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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
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
REDWOOD MEMORIAL FOUNDATION
% JONI MURPHY
Doing business as

Number and street (or P O box if mail is not delivered to street address) 3300 RENNER DRIVE
Room/suite

City or town, state or province, country, and ZIP or foreign postal code
FORTUNA, CA 95540

D Employer identification number
94-2779313

E Telephone number
(707) 269-4259

G Gross receipts $ 357,255

F Name and address of principal officer
JOHN MONTGOMERY MD
3300 RENNER DRIVE
FORTUNA, CA 95540

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0928

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW REDWOODMEMORIAL ORG/FOUNDATIONS/RMF

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1981

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO EXTEND THE HEALING MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE BY CONTINUALLY IMPROVING THE HEALTH AND QUALITY OF LIFE IN THE COMMUNITIES WE SERVE

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**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	29
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**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	203,218	203,381
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,704	150
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	176,588	111,199
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	406,510	314,730
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,418,548	657,900
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,909		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	0	13,704
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,418,548	671,604
19	Revenue less expenses Subtract line 18 from line 12	-1,012,038	-356,874

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,441,665	2,152,919
21	Total liabilities (Part X, line 26)	85,417	34,725
22	Net assets or fund balances Subtract line 21 from line 20	2,356,248	2,118,194

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: 2018-05-14

ROBERTA LUSKIN-HAWK MD CHIEF EXECUTIVE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KARA ADAMS	KARA ADAMS			P00023315

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ 18101 VON KARMAN AVE STE 1700
IRVINE, CA 92612

Phone no (949) 794-2300

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ 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

SEE SCHEDULE O

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 $ 657,900 including grants of $ 657,900) (Revenue $ 0)

See Additional Data

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 ▶** 657,900

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
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		No
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	Yes	
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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		No
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	Yes	
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		No

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**		No
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**	Yes	
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**	Yes	
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**	Yes	
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**		No
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**		No
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**		No
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**		No
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**		No
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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
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**	Yes	
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**		No
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**		No
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**	Yes	

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**	0		
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**		
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**	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**		No
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**		No
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**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
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**		No
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**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
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**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
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**		
9a	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? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
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**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

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

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	22		
	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	19		
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
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	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		No

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		No
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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	15a		No
b	Other officers or key employees of the organization	15b		No
	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		No
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		

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 Form 1023 (or 1024 if applicable), 990, and 990-T (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)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶JONI MURPHY 2700 DOLBEER ST EUREKA, CA 95501 (707) 445-8121

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See 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, or 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) ERIN DUNN BOARD MEMBER	2 0 0 0	X						0	0	0
(2) ERIN FLYER BOARD MEMBER	2 0 0 0	X						0	0	0
(3) DAVID MORRIS BOARD MEMBER	2 0 0 0	X						0	0	0
(4) JOSHUA ALLEE BM/VP Miss Integ SJHE/RMH (PY)	2 0 50 0	X						0	269,051	17,330
(5) STEPHANIE DITTMER MD BOARD MEMBER	2 0 0 0	X						0	0	0
(6) KEITH BORGES BOARD MEMBER	2 0 0 0	X						0	0	0
(7) MAILE FEUERMAN BOARD MEMBER/SECRETARY	2 0 0 0	X		X				0	0	0
(8) BECKY GIACOMINI BOARD MEMBER	2 0 0 0	X						0	0	0
(9) LAURIE GARRISON BOARD MEMBER	2 0 40 0	X						0	179,559	23,885
(10) MARY JOHNSON BOARD MEMBER	2 0 0 0	X						0	0	0
(11) DENNIS LEONARDI BOARD MEMBER	2 0 8 0	X						0	0	0
(12) BEN MCWHORTER BOARD MEMBER/VICE PRESIDENT	2 0 0 0	X		X				0	0	0
(13) CHRISTOPHER WALTER DO BOARD MEMBER	2 0 0 0	X						0	0	0
(14) PAMELA MURPHY BOARD MEMBER	2 0 0 0	X						0	0	0
(15) SAM SULLIVAN BOARD MEMBER	2 0 0 0	X						0	0	0
(16) TOM ROSS BOARD MEMBER	2 0 0 0	X						0	0	0
(17) JENNIFER RENNER BOARD MEMBER	2 0 0 0	X						0	0	0

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 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			
(18) KAREN PARLATO	2 0									
BOARD MEMBER	0 0	X						0	0	0
(19) DAVID O'BRIEN MD	7 0									
Bd Mbr/CEO SJHE/RMH (Prt Year)	50 0	X						0	874,136	44,573
(20) JULIE MALVEY	2 0									
BM/VP Mission Integ SJHE/RMH	50 0	X						0	144,038	33,673
(21) DAVID SOUTHERLAND	7 0									
Board Member/VP, COO SJHE/RMH	50 0	X						0	374,583	19,394
(22) RICHARD CENTER	2 0									
BOARD MEMBER	2 0	X						0	0	0
(23) JOHN MONTGOMERY MD	2 0									
BOARD PRESIDENT	0 0	X		X				0	0	0
(24) LISA HUMMEL	2 0									
BOARD MEMBER/TREASURER	0 0	X		X				0	0	0
(25) PAUL MCGINTY	40 0									
EXECUTIVE DIRECTOR	0 0			X				0	203,431	33,236
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								0	2,044,798	172,091

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**		No
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**	Yes	
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**		No

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
NONE,		

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	26,766			
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	176,615			
	g Noncash contributions included in lines 1a-1f $ 26,766				
	h **Total.** Add lines 1a-1f . . . . . ▶	203,381			
Program Service Revenue		Business Code			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a–2f . . . . ▶	0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	150			150
	4 Income from investment of tax-exempt bond proceeds ▶	0			
	5 Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal			
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)	0 / 0			
	d Net rental income or (loss) . . . . . ▶	0			
		(i) Securities / (ii) Other			
	7a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) . . . . . ▶	0			
	8a Gross income from fundraising events (not including $ 26,766 of contributions reported on line 1c) See Part IV, line 18 . . . . a	153,724			
	b Less direct expenses . . . b	42,525			
	c Net income or (loss) from fundraising events . . ▶	111,199			111,199
	9a Gross income from gaming activities See Part IV, line 19 . . . a	0			
	b Less direct expenses . . . b	0			
	c Net income or (loss) from gaming activities . . ▶	0			
	10a Gross sales of inventory, less returns and allowances . . a	0			
	b Less cost of goods sold . . b	0			
	c Net income or (loss) from sales of inventory . . ▶	0			
	Miscellaneous Revenue	Business Code			
	11a				
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a–11d . . . . . ▶	0			
	12 **Total revenue.** See Instructions . . . . . ▶	314,730			111,349

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	652,450	652,450		
2 Grants and other assistance to domestic individuals See Part IV, line 22	5,450	5,450		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	0	0	0	0
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	0	0	0	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	0	0	0	0
10 Payroll taxes	0	0	0	0
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	0	0	0	0
c Accounting	0	0	0	0
d Lobbying	0	0	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,795	0	11,795	0
12 Advertising and promotion	0	0	0	0
13 Office expenses	1,909	0		1,909
14 Information technology	0	0	0	0
15 Royalties . .	0	0	0	0
16 Occupancy	0	0	0	0
17 Travel	0	0	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0	0	0	0
19 Conferences, conventions, and meetings	0	0	0	0
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization . .	0	0	0	0
23 Insurance . . .	0	0	0	0
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				
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	671,604	657,900	11,795	1,909
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)	0			

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	477,600	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 116,045			
	b	Less accumulated depreciation — 10b: 0	116,045	10c	116,045
	11	Investments—publicly traded securities	1,848,020	11	2,036,874
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,441,665	16	2,152,919
Liabilities	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	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	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	85,417	25	34,725
	26	**Total liabilities.** Add lines 17 through 25	85,417	26	34,725
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	874,450	27	114,220
	28	Temporarily restricted net assets	1,481,798	28	2,003,974
	29	Permanently restricted net assets	0	29	0
		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	2,356,248	33	2,118,194
	34	Total liabilities and net assets/fund balances	2,441,665	34	2,152,919

Part XI Reconcilliation 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	314,730
2	Total expenses (must equal Part IX, column (A), line 25)	2	671,604
3	Revenue less expenses Subtract line 2 from line 1	3	-356,874
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,356,248
5	Net unrealized gains (losses) on investments	5	140,775
6	Donated services and use of facilities	6	5,645
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-27,600
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,118,194

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		No
	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		No
	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		
	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		No
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		

Additional Data

Software ID:
Software Version:
EIN: 94-2779313
Name: REDWOOD MEMORIAL FOUNDATION

Form 990 (2016)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134105568

SCHEDULE A (Form 990 or 990EZ)

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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
REDWOOD MEMORIAL FOUNDATION

Employer identification number
94-2779313

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 ☐ 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 **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)
Total						

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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	579,550	130,107	134,647	203,218	203,381	1,250,903
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	579,550	130,107	134,647	203,218	203,381	1,250,903
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)						592,867
6 **Public support.** Subtract line 5 from line 4						658,036

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	579,550	130,107	134,647	203,218	203,381	1,250,903
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	143,869	64,791	69,524	26,704	150	305,038
9 Net income from unrelated business activities, whether or not the business is regularly carried on	113,643	196,743	310,053	176,588	111,199	908,226
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11 **Total support.** Add lines 7 through 10						2,464,167

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 2016 (line 6, column (f) divided by line 11, column (f))	**14**	26 704 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	**15**	26 472 %

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)						

Section B. Total Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 on line 12 of 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 line 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		

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		

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 **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)	1		
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		

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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, SECTION C, LINE 17A	REDWOOD MEMORIAL FOUNDATION HAS A CALCULATED PUBLIC SUPPORT PERCENTAGE FOR TAX YEAR 2016 O F 26 59 PERCENT, WHICH IS BELOW THE 33 1/3 PERCENTAGE REQUIRED UNDER THE PUBLIC SUPPORT TE ST REDWOOD MEMORIAL FOUNDATION MEETS THE 10 PERCENT FACTS AND CIRCUMSTANCES TEST AS THE R ESULT OF THE FACT THAT THE TOTAL AMOUNT OF GOVERNMENTAL AND PUBLIC SUPPORT NORMALLY RECEIV ED BY REDWOOD MEMORIAL FOUNDATION IS GREATER THAN 10 PERCENT OF THE TOTAL SUPPORT IT NORMA LLY RECEIVES (26 59% FOR THE CURRENT TAX YEAR AND 26 47% FOR THE PRIOR TAX YEAR) REDWOOD MEMORIAL FOUNDATION HAS A CONTINUOUS AND WELL DEVELOPED PROGRAM FOR SOLICITATION OF CHARIT ABLE CONTRIBUTIONS FROM THE GENERAL PUBLIC AND PUBLIC CHARITIES THE ORGANIZATION RECEIVES DONATIONS FROM HUNDREDS OF ITS COMMUNITY RESIDENTS ALONG WITH OTHER MEMBERS OF THE GENERA L PUBLIC AND PUBLIC CHARITIES AT THE CORE OF ITS PROGRAM IS DEDICATED FUNDRAISING STAFF F OCUSED ON DEVELOPING INITIATIVES AND PROGRAMS TO ATTRACT POTENTIAL DONORS TO REDWOOD MEMOR IAL FOUNDATION EACH YEAR, SPECIAL FUNDRAISING EVENTS ARE HELD WITHIN THE COMMUNITY EVENT S HELD DURING THE CURRENT YEAR INCLUDE A BENEFIT BALL AND ALSO A GOLF OUTING IN ADDITION TO THE SPECIAL EVENTS, THE ORGANIZATION HAS SET UP A SITE WHICH ALLOWS SECURE ONLINE DONAT IONS THE SECURE ONLINE SITE ALLOWS REDWOOD MEMORIAL FOUNDATION TO REACH A BROADER BASE OF SUPPORTERS REDWOOD MEMORIAL FOUNDATION RECEIVES CONTRIBUTIONS FROM A WIDE-BASE OF SUPPOR TERS AS EVIDENCED BY THE TOTAL AMOUNT OF CONTRIBUTIONS RECEIVED DURING THE YEAR REDWOOD M EMORIAL FOUNDATION IS GOVERNED BY A DIVERSE BOARD WITH KNOWLEDGE AND EXPERTISE IN AREAS IM PORTANT TO REDWOOD MEMORIAL FOUNDATION'S MISSION AND OPERATIONS AND WHICH REPRESENTS THE B ROADER INTERESTS OF THE GENERAL PUBLIC THE BOARD OF DIRECTORS CONSISTS OF RESIDENTS WITHI N THE EEL RIVER VALLEY WHO SHARE THE COMMON GOAL TO DO ALL THEY CAN TO HELP, SUPPORT, AND IMPROVE THE COMMUNITY

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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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
REDWOOD MEMORIAL FOUNDATION

Employer identification number
94-2779313

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) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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 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 8/17/06, and not on a historic structure listed in the National Register	2d

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.

1a 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	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a 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 in 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
1a 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					

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%

3a 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 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
1a Land	116,045	0		116,045
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				116,045

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

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

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

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

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

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

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE TO AFFILIATES	34,725
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	34,725

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 ☐

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	
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	
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	

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	
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	
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	

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

Return Reference	Explanation	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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, lines 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
REDWOOD MEMORIAL FOUNDATION

Employer identification number
94-2779313

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 ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ 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** ☐ **No**

b If "Yes," list the ten 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 col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		▶					

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.

Revenue		(a) Event #1 BENEFIT BALL (event type)	(b) Event #2 GOLF (event type)	(c) Other events 0 (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	139,506	40,984		180,490
	2 Less Contributions	26,766	0		26,766
	3 Gross income (line 1 minus line 2)	112,740	40,984		153,724
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,006	11,211		13,217
	7 Food and beverages	9,808			9,808
	8 Entertainment	900			900
	9 Other direct expenses	14,770	3,830		18,600
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				42,525
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				111,199

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	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 _____

10a 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

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 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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
REDWOOD MEMORIAL FOUNDATION

Employer identification number
94-2779313

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☐ Yes ☑ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) REDWOOD MEMORIAL HOSPITAL 3300 RENNER DRIVE FORTUNA, CA 95540	94-1384665	501(c)(3)	652,450				PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	12	5,450			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	DESCRIPTION OF PROCEDURES FOR MONITORING USE OF GRANTS DONATIONS TO OTHER ORGANIZATIONS ARE APPROVED BY MANAGEMENT TO ENSURE THEY SUPPORT THE MISSION OF REDWOOD MEMORIAL FOUNDATION WE DO NOT MONITOR DONATIONS MADE

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
REDWOOD MEMORIAL FOUNDATION

Employer identification number
94-2779313

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOSHUA ALLEE BM/VP Miss Integ SJHE/RMH (PY)	(i)	0	0	0	0	0	0	0
	(ii)	179,890	72,760	16,401	7,860	9,470	286,381	0
2 LAURIE GARRISON BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	169,323	5,530	4,706	14,976	8,909	203,444	0
3 DAVID O'BRIEN MD Bd Mbr/CEO SJHE/RMH (Prt Year)	(i)	0	0	0	0	0	0	0
	(ii)	432,098	371,997	70,041	18,550	26,023	918,709	0
4 JULIE MALVEY BM/VP Mission Integ SJHE/RMH	(i)	0	0	0	0	0	0	0
	(ii)	120,652	18,879	4,507	11,279	22,394	177,711	0
5 DAVID SOUTHERLAND Board Member/VP, COO SJHE/RMH	(i)	0	0	0	0	0	0	0
	(ii)	263,857	85,744	24,982	10,355	9,039	393,977	0
6 PAUL MCGINTY EXECUTIVE DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	145,486	42,400	15,545	7,259	25,977	236,667	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 3	THE ORGANIZATION'S EXECUTIVE DIRECTOR IS PAID BY ST JOSEPH HOSPITAL OF EUREKA, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION SEE SCHEDULE O, PART VI, LINE 15A FOR THE PROCESS USED BY ST JOSEPH HOSPITAL OF EUREKA
SCHEDULE J, PART I, LINE 4B	BEGINNING IN JULY 2016, NEW EXECUTIVES PARTICIPATE IN A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN THE PLAN PROVIDES FOR EMPLOYER CONTRIBUTIONS BASED ON A PERCENTAGE OF EXECUTIVE BASE SALARY AND ARE SUBJECT TO A FIVE YEAR OR AGE 65 VESTING SCHEDULE EXECUTIVES PREVIOUSLY PARTICIPATED IN ANOTHER NON-QUALIFIED DEFERRED COMPENSATION PLAN THAT WAS FROZEN EFFECTIVE DECEMBER 2007, AFTER WHICH TIME NO FURTHER CONTRIBUTIONS WERE PERMITTED THIS FROZEN PLAN WILL CEASE TO EXIST ONCE ALL BENEFITS HAVE BEEN DISTRIBUTED IN ACCORDANCE WITH PROVISIONS OF THE PLAN NO EMPLOYEES RECEIVED PAYMENTS FROM THESE PLANS DURING THE YEAR

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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.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
REDWOOD MEMORIAL FOUNDATION

Employer identification number
94-2779313

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 ▶ (GENERAL MERCHANDISE)	X	74	24,956	COST/SELLING PRICE
26 Other ▶ (MEALