36	ASSOCIATION OF GOSPEL RESCUE MISSIO 7222 COMMERCE CENTER DR STE COLORADO SPRINGS, CO 80919	$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

COPY

Name of organization	Employer identification number
REDWOOD GOSPEL MISSION	94-6122045

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	BAYSIDE CHURCH SANTA ROSA 3175 SEBASTOPOL RD SANTA ROSA , CA 95407	$ 17,503.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
38	DORIS BIGGS 167 EDITH ST APT 104 PETALUMA, CA 94952	$ 11,076.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
39	PETER AND JUDY BOWHALL 1004 ELSBREE LN WINDSOR, CA 95492	$ 14,811.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
40	CATHERAL OF FAITH 2315 CANOAS GARDEN AVE SAN JOSE, CA 95125	$ 6,552.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
41	GERALD AMD JACQUELYN CHAMBERLAIN 3585 ROUND BARN BVLD APT 219 SANTA ROSA, CA 95403	$ 5,426.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
42	CHRISTIAN FAMILY FELLOWSHIP 1160A HOPPER AVE SANTA ROSA, CA 95403	$ 5,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

COPY

Name of organization	Employer identification number
REDWOOD GOSPEL MISSION	94-6122045

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	GLENN COXE 5596 BLANK RD SEBASTOPOL, CA 95472	$ 51,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
44	ROBERT AND CINDY CULLEN 3573 ALKIRST CT SANTA ROSA, CA 95403	$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
45	DAYSTAR TELEVISION NETWORK PO BOX 874 NOVATO, CA 94948	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
46	KEVIN AND KIM FARRELL 2832 CANYONSIDE DR SANTA ROSA, CA 95404	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
47	FERROGGIANO REVOCABLE TRUST-JEANNE 13340 LOWER COLFAX RD GRASS VALLEY, CA 95945	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
48	FIRE SAFETY SUPPLY, INC. 468 YOLANDA AVE STE 201 SANTA ROSA, CA 95404	$ 5,658.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

COPY

Name of organization	Employer identification number
REDWOOD GOSPEL MISSION	94-6122045

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	DARREL GOLDENER 1657 TARKENTON CT SANTA ROSA , CA 95403	$ 7,932.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
50	DAVID AND LINETTE HAMMER PO BOX 1064 SANTA ROSA, CA 95402	$ 10,900.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
51	JOSHUA AND CYNTHIA HAMMER 5687 DEMPSEY PL SANTA ROSA, CA 95403	$ 5,039.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
52	MARK AND CONNIE HAWKINS 4515 MONTECITO AVE SANTA ROSA, CA 95404	$ 10,287.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
53	JEFF AND CARIN HAWKS PO BOX 300 LUCERNE, CA 95458	$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
54	MIKE AND SUE HOEY 4024 SLATE CT SANTA ROSA, CA 95405	$ 5,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

COPY

Name of organization	Employer identification number
REDWOOD GOSPEL MISSION	94-6122045

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	HUFFMAN TRUST- JEANNE M 5510 EL ENCANTO CIR SANTA ROSA , CA 95409	$ 48,296.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
56	WAYNE AND SHERYL KITCHEN 376 IRWIN LN SANTA ROSA, CA 95401	$ 5,385.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
57	STEVEN AND CAROL KRANZ 19012 PARK PLACE BVLD EUSTIS, FL 32736	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
58	BRUCE AND CATHERINE LAMAR 1350 MANZANITA CT SANTA ROSA, CA 95404	$ 7,179.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
59	TODD AND BLAIR MAUS 122 CALISTOGA RD #193 SANTA ROSA, CA 95409	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
60	MENLO PARK PREBYTERIAN CHURCH 950 SANTA CRUZ AVE MENLO PARK, CA 94025	$ 211,222.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

COPY

Name of organization	Employer identification number
REDWOOD GOSPEL MISSION	94-6122045

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	JOSHUA MISSION 13095 MONTEBELLO RD CUPERTINO, CA 95014	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
62	NEW BEGINNINGS COMMUNITY CHURCH PO BOX 51650 PALO ALTO, CA 94303	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
63	DIANE O'NEAL 2331 MARSH CT SANTA ROSA, CA 95403	$ 6,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
64	ORANGE COUNTY RESCUE MISSION, INC. 1 HOPE DR TUSTIN, CA 92782	$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
65	RICHARD AND NANCY PEDERSEN 4974 HOEN AVE SANTA ROSA , CA 95405	$ 7,350.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
66	PETER AND MONIKA PIASECKI 3615 HOLLY RIDGE DR SANTA ROSA, CA 95409	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

COPY

Name of organization	Employer identification number
REDWOOD GOSPEL MISSION	94-6122045

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	RICHARD AND ELAINE PRIVAT 23920 WALLING RD GEYSEVILLE, CA 95441	$ 5,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
68	RENAISSANCE CHARITABLE FOUNDATION 8910 PURDUE RD INDIANAPOLIS, IN 46268	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
69	SAINT MATTHEW LUTHERAN CHURCH 399 WIGET LN WALNUT CREEK, CA 94598	$ 7,773.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
70	SANCTUARY CHURCH PO BOX 2300 WINDSOR, CA 95492	$ 5,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
71	SCHWAB CHARITABLE FUND 211 MAIN ST SAN FRANCISCO , CA 94015	$ 8,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
72	RICHARD AND TIFFANY SHUNN 8013 REGENCY DR PLEASANTON, CA 94588	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

COPY

Name of organization	Employer identification number
REDWOOD GOSPEL MISSION	94-6122045

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	ST. LUKE EVANGELICAL LUTHERAN CHURC 905 MENDOCINO AVE SANTA ROSA , CA 95401	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
74	THE NEIGHBORHOOD CHURCH 3CROSSES 20600 JOHN DR CASTRO VALLEY, CA 94546	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
75	THE ROCK-CALVARY CHAPEL FELLOWSHIP 915 PINER RD STE G SANTA ROSA, CA 95403	$ 5,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
76	TRANSFORMING THE BAY WITH CHRIST 378 FLYNN AVE MOUNTAIN VIEW, CA 94043	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
77	JOHN VALCORE 37375 2ND ST FREMONT, CA 94536	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
78	THE VALLEY CHURCH 10885 N STELLING RD CUPERTINO, CA 95014	$ 22,051.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

COPY

Name of organization REDWOOD GOSPEL MISSION

Employer identification number 94-6122045

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	VANGUARD CHARITABLE PO BOX 9509 WARWICK, RI 02889	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

COPY

Name of organization	Employer identification number
REDWOOD GOSPEL MISSION	94-6122045

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization REDWOOD GOSPEL MISSION

Employer identification number 94-6122045

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ► $ N/A

Use duplicate copies of Part III if additional space is needed.

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

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

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

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

COPY

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

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

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

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

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

2017

Open to Public Inspection

Name of the organization

REDWOOD GOSPEL MISSION

Employer identification number

94-6122045

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors 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 conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ►$

(ii) Assets included in Form 990, Part X ►$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ►$

b Assets included in Form 990, Part X ►$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	**1 c**	
d Additions during the year	**1 d**	
e Distributions during the year	**1 e**	
f Ending balance	**1 f**	

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	**(b)** Prior year	**(c)** Two years back	**(d)** Three years back	**(e)** Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment ► _____ %
- **b** Permanent endowment ► _____ %
- **c** Temporarily restricted endowment ► _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	**No**
(i) unrelated organizations	**3a(i)**		
(ii) related organizations	**3a(ii)**		
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1 a Land		1,358,862.		1,358,862.
b Buildings		3,099,403.	719,018.	2,380,385.
c Leasehold improvements		834,770.	360,712.	474,058.
d Equipment		306,473.	183,122.	123,351.
e Other		144,625.	92,263.	52,362.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ►				4,389,018.

Part VII Investments – Other Securities. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	**(b)** Book value	**(c)** Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 12.)* ►		

Part VIII Investments – Program Related. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	**(b)** Book value	**(c)** Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ►		

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Part IX Other Assets. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	**(b)** Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 15.)* ►	

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	**(b)** Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. SEE PART XIII. X

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		**1**	5,764,343.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	**2a**		
b	Donated services and use of facilities	**2b**		
c	Recoveries of prior year grants	**2c**		
d	Other (Describe in Part XIII.)	**2d**		
e	Add lines **2a** through **2d**		**2e**	
3	Subtract line **2e** from line **1**		**3**	5,764,343.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	**4a**		
b	Other (Describe in Part XIII.)	**4b**		
c	Add lines **4a** and **4b**		**4c**	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*		**5**	5,764,343.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		**1**	5,151,585.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	**2a**		
b	Prior year adjustments	**2b**		
c	Other losses	**2c**		
d	Other (Describe in Part XIII.)	**2d**		
e	Add lines **2a** through **2d**		**2e**	
3	Subtract line **2e** from line **1**		**3**	5,151,585.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	**4a**		
b	Other (Describe in Part XIII.)	**4b**		
c	Add lines **4a** and **4b**		**4c**	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*		**5**	5,151,585.

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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 - FIN 48 FOOTNOTE

MANAGEMENT OF THE MISSION CONSIDERS THE LIKELIHOOD OF CHANGES BY TAXING AUTHORITIES IN ITS FILED TAX RETURNS AND RECOGNIZES A LIABILITY FOR OR DISCLOSES POTENTIAL SIGNIFICANT CHANGES IF MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT FOR A CHANGE TO OCCUR, INCLUDING CHANGES TO THE MISSION STATUS AS A NOT-FOR-PROFIT ENTITY. MANAGEMENT BELIEVES THE MISSION MET THE REQUIREMENTS TO MAINTAIN ITS TAX-EXEMPT STATUS AND HAS NO INCOME SUBJECT TO UNRELATED BUSINESS INCOME TAX; THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED IN THESE FINANCIAL STATEMENTS. THE

Part XIII **Supplemental Information** *(continued)*

PART X - FIN 48 FOOTNOTE (CONTINUED)

MISSION TAX RETURNS FOR THE PAST THREE YEARS ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES AND MAY CHANGE UPON EXAMINATION.

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization
REDWOOD GOSPEL MISSION

Employer identification number
94-6122045

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** [X] Mail solicitations
- **b** [X] Internet and email solicitations
- **c** [X] Phone solicitations
- **d** [ ] In-person solicitations
- **e** [ ] Solicitation of non-government grants
- **f** [ ] Solicitation of government grants
- **g** [ ] Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ..... [ ] **Yes** [X] **No**

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in column **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ..... ►							0.

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3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 SPECIAL EVENTS (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	210,275.			210,275.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	210,275.			210,275.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	30,926.			30,926.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				30,926.
	11 Net income summary. Subtract line 10 from line 3, column (d) ►				179,349.

Part III **Gaming.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

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		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	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) ►				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain:

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain:

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 formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ► $ _____ and the amount of gaming revenue retained by the third party ► $ _____

c If 'Yes,' enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► $ _____

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

COPY

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 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) 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)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ► **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 the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

REDWOOD GOSPEL MISSION

Employer identification number

94-6122045

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded				
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or 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				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (DONATED ITEMS)			2,630,476.	
26	Other ► ( )				
27	Other ► ( )				
28	Other ► ( )				

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29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If 'Yes,' describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If 'Yes,' describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.
► Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

REDWOOD GOSPEL MISSION

Employer identification number

94-6122045

FORM 990 - EXPLANATION OF AMENDED RETURN

AMENDED TO INCLUDE OFFICER COMPENSATION IN FULL.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE ORGANIZATIONS EXECUTIVE DIRECTOR AND ACCOUNTING MANAGER WILL REVIEW FORM 990 BEFORE FINAL APPROVAL TO FILE THE TAX RETURN.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

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.

COPY

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE BOARD OF DIRECTORS REVIEWS AND / OR APPROVES ANY COMPENSATION MATTERS CONCERNING THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUIRES TO THE MAIN OFFICE DURING NORMAL BUSINESS HOURS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ALL ARE AVAILABLE UPON REQUEST

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
DEPR. SCHEDULE ONLY										
AMORTIZATION										
62	FCB LOAN FEE REFI	8/10/13		3,295			2,087	S/L	5	549
63	LOAN FEE FREIGHTLINER	8/25/15		554			323	S/L	5	111
100	ROSE W AM REFI LOAN FEE	7/01/09		3,173			1,904	S/L	10	317
	TOTAL AMORTIZATION			7,022		0	4,314			977
AUTO / TRANSPORT EQUIPMENT										
52	FORD 2008 E350	10/27/15		9,000			1,650	S/L	5	1,800
53	FORD 2009 E350	11/14/14		8,088			1,688	S/L	5	1,618
58	MOBILE SHOWER UNIT	1/01/16		22,055			3,676	S/L	5	4,411
59	VAN MOBILE MINISTRIES	1/12/16		3,659			549	S/L	5	732
60	CHEVY VAN 2011	9/27/17		9,500				S/L	5	1,900
61	MERCEDES SPRINTER VAN	10/01/16		60,000				S/L	5	12,000
95	MITSUBISHI BOX TRUCK	2/24/16		5,175			604	S/L	5	1,035
96	FREIGHTLINER TRUCK	12/17/14		33,500			11,725	S/L	5	6,700
97	2001 GMC BOX TRUCK 1	2/22/17		8,000				S/L	5	1,600
98	2001 GMC BOX TRUCK 2	9/28/17		6,900				S/L	5	1,380
99	FORKLIFT	12/08/17		10,645				S/L	5	1,774
114	DODGE VAN 2005	10/07/13		3,789			3,032	S/L	5	757
141	GMC REF TRUCK 1996	2/14/05		16,129			16,129	S/L	5	0
	TOTAL AUTO / TRANSPORT EQUI			196,440		0	39,053			35,707
BUILDINGS										
3	MISSION BUILDING	7/01/72		44,842			40,583	S/L	50	897
4	MISSION BUILDING ADD #1	7/01/83		20,145			13,800	S/L	50	403
5	MISSION BUILDING ADD #2	7/01/84		50,113			33,324	S/L	50	1,002
6	MISSION BUILDING ADD #3	7/01/85		10,662			6,876	S/L	50	213
64	PINER ROAD BUILDING	12/18/07		2,713,007			474,776	S/L	50	54,260
101	BUILDING WILDROSE	6/01/99		248,100			85,594	S/L	50	4,962
102	WILDROSE IMPROVEMENT	7/01/01		6,186			1,887	S/L	50	124
103	LARGE STORAGE SHED	4/11/17		6,348				S/L	20	317
	TOTAL BUILDINGS			3,099,403		0	656,840			62,178

COPY

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
	FURNITURE AND FIXTURES									
20	6 WIRE RACKS	11/26/10		983			960	S/L	7	23
21	STOVE	8/05/11		990			871	S/L	7	119
22	STORAGE LOCKERS	7/24/12		727			537	S/L	7	104
23	BBQ GRILL	9/30/13		4,000			2,400	S/L	5	800
24	BEDS	12/20/13		2,030			508	S/L	7	290
25	CLASSROOM CHAIRS MENS	1/31/14		969			258	S/L	10	97
26	CHAPEL CHAIRS	1/31/14		1,107			295	S/L	10	111
27	6 STEEL RACKS	3/31/14		1,200			300	S/L	10	120
28	CHAPEL CHAIRS	4/24/14		752			182	S/L	10	75
29	WASHER	12/11/14		625			115	S/L	10	63
30	DRYER	12/11/14		598			115	S/L	10	60
31	WARMING OVEN	5/12/15		1,805			256	S/L	10	181
32	WALK IN FRIDGE	8/25/15		4,109			445	S/L	10	411
33	WASHER	2/07/15		761			127	S/L	10	76
34	NEW WASHER MISSION	10/27/15		680			125	S/L	10	68
35	COMMERCIAL DRYER MISSION	1/21/16		836				S/L	10	84
36	FREEZER COMPRESSOR	5/24/16		3,500			467	S/L	5	700
37	COOLING UNIT FOR FREEZER	5/24/16		3,931			262	S/L	5	786
38	WASHER MENS	4/30/15		819			116	S/L	10	82
54	BUG PROOF BEDDING	10/10/14		4,458			1,274	S/L	7	637
55	SLEEPING MATS NOMADIC SHL	11/01/14		3,808			1,043	S/L	7	544
56	STORAGE CONTAINER	11/07/14		1,000			128	S/L	15	67
57	PILLOWS	11/12/14		671			184	S/L	7	96
69	CAMERA SYSTEM THRIFT STOR	1/31/14		775			295	S/L	7	111
73	CANVAS BASKETS/SPRING PLA	3/15/10		1,551			1,021	S/L	10	155
74	CANOPIES & FASTENERS	6/01/11		1,359			1,036	S/L	7	129
75	GRANITE TABLE	8/01/11		518			268	S/L	10	52
76	BASKETS FOR THRIFT STORE	8/24/11		4,075			2,071	S/L	10	408
77	LARGE TENT (EVENTS)	7/16/12		2,592			1,543	S/L	7	370
78	YARD RAMP TEXTILE SHIPPIN	12/19/12		11,664			6,248	S/L	7	1,666
79	MERCHANDISE SORTING BINS	2/26/13		4,127			1,479	S/L	10	413
80	CLOTHING RACKS	4/10/13		1,654			579	S/L	10	165
81	STORAGE BIN 40'	4/16/13		4,100			1,401	S/L	10	410
82	EVENT SOUND SYSTEM	1/31/14		813			310	S/L	7	116
83	EVENT FOOD & BEVERAGE CON	1/31/14		815			311	S/L	7	116
118	STOVE HOOD	11/06/97		2,500			2,500	S/L	7	0
119	ALL OCCASION TENTS	11/17/99		6,149			6,149	S/L	7	0

COPY

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
120	TABLES	3/06/00		1,987			1,987	S/L	7	0
121	2 BUNK BEDS/MATRESSES	12/08/00		682			682	S/L	7	0
122	30 CHAIRS	11/08/00		2,430			2,430	S/L	7	0
123	WALK IN FREEZER REPAIRS	11/20/01		14,097			14,097	S/L	5	0
124	STORAGE BINS	5/05/03		8,858			8,858	S/L	7	0
125	BBQ	5/01/07		1,000			1,000	S/L	7	0
126	KITCHEN EQUIPMENT	7/01/07		2,638			2,638	S/L	7	0
127	TOOL BOX P/U	5/16/07		400			400	S/L	7	0
128	PIANO	5/01/07		592			592	S/L	7	0
129	RESTAURANT EQUIPMENT	12/19/08		918			918	S/L	7	0
130	CANOPY OUTDOOR MISSION	2/01/10		325			325	S/L	5	0
131	BAILER	2/27/97		6,795			6,795	S/L	7	0
132	FOLDING MACHINE	3/11/98		1,236			1,236	S/L	7	0
133	PALLET TRUCK	12/30/00		699			699	S/L	5	0
134	USED GONDOLAS SHELVING	9/25/08		644			644	S/L	7	0
135	SECURITY SYSTEM	2/26/09		769			769	S/L	7	0
136	25 METAL CLOTHING RACKS	9/01/09		400			400	S/L	7	0
137	3 DAY BLINDS	9/14/01		997				S/L	5	0
138	KOHLER TRACTOR	6/12/06		1,346				S/L	5	0
139	TWIN BEDS	3/21/08		1,724			1,724	S/L	7	0
140	DRYER	12/01/14		653			120	S/L	10	65
	TOTAL FURNITURE AND FIXTURE			132,241		0	82,493			9,770
	IMPROVEMENTS									
39	BATHROOM REMODELING	4/17/02		57,310			41,311	S/L	20	2,866
40	KITCHEN REMODEL MISSION	6/22/04		8,402			5,146	S/L	20	420
41	KITCHEN REMODEL MISSION 2	1/01/05		16,281			9,361	S/L	20	814
42	FIRE ALARM SYSTEM NEW WNG	11/06/12		1,620			907	S/L	7	231
43	PAVING DONATED	8/27/13		17,010			5,245	S/L	10	1,701
44	FENCING FOR BACK YARD	7/28/14		2,600			563	S/L	10	260
45	FLOORING MISSION	12/04/15		6,630			553	S/L	10	663
46	FLOORING MOISTURE PADS	12/04/15		1,435			120	S/L	10	144
47	WINDOW SCREENS DONATED	4/08/15		910			137	S/L	10	91
48	PROGRESS ROOF JUNE	5/31/18		68,621				S/L	30	762
49	PROGRESS ROOF MAY	6/30/18		37,133				S/L	30	309
50	PROGRESS HVAC TO AUG	8/31/18		88,986				S/L	30	247
51	PROGRESS ROOF REPAIR IMP	9/30/18		18,193				S/L	30	0
86	THRIFT WAREHOUSE REMODEL	9/30/11		12,238			3,671	S/L	20	612

COPY

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
87	THRIFT WAREHOUSE REMODEL2	1/31/12		17,960			5,089	S/L	20	898
88	DEVELOPEMENT OFFICE REMOD	5/01/13		6,342			1,400	S/L	20	317
89	DRESSING ROOM CONST	5/31/13		627			135	S/L	20	31
90	WAREHOUSE WALL THRIFT STO	4/28/15		6,854			828	S/L	20	343
91	DEVELOPMENT OFFICES REMOD	8/12/15		18,655			2,021	S/L	20	933
92	MIN SUPPORT OFFICE REMODE	9/03/17		52,519				S/L	20	2,626
93	MIN SUPPORT OFFICE REMODE	1/15/18		40,888				S/L	20	1,533
94	MIN SUPPORT OFFICE REMODE	5/31/18		1,304				S/L	20	22
106	ROSE BATHROOM ADDITION	9/30/07		30,556			13,750	S/L	20	1,528
107	ROSE DRIVEWAY IMPROV	7/11/07		750			694	S/L	10	0
108	ROSE BATHROOM ADDITION 2	11/15/07		48,052			21,423	S/L	20	2,403
109	ROSE DRIVEWAY IMPROV 2	11/01/07		660			589	S/L	10	6
110	ROSE REMODEL FLOORS	11/05/07		285			254	S/L	10	2
111	ROSE ASPHALT GRADING	8/16/13		14,607			4,504	S/L	10	1,461
112	ROSE FENCE	11/06/13		10,402			3,034	S/L	10	1,040
113	ROSE RENOVATIONS	9/30/17		105,146				S/L	20	5,257
148	MISSION IMPROV	7/01/73		7,993			7,993	S/L	20	0
149	MISSION IMPROV 2	7/01/75		491			491	S/L	20	0
150	MISSION IMPROV 3	7/01/76		538			538	S/L	20	0
151	MISSION IMPROV 4	7/01/77		3,271			3,271	S/L	20	0
152	MISSION IMPROV 5	7/01/82		1,872			1,872	S/L	20	0
153	MISSION IMPROV 6	7/01/85		7,500			7,500	S/L	20	0
154	MISSION IMPROV 7	12/04/98		5,560			5,560	S/L	10	0
155	ROOF IMPROVEMENTS	8/13/99		32,582			32,582	S/L	10	0
156	ROSE REMODEL FLOORS	5/15/07		22,752			22,752	S/L	10	0
	TOTAL IMPROVEMENTS			775,535		0	203,294			27,520
	LAND									
115	LAND MISSION	7/01/72		70,647						0
116	LAND PINER ROAD	12/18/07		1,200,000						0
117	LAND ROSE	6/01/99		88,215						0
	TOTAL LAND			1,358,862		0	0			0
	MACHINERY AND EQUIPMENT									
1	NOTEBOOK FOR COFFEE PROGR	3/11/16		1,121			378	S/L	5	224
2	COFFEE ROASTER	7/22/15		934			289	S/L	7	133
7	SERVER MISSION CLASS #1	12/31/13		1,000			750	S/L	5	200

COPY

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
8	SERVER MISSION CLASS #2	12/31/13		1,000			750	S/L	5	200
9	SERVER MISSION CLASS #3	12/31/13		1,000			750	S/L	5	200
10	SERVER MISSION CLASS #4	12/31/13		1,000			750	S/L	5	200
11	SERVER MISSION CLASS #5	12/31/13		1,000			750	S/L	5	200
12	5 MONITORS MISSION COMPS	12/31/13		500			375	S/L	5	100
13	14 COMPUTERS MISS CLASS	12/31/13		5,700			4,275	S/L	5	1,140
14	SERVER MISSION CLASS #6	12/31/13		1,000			750	S/L	5	200
15	MISSION CLASS 4 PRINTERS	12/31/13		400			300	S/L	5	80
16	PROJECTOR MISS CLASSROOM	12/31/13		1,200			900	S/L	5	240
17	PROJECTOR MISS CLASSROOM	12/31/13		1,200			900	S/L	5	240
18	COMPUTERS MENS CLASSROOM	1/31/14		870			638	S/L	5	174
19	CLASSROOM COMPUTER	2/02/16		1,146			401	S/L	5	229
65	AUDIT COMPUTER	10/28/11		618			608	S/L	5	0
66	NEW SERVER BCKP & BATTERY	10/01/13		1,052			631	S/L	5	210
67	COMPUTER & PHONE PORT	10/05/15		4,924			985	S/L	5	985
70	DEBIT CARD MACHINE	1/31/14		914			348	S/L	7	131
71	PROJECTOR & SCREEN	11/18/14		963			252	S/L	7	138
72	DONATION BINS THRIFT	11/08/14		874			168	S/L	10	87
84	PHONES	5/15/13		783			535	S/L	5	91
85	SAVIN COPIER	10/17/12		2,150			1,684	S/L	5	36
104	DRYER WOMENS	12/01/14		653			120	S/L	10	65
105	WASHER WOMENS	2/07/15		761			51	S/L	10	76
157	CONFERENCE TABLE	3/01/07		500			500	S/L	5	0
158	COMPUTER MONITOR	1/06/09		182			182	S/L	5	0
159	PHONE SYSTEM MISSION	4/07/10		5,500			5,500	S/L	5	0
160	MINI FLIP CAM CORDER	4/26/10		198			198	S/L	5	0
161	PRESSURE WASHER	9/26/10		328			328	S/L	5	0
162	4 DESKS	6/27/03		645			645	S/L	5	0
163	RECEPTION DESK	1/01/08		500			500	S/L	5	0
164	SHELVING	11/05/08		471			471	S/L	5	0
165	PHONE SYSTEM EXP MODULE	10/21/08		484			484	S/L	5	0
166	COMPUTER	8/01/11		779			779	S/L	5	0
167	COMPUTER 2	8/01/11		779			779	S/L	5	0
168	COMPUTER 3	8/01/11		779			779	S/L	5	0
169	COMPUTER 4	8/01/11		779			779	S/L	5	0
	TOTAL MACHINERY AND EQUIPME			44,687		0	30,262			5,579

COPY

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
	MISCELLANEOUS									
68	QB UPGRADE	8/12/14		730			527	S/L	3	0
142	METASOFT	4/23/08		5,995			5,995	S/L	3	0
143	2010 WINDOWS	12/22/10		558			558	S/L	3	0
144	QB OFFICE UPDATES	3/13/12		1,354			1,354	S/L	3	0
145	METASOFT 2	6/19/13		7,595			7,595	S/L	3	0
146	DONOR PERFECT	6/20/13		5,691			5,691	S/L	3	0
147	JOSHUA SERVER REPAIR	12/06/13		3,487				S/L	3	0
	TOTAL MISCELLANEOUS			25,410		0	21,720			0
	TOTAL DEPRECIATION			5,632,578		0	1,033,662			140,754
	GRAND TOTAL AMORTIZATION			7,022		0	4,314			977
	GRAND TOTAL DEPRECIATION			5,632,578		0	1,033,662			140,754

COPY

CLIENT 59153A **REDWOOD GOSPEL MISSION** **94-6122045**

4/19/19 10:55AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
DEPR. SCHEDULE ONLY																
AMORTIZATION																
62	FCB LOAN FEE REFI	8/10/13		3,295							3,295	2,087	S/L	5		549
63	LOAN FEE FREIGHTLINER	8/25/15		554							554	323	S/L	5		111
100	ROSE W AM REFI LOAN FEE	7/01/09		3,173							3,173	1,904	S/L	10		317
	TOTAL AMORTIZATION			7,022		0	0	0	0	0	7,022	4,314				977
AUTO / TRANSPORT EQUIPMENT																
52	FORD 2008 E350	10/27/15		9,000							9,000	1,650	S/L	5		1,800
53	FORD 2009 E350	11/14/14		8,088							8,088	1,688	S/L	5		1,618
58	MOBILE SHOWER UNIT	1/01/16		22,055							22,055	3,676	S/L	5		4,411
59	VAN MOBILE MINISTRIES	1/12/16		3,659							3,659	549	S/L	5		732
60	CHEVY VAN 2011	9/27/17		9,500							9,500		S/L	5		1,900
61	MERCEDES SPRINTER VAN	10/01/16		60,000							60,000		S/L	5		12,000
95	MITSUBISHI BOX TRUCK	2/24/16		5,175							5,175	604	S/L	5		1,035
96	FREIGHTLINER TRUCK	12/17/14		33,500							33,500	11,725	S/L	5		6,700
97	2001 GMC BOX TRUCK 1	2/22/17		8,000							8,000		S/L	5		1,600
98	2001 GMC BOX TRUCK 2	9/28/17		6,900							6,900		S/L	5		1,380
99	FORKLIFT	12/08/17		10,645							10,645		S/L	5		1,774
114	DODGE VAN 2005	10/07/13		3,789							3,789	3,032	S/L	5		757
141	GMC REF TRUCK 1996	2/14/05		16,129							16,129	16,129	S/L	5		0
	TOTAL AUTO / TRANSPORT EQUIP			196,440		0	0	0	0	0	196,440	39,053				35,707

COPY

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
	BUILDINGS															
3	MISSION BUILDING	7/01/72		44,842							44,842	40,583	S/L	50		897
4	MISSION BUILDING ADD #1	7/01/83		20,145							20,145	13,800	S/L	50		403
5	MISSION BUILDING ADD #2	7/01/84		50,113							50,113	33,324	S/L	50		1,002
6	MISSION BUILDING ADD #3	7/01/85		10,662							10,662	6,876	S/L	50		213
64	PINER ROAD BUILDING	12/18/07		2,713,007							2,713,007	474,776	S/L	50		54,260
101	BUILDING WILDROSE	6/01/99		248,100							248,100	85,594	S/L	50		4,962
102	WILDROSE IMPROVEMENT	7/01/01		6,186							6,186	1,887	S/L	50		124
103	LARGE STORAGE SHED	4/11/17		6,348							6,348		S/L	20		317
	TOTAL BUILDINGS			3,099,403		0	0	0	0	0	3,099,403	656,840				62,178
	FURNITURE AND FIXTURES															
20	6 WIRE RACKS	11/26/10		983							983	960	S/L	7		23
21	STOVE	8/05/11		990							990	871	S/L	7		119
22	STORAGE LOCKERS	7/24/12		727							727	537	S/L	7		104
23	BBQ GRILL	9/30/13		4,000							4,000	2,400	S/L	5		800
24	BEDS	12/20/13		2,030							2,030	508	S/L	7		290
25	CLASSROOM CHAIRS MENS	1/31/14		969							969	258	S/L	10		97
26	CHAPEL CHAIRS	1/31/14		1,107							1,107	295	S/L	10		111
27	6 STEEL RACKS	3/31/14		1,200							1,200	300	S/L	10		120
28	CHAPEL CHAIRS	4/24/14		752							752	182	S/L	10		75
29	WASHER	12/11/14		625							625	115	S/L	10		63
30	DRYER	12/11/14		598							598	115	S/L	10		60
31	WARMING OVEN	5/12/15		1,805							1,805	256	S/L	10		181
32	WALK IN FRIDGE	8/25/15		4,109							4,109	445	S/L	10		411

COPY

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
33	WASHER	2/07/15		761							761	127	S/L	10		76
34	NEW WASHER MISSION	10/27/15		680							680	125	S/L	10		68
35	COMMERCIAL DRYER MISSION	1/21/16		836							836		S/L	10		84
36	FREEZER COMPRESSOR	5/24/16		3,500							3,500	467	S/L	5		700
37	COOLING UNIT FOR FREEZER	5/24/16		3,931							3,931	262	S/L	5		786
38	WASHER MENS	4/30/15		819							819	116	S/L	10		82
54	BUG PROOF BEDDING	10/10/14		4,458							4,458	1,274	S/L	7		637
55	SLEEPING MATS NOMADIC SHL	11/01/14		3,808							3,808	1,043	S/L	7		544
56	STORAGE CONTAINER	11/07/14		1,000							1,000	128	S/L	15		67
57	PILLOWS	11/12/14		671							671	184	S/L	7		96
69	CAMERA SYSTEM THRIFT STOR	1/31/14		775							775	295	S/L	7		111
73	CANVAS BASKETS/SPRING PLA	3/15/10		1,551							1,551	1,021	S/L	10		155
74	CANOPIES & FASTENERS	6/01/11		1,359							1,359	1,036	S/L	7		129
75	GRANITE TABLE	8/01/11		518							518	268	S/L	10		52
76	BASKETS FOR THRIFT STORE	8/24/11		4,075							4,075	2,071	S/L	10		408
77	LARGE TENT (EVENTS)	7/16/12		2,592							2,592	1,543	S/L	7		370
78	YARD RAMP TEXTILE SHIPPIN	12/19/12		11,664							11,664	6,248	S/L	7		1,666
79	MERCHANDISE SORTING BINS	2/26/13		4,127							4,127	1,479	S/L	10		413
80	CLOTHING RACKS	4/10/13		1,654							1,654	579	S/L	10		165
81	STORAGE BIN 40'	4/16/13		4,100							4,100	1,401	S/L	10		410
82	EVENT SOUND SYSTEM	1/31/14		813							813	310	S/L	7		116
83	EVENT FOOD & BEVERAGE CON	1/31/14		815							815	311	S/L	7		116
118	STOVE HOOD	11/06/97		2,500							2,500	2,500	S/L	7		0
119	ALL OCCASION TENTS	11/17/99		6,149							6,149	6,149	S/L	7		0
120	TABLES	3/06/00		1,987							1,987	1,987	S/L	7		0
121	2 BUNK BEDS/MATRESSES	12/08/00		682							682	682	S/L	7		0
122	30 CHAIRS	11/08/00		2,430							2,430	2,430	S/L	7		0

COPY

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123	WALK IN FREEZER REPAIRS	11/20/01		14,097							14,097	14,097	S/L	5		0
124	STORAGE BINS	5/05/03		8,858							8,858	8,858	S/L	7		0
125	BBQ	5/01/07		1,000							1,000	1,000	S/L	7		0
126	KITCHEN EQUIPMENT	7/01/07		2,638							2,638	2,638	S/L	7		0
127	TOOL BOX P/U	5/16/07		400							400	400	S/L	7		0
128	PIANO	5/01/07		592							592	592	S/L	7		0
129	RESTAURANT EQUIPMENT	12/19/08		918							918	918	S/L	7		0
130	CANOPY OUTDOOR MISSION	2/01/10		325							325	325	S/L	5		0
131	BAILER	2/27/97		6,795							6,795	6,795	S/L	7		0
132	FOLDING MACHINE	3/11/98		1,236							1,236	1,236	S/L	7		0
133	PALLET TRUCK	12/30/00		699							699	699	S/L	5		0
134	USED GONDOLAS SHELVING	9/25/08		644							644	644	S/L	7		0
135	SECURITY SYSTEM	2/26/09		769							769	769	S/L	7		0
136	25 METAL CLOTHING RACKS	9/01/09		400							400	400	S/L	7		0
137	3 DAY BLINDS	9/14/01		997							997		S/L	5		0
138	KOHLER TRACTOR	6/12/06		1,346							1,346		S/L	5		0
139	TWIN BEDS	3/21/08		1,724							1,724	1,724	S/L	7		0
140	DRYER	12/01/14		653							653	120	S/L	10		65
	TOTAL FURNITURE AND FIXTURE			132,241		0	0	0	0	0	132,241	82,493				9,770
	IMPROVEMENTS															
39	BATHROOM REMODELING	4/17/02		57,310							57,310	41,311	S/L	20		2,866
40	KITCHEN REMODEL MISSION	6/22/04		8,402							8,402	5,146	S/L	20		420
41	KITCHEN REMODEL MISSION 2	1/01/05		16,281							16,281	9,361	S/L	20		814
42	FIRE ALARM SYSTEM NEW WNG	11/06/12		1,620							1,620	907	S/L	7		231
43	PAVING DONATED	8/27/13		17,010							17,010	5,245	S/L	10		1,701

COPY

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44	FENCING FOR BACK YARD	7/28/14		2,600							2,600	563	S/L	10		260
45	FLOORING MISSION	12/04/15		6,630							6,630	553	S/L	10		663
46	FLOORING MOISTURE PADS	12/04/15		1,435							1,435	120	S/L	10		144
47	WINDOW SCREENS DONATED	4/08/15		910							910	137	S/L	10		91
48	PROGRESS ROOF JUNE	5/31/18		68,621							68,621		S/L	30		762
49	PROGRESS ROOF MAY	6/30/18		37,133							37,133		S/L	30		309
50	PROGRESS HVAC TO AUG	8/31/18		88,986							88,986		S/L	30		247
51	PROGRESS ROOF REPAIR IMP	9/30/18		18,193							18,193		S/L	30		0
86	THRIFT WAREHOUSE REMODEL	9/30/11		12,238							12,238	3,671	S/L	20		612
87	THRIFT WAREHOUSE REMODEL2	1/31/12		17,960							17,960	5,089	S/L	20		898
88	DEVELOPEMENT OFFICE REMOD	5/01/13		6,342							6,342	1,400	S/L	20		317
89	DRESSING ROOM CONST	5/31/13		627							627	135	S/L	20		31
90	WAREHOUSE WALL THRIFT STO	4/28/15		6,854							6,854	828	S/L	20		343
91	DEVELOPMENT OFFICES REMOD	8/12/15		18,655							18,655	2,021	S/L	20		933
92	MIN SUPPORT OFFICE REMODE	9/03/17		52,519							52,519		S/L	20		2,626
93	MIN SUPPORT OFFICE REMODE	1/15/18		40,888							40,888		S/L	20		1,533
94	MIN SUPPORT OFFICE REMODE	5/31/18		1,304							1,304		S/L	20		22
106	ROSE BATHROOM ADDITION	9/30/07		30,556							30,556	13,750	S/L	20		1,528
107	ROSE DRIVEWAY IMPROV	7/11/07		750							750	694	S/L	10		0
108	ROSE BATHROOM ADDITION 2	11/15/07		48,052							48,052	21,423	S/L	20		2,403
109	ROSE DRIVEWAY IMPROV 2	11/01/07		660							660	589	S/L	10		6
110	ROSE REMODEL FLOORS	11/05/07		285							285	254	S/L	10		2
111	ROSE ASPHALT GRADING	8/16/13		14,607							14,607	4,504	S/L	10		1,461
112	ROSE FENCE	11/06/13		10,402							10,402	3,034	S/L	10		1,040
113	ROSE RENOVATIONS	9/30/17		105,146							105,146		S/L	20		5,257
148	MISSION IMPROV	7/01/73		7,993							7,993	7,993	S/L	20		0
149	MISSION IMPROV 2	7/01/75		491							491	491	S/L	20		0

COPY

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150	MISSION IMPROV 3	7/01/76		538							538	538	S/L	20		0
151	MISSION IMPROV 4	7/01/77		3,271							3,271	3,271	S/L	20		0
152	MISSION IMPROV 5	7/01/82		1,872							1,872	1,872	S/L	20		0
153	MISSION IMPROV 6	7/01/85		7,500							7,500	7,500	S/L	20		0
154	MISSION IMPROV 7	12/04/98		5,560							5,560	5,560	S/L	10		0
155	ROOF IMPROVEMENTS	8/13/99		32,582							32,582	32,582	S/L	10		0
156	ROSE REMODEL FLOORS	5/15/07		22,752							22,752	22,752	S/L	10		0
	TOTAL IMPROVEMENTS			775,535		0	0	0	0	0	775,535	203,294				27,520
	LAND															
115	LAND MISSION	7/01/72		70,647							70,647					0
116	LAND PINER ROAD	12/18/07		1,200,000							1,200,000					0
117	LAND ROSE	6/01/99		88,215							88,215					0
	TOTAL LAND			1,358,862		0	0	0	0	0	1,358,862	0				0
	MACHINERY AND EQUIPMENT															
1	NOTEBOOK FOR COFFEE PROGR	3/11/16		1,121							1,121	378	S/L	5		224
2	COFFEE ROASTER	7/22/15		934							934	289	S/L	7		133
7	SERVER MISSION CLASS #1	12/31/13		1,000							1,000	750	S/L	5		200
8	SERVER MISSION CLASS #2	12/31/13		1,000							1,000	750	S/L	5		200
9	SERVER MISSION CLASS #3	12/31/13		1,000							1,000	750	S/L	5		200
10	SERVER MISSION CLASS #4	12/31/13		1,000							1,000	750	S/L	5		200
11	SERVER MISSION CLASS #5	12/31/13		1,000							1,000	750	S/L	5		200
12	5 MONITORS MISSION COMPS	12/31/13		500							500	375	S/L	5		100
13	14 COMPUTERS MISS CLASS	12/31/13		5,700							5,700	4,275	S/L	5		1,140

COPY

CLIENT 59153A REDWOOD GOSPEL MISSION 94-6122045

4/19/19 10:55AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
14	SERVER MISSION CLASS #6	12/31/13		1,000							1,000	750	S/L	5		200
15	MISSION CLASS 4 PRINTERS	12/31/13		400							400	300	S/L	5		80
16	PROJECTOR MISS CLASSROOM	12/31/13		1,200							1,200	900	S/L	5		240
17	PROJECTOR MISS CLASSROOM	12/31/13		1,200							1,200	900	S/L	5		240
18	COMPUTERS MENS CLASSROOM	1/31/14		870							870	638	S/L	5		174
19	CLASSROOM COMPUTER	2/02/16		1,146							1,146	401	S/L	5		229
65	AUDIT COMPUTER	10/28/11		618							618	608	S/L	5		0
66	NEW SERVER BCKP & BATTERY	10/01/13		1,052							1,052	631	S/L	5		210
67	COMPUTER & PHONE PORT	10/05/15		4,924							4,924	985	S/L	5		985
70	DEBIT CARD MACHINE	1/31/14		914							914	348	S/L	7		131
71	PROJECTOR & SCREEN	11/18/14		963							963	252	S/L	7		138
72	DONATION BINS THRIFT	11/08/14		874							874	168	S/L	10		87
84	PHONES	5/15/13		783							783	535	S/L	5		91
85	SAVIN COPIER	10/17/12		2,150							2,150	1,684	S/L	5		36
104	DRYER WOMENS	12/01/14		653							653	120	S/L	10		65
105	WASHER WOMENS	2/07/15		761							761	51	S/L	10		76
157	CONFERENCE TABLE	3/01/07		500							500	500	S/L	5		0
158	COMPUTER MONITOR	1/06/09		182							182	182	S/L	5		0
159	PHONE SYSTEM MISSION	4/07/10		5,500							5,500	5,500	S/L	5		0
160	MINI FLIP CAM CORDER	4/26/10		198							198	198	S/L	5		0
161	PRESSURE WASHER	9/26/10		328							328	328	S/L	5		0
162	4 DESKS	6/27/03		645							645	645	S/L	5		0
163	RECEPTION DESK	1/01/08		500							500	500	S/L	5		0
164	SHELVING	11/05/08		471							471	471	S/L	5		0
165	PHONE SYSTEM EXP MODULE	10/21/08		484							484	484	S/L	5		0
166	COMPUTER	8/01/11		779							779	779	S/L	5		0
167	COMPUTER 2	8/01/11		779							779	779	S/L	5		0

COPY

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
168	COMPUTER 3	8/01/11		779							779	779	S/L	5		0
169	COMPUTER 4	8/01/11		779							779	779	S/L	5		0
	TOTAL MACHINERY AND EQUIPME			44,687		0	0	0	0	0	44,687	30,262				5,579
	MISCELLANEOUS															
68	QB UPGRADE	8/12/14		730							730	527	S/L	3		0
142	METASOFT	4/23/08		5,995							5,995	5,995	S/L	3		0
143	2010 WINDOWS	12/22/10		558							558	558	S/L	3		0
144	QB OFFICE UPDATES	3/13/12		1,354							1,354	1,354	S/L	3		0
145	METASOFT 2	6/19/13		7,595							7,595	7,595	S/L	3		0
146	DONOR PERFECT	6/20/13		5,691							5,691	5,691	S/L	3		0
147	JOSHUA SERVER REPAIR	12/06/13		3,487							3,487		S/L	3		0
	TOTAL MISCELLANEOUS			25,410		0	0	0	0	0	25,410	21,720				0
	TOTAL DEPRECIATION			5,632,578		0	0	0	0	0	5,632,578	1,033,662				140,754
	GRAND TOTAL AMORTIZATION			7,022		0	0	0	0	0	7,022	4,314				977
	GRAND TOTAL DEPRECIATION			5,632,578		0	0	0	0	0	5,632,578	1,033,662				140,754

COPY

CLIENT 59153A **REDWOOD GOSPEL MISSION** **94-6122045**

4/19/19 10:55AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
DEPR. SCHEDULE ONLY																
AMORTIZATION																
62	FCB LOAN FEE REFI	8/10/13		3,295							3,295	2,636	S/L	5		0
63	LOAN FEE FREIGHTLINER	8/25/15		554							554	434	S/L	5		111
100	ROSE W AM REFI LOAN FEE	7/01/09		3,173							3,173	2,221	S/L	10		238
	TOTAL AMORTIZATION			7,022		0	0	0	0	0	7,022	5,291				349
AUTO / TRANSPORT EQUIPMENT																
52	FORD 2008 E350	10/27/15		9,000							9,000	3,450	S/L	5		1,800
53	FORD 2009 E350	11/14/14		8,088							8,088	3,306	S/L	5		1,618
58	MOBILE SHOWER UNIT	1/01/16		22,055							22,055	8,087	S/L	5		4,411
59	VAN MOBILE MINISTRIES	1/12/16		3,659							3,659	1,281	S/L	5		732
60	CHEVY VAN 2011	9/27/17		9,500							9,500	1,900	S/L	5		1,900
61	MERCEDES SPRINTER VAN	10/01/16		60,000							60,000	12,000	S/L	5		12,000
95	MITSUBISHI BOX TRUCK	2/24/16		5,175							5,175	1,639	S/L	5		1,035
96	FREIGHTLINER TRUCK	12/17/14		33,500							33,500	18,425	S/L	5		6,700
97	2001 GMC BOX TRUCK 1	2/22/17		8,000							8,000	1,600	S/L	5		1,600
98	2001 GMC BOX TRUCK 2	9/28/17		6,900							6,900	1,380	S/L	5		1,380
99	FORKLIFT	12/08/17		10,645							10,645	1,774	S/L	5		2,129
114	DODGE VAN 2005	10/07/13		3,789							3,789	3,789	S/L	5		0
141	GMC REF TRUCK 1996	2/14/05		16,129							16,129	16,129	S/L	5		0
	TOTAL AUTO / TRANSPORT EQUIP			196,440		0	0	0	0	0	196,440	74,760				35,305

COPY

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
	BUILDINGS															
3	MISSION BUILDING	7/01/72		44,842							44,842	41,480	S/L	50		897
4	MISSION BUILDING ADD #1	7/01/83		20,145							20,145	14,203	S/L	50		403
5	MISSION BUILDING ADD #2	7/01/84		50,113							50,113	34,326	S/L	50		1,002
6	MISSION BUILDING ADD #3	7/01/85		10,662							10,662	7,089	S/L	50		213
64	PINER ROAD BUILDING	12/18/07		2,713,007							2,713,007	529,036	S/L	50		54,260
101	BUILDING WILDROSE	6/01/99		248,100							248,100	90,556	S/L	50		4,962
102	WILDROSE IMPROVEMENT	7/01/01		6,186							6,186	2,011	S/L	50		124
103	LARGE STORAGE SHED	4/11/17		6,348							6,348	317	S/L	20		317
	TOTAL BUILDINGS			3,099,403		0	0	0	0	0	3,099,403	719,018				62,178
	FURNITURE AND FIXTURES															
20	6 WIRE RACKS	11/26/10		983							983	983	S/L	7		0
21	STOVE	8/05/11		990							990	990	S/L	7		0
22	STORAGE LOCKERS	7/24/12		727							727	641	S/L	7		86
23	BBQ GRILL	9/30/13		4,000							4,000	3,200	S/L	5		0
24	BEDS	12/20/13		2,030							2,030	798	S/L	7		290
25	CLASSROOM CHAIRS MENS	1/31/14		969							969	355	S/L	10		97
26	CHAPEL CHAIRS	1/31/14		1,107							1,107	406	S/L	10		111
27	6 STEEL RACKS	3/31/14		1,200							1,200	420	S/L	10		120
28	CHAPEL CHAIRS	4/24/14		752							752	257	S/L	10		75
29	WASHER	12/11/14		625							625	178	S/L	10		63
30	DRYER	12/11/14		598							598	175	S/L	10		60
31	WARMING OVEN	5/12/15		1,805							1,805	437	S/L	10		181
32	WALK IN FRIDGE	8/25/15		4,109							4,109	856	S/L	10		411

COPY

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33	WASHER	2/07/15		761							761	203	S/L	10		76
34	NEW WASHER MISSION	10/27/15		680							680	193	S/L	10		68
35	COMMERCIAL DRYER MISSION	1/21/16		836							836	84	S/L	10		84
36	FREEZER COMPRESSOR	5/24/16		3,500							3,500	1,167	S/L	5		700
37	COOLING UNIT FOR FREEZER	5/24/16		3,931							3,931	1,048	S/L	5		786
38	WASHER MENS	4/30/15		819							819	198	S/L	10		82
54	BUG PROOF BEDDING	10/10/14		4,458							4,458	1,911	S/L	7		637
55	SLEEPING MATS NOMADIC SHL	11/01/14		3,808							3,808	1,587	S/L	7		544
56	STORAGE CONTAINER	11/07/14		1,000							1,000	195	S/L	15		67
57	PILLOWS	11/12/14		671							671	280	S/L	7		96
69	CAMERA SYSTEM THRIFT STOR	1/31/14		775							775	406	S/L	7		111
73	CANVAS BASKETS/SPRING PLA	3/15/10		1,551							1,551	1,176	S/L	10		155
74	CANOPIES & FASTENERS	6/01/11		1,359							1,359	1,165	S/L	7		0
75	GRANITE TABLE	8/01/11		518							518	320	S/L	10		52
76	BASKETS FOR THRIFT STORE	8/24/11		4,075							4,075	2,479	S/L	10		408
77	LARGE TENT (EVENTS)	7/16/12		2,592							2,592	1,913	S/L	7		309
78	YARD RAMP TEXTILE SHIPPIN	12/19/12		11,664							11,664	7,914	S/L	7		1,666
79	MERCHANDISE SORTING BINS	2/26/13		4,127							4,127	1,892	S/L	10		413
80	CLOTHING RACKS	4/10/13		1,654							1,654	744	S/L	10		165
81	STORAGE BIN 40'	4/16/13		4,100							4,100	1,811	S/L	10		410
82	EVENT SOUND SYSTEM	1/31/14		813							813	426	S/L	7		116
83	EVENT FOOD & BEVERAGE CON	1/31/14		815							815	427	S/L	7		116
118	STOVE HOOD	11/06/97		2,500							2,500	2,500	S/L	7		0
119	ALL OCCASION TENTS	11/17/99		6,149							6,149	6,149	S/L	7		0
120	TABLES	3/06/00		1,987							1,987	1,987	S/L	7		0
121	2 BUNK BEDS/MATRESSES	12/08/00		682							682	682	S/L	7		0
122	30 CHAIRS	11/08/00		2,430							2,430	2,430	S/L	7		0

COPY

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123	WALK IN FREEZER REPAIRS	11/20/01		14,097							14,097	14,097	S/L	5		0
124	STORAGE BINS	5/05/03		8,858							8,858	8,858	S/L	7		0
125	BBQ	5/01/07		1,000							1,000	1,000	S/L	7		0
126	KITCHEN EQUIPMENT	7/01/07		2,638							2,638	2,638	S/L	7		0
127	TOOL BOX P/U	5/16/07		400							400	400	S/L	7		0
128	PIANO	5/01/07		592							592	592	S/L	7		0
129	RESTAURANT EQUIPMENT	12/19/08		918							918	918	S/L	7		0
130	CANOPY OUTDOOR MISSION	2/01/10		325							325	325	S/L	5		0
131	BAILER	2/27/97		6,795							6,795	6,795	S/L	7		0
132	FOLDING MACHINE	3/11/98		1,236							1,236	1,236	S/L	7		0
133	PALLET TRUCK	12/30/00		699							699	699	S/L	5		0
134	USED GONDOLAS SHELVING	9/25/08		644							644	644	S/L	7		0
135	SECURITY SYSTEM	2/26/09		769							769	769	S/L	7		0
136	25 METAL CLOTHING RACKS	9/01/09		400							400	400	S/L	7		0
137	3 DAY BLINDS	9/14/01		997							997		S/L	5		0
138	KOHLER TRACTOR	6/12/06		1,346							1,346		S/L	5		0
139	TWIN BEDS	3/21/08		1,724							1,724	1,724	S/L	7		0
140	DRYER	12/01/14		653							653	185	S/L	10		65
	TOTAL FURNITURE AND FIXTURE			132,241		0	0	0	0	0	132,241	92,263				8,620
	IMPROVEMENTS															
39	BATHROOM REMODELING	4/17/02		57,310							57,310	44,177	S/L	20		2,866
40	KITCHEN REMODEL MISSION	6/22/04		8,402							8,402	5,566	S/L	20		420
41	KITCHEN REMODEL MISSION 2	1/01/05		16,281							16,281	10,175	S/L	20		814
42	FIRE ALARM SYSTEM NEW WNG	11/06/12		1,620							1,620	1,138	S/L	7		231
43	PAVING DONATED	8/27/13		17,010							17,010	6,946	S/L	10		1,701

COPY

CLIENT 59153A REDWOOD GOSPEL MISSION 94-6122045

4/19/19 10:55AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
44	FENCING FOR BACK YARD	7/28/14		2,600							2,600	823	S/L	10		260
45	FLOORING MISSION	12/04/15		6,630							6,630	1,216	S/L	10		663
46	FLOORING MOISTURE PADS	12/04/15		1,435							1,435	264	S/L	10		144
47	WINDOW SCREENS DONATED	4/08/15		910							910	228	S/L	10		91
48	PROGRESS ROOF JUNE	5/31/18		68,621							68,621	762	S/L	30		2,287
49	PROGRESS ROOF MAY	6/30/18		37,133							37,133	309	S/L	30		1,238
50	PROGRESS HVAC TO AUG	8/31/18		88,986							88,986	247	S/L	30		2,966
51	PROGRESS ROOF REPAIR IMP	9/30/18		18,193							18,193		S/L	30		606
86	THRIFT WAREHOUSE REMODEL	9/30/11		12,238							12,238	4,283	S/L	20		612
87	THRIFT WAREHOUSE REMODEL2	1/31/12		17,960							17,960	5,987	S/L	20		898
88	DEVELOPEMENT OFFICE REMOD	5/01/13		6,342							6,342	1,717	S/L	20		317
89	DRESSING ROOM CONST	5/31/13		627							627	166	S/L	20		31
90	WAREHOUSE WALL THRIFT STO	4/28/15		6,854							6,854	1,171	S/L	20		343
91	DEVELOPMENT OFFICES REMOD	8/12/15		18,655							18,655	2,954	S/L	20		933
92	MIN SUPPORT OFFICE REMODE	9/03/17		52,519							52,519	2,626	S/L	20		2,626
93	MIN SUPPORT OFFICE REMODE	1/15/18		40,888							40,888	1,533	S/L	20		2,044
94	MIN SUPPORT OFFICE REMODE	5/31/18		1,304							1,304	22	S/L	20		65
106	ROSE BATHROOM ADDITION	9/30/07		30,556							30,556	15,278	S/L	20		1,528
107	ROSE DRIVEWAY IMPROV	7/11/07		750							750	694	S/L	10		0
108	ROSE BATHROOM ADDITION 2	11/15/07		48,052							48,052	23,826	S/L	20		2,403
109	ROSE DRIVEWAY IMPROV 2	11/01/07		660							660	595	S/L	10		0
110	ROSE REMODEL FLOORS	11/05/07		285							285	256	S/L	10		0
111	ROSE ASPHALT GRADING	8/16/13		14,607							14,607	5,965	S/L	10		1,461
112	ROSE FENCE	11/06/13		10,402							10,402	4,074	S/L	10		1,040
113	ROSE RENOVATIONS	9/30/17		105,146							105,146	5,257	S/L	20		5,257
148	MISSION IMPROV	7/01/73		7,993							7,993	7,993	S/L	20		0
149	MISSION IMPROV 2	7/01/75		491							491	491	S/L	20		0

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150	MISSION IMPROV 3	7/01/76		538							538	538	S/L	20		0
151	MISSION IMPROV 4	7/01/77		3,271							3,271	3,271	S/L	20		0
152	MISSION IMPROV 5	7/01/82		1,872							1,872	1,872	S/L	20		0
153	MISSION IMPROV 6	7/01/85		7,500							7,500	7,500	S/L	20		0
154	MISSION IMPROV 7	12/04/98		5,560							5,560	5,560	S/L	10		0
155	ROOF IMPROVEMENTS	8/13/99		32,582							32,582	32,582	S/L	10		0
156	ROSE REMODEL FLOORS	5/15/07		22,752							22,752	22,752	S/L	10		0
	TOTAL IMPROVEMENTS			775,535		0	0	0	0	0	775,535	230,814				33,845
	LAND															
115	LAND MISSION	7/01/72		70,647							70,647					0
116	LAND PINER ROAD	12/18/07		1,200,000							1,200,000					0
117	LAND ROSE	6/01/99		88,215							88,215					0
	TOTAL LAND			1,358,862		0	0	0	0	0	1,358,862	0				0
	MACHINERY AND EQUIPMENT															
1	NOTEBOOK FOR COFFEE PROGR	3/11/16		1,121							1,121	602	S/L	5		224
2	COFFEE ROASTER	7/22/15		934							934	422	S/L	7		133
7	SERVER MISSION CLASS #1	12/31/13		1,000							1,000	950	S/L	5		50
8	SERVER MISSION CLASS #2	12/31/13		1,000							1,000	950	S/L	5		50
9	SERVER MISSION CLASS #3	12/31/13		1,000							1,000	950	S/L	5		50
10	SERVER MISSION CLASS #4	12/31/13		1,000							1,000	950	S/L	5		50
11	SERVER MISSION CLASS #5	12/31/13		1,000							1,000	950	S/L	5		50
12	5 MONITORS MISSION COMPS	12/31/13		500							500	475	S/L	5		25
13	14 COMPUTERS MISS CLASS	12/31/13		5,700							5,700	5,415	S/L	5		285

COPY

CLIENT 59153A REDWOOD GOSPEL MISSION 94-6122045

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
14	SERVER MISSION CLASS #6	12/31/13		1,000							1,000	950	S/L	5		50
15	MISSION CLASS 4 PRINTERS	12/31/13		400							400	380	S/L	5		20
16	PROJECTOR MISS CLASSROOM	12/31/13		1,200							1,200	1,140	S/L	5		60
17	PROJECTOR MISS CLASSROOM	12/31/13		1,200							1,200	1,140	S/L	5		60
18	COMPUTERS MENS CLASSROOM	1/31/14		870							870	812	S/L	5		58
19	CLASSROOM COMPUTER	2/02/16		1,146							1,146	630	S/L	5		229
65	AUDIT COMPUTER	10/28/11		618							618	608	S/L	5		0
66	NEW SERVER BCKP & BATTERY	10/01/13		1,052							1,052	841	S/L	5		0
67	COMPUTER & PHONE PORT	10/05/15		4,924							4,924	1,970	S/L	5		985
70	DEBIT CARD MACHINE	1/31/14		914							914	479	S/L	7		131
71	PROJECTOR & SCREEN	11/18/14		963							963	390	S/L	7		138
72	DONATION BINS THRIFT	11/08/14		874							874	255	S/L	10		87
84	PHONES	5/15/13		783							783	626	S/L	5		0
85	SAVIN COPIER	10/17/12		2,150							2,150	1,720	S/L	5		0
104	DRYER WOMENS	12/01/14		653							653	185	S/L	10		65
105	WASHER WOMENS	2/07/15		761							761	127	S/L	10		76
157	CONFERENCE TABLE	3/01/07		500							500	500	S/L	5		0
158	COMPUTER MONITOR	1/06/09		182							182	182	S/L	5		0
159	PHONE SYSTEM MISSION	4/07/10		5,500							5,500	5,500	S/L	5		0
160	MINI FLIP CAM CORDER	4/26/10		198							198	198	S/L	5		0
161	PRESSURE WASHER	9/26/10		328							328	328	S/L	5		0
162	4 DESKS	6/27/03		645							645	645	S/L	5		0
163	RECEPTION DESK	1/01/08		500							500	500	S/L	5		0
164	SHELVING	11/05/08		471							471	471	S/L	5		0
165	PHONE SYSTEM EXP MODULE	10/21/08		484							484	484	S/L	5		0
166	COMPUTER	8/01/11		779							779	779	S/L	5		0
167	COMPUTER 2	8/01/11		779							779	779	S/L	5		0

COPY

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168	COMPUTER 3	8/01/11		779							779	779	S/L	5		0
169	COMPUTER 4	8/01/11		779							779	779	S/L	5		0
	TOTAL MACHINERY AND EQUIPME			44,687		0	0	0	0	0	44,687	35,841				2,876
	MISCELLANEOUS															
68	QB UPGRADE	8/12/14		730							730	527	S/L	3		0
142	METASOFT	4/23/08		5,995							5,995	5,995	S/L	3		0
143	2010 WINDOWS	12/22/10		558							558	558	S/L	3		0
144	QB OFFICE UPDATES	3/13/12		1,354							1,354	1,354	S/L	3		0
145	METASOFT 2	6/19/13		7,595							7,595	7,595	S/L	3		0
146	DONOR PERFECT	6/20/13		5,691							5,691	5,691	S/L	3		0
147	JOSHUA SERVER REPAIR	12/06/13		3,487							3,487		S/L	3		0
	TOTAL MISCELLANEOUS			25,410		0	0	0	0	0	25,410	21,720				0
	TOTAL DEPRECIATION			5,632,578		0	0	0	0	0	5,632,578	1,174,416				142,824
	GRAND TOTAL AMORTIZATION			7,022		0	0	0	0	0	7,022	5,291				349
	GRAND TOTAL DEPRECIATION			5,632,578		0	0	0	0	0	5,632,578	1,174,416				142,824

COPY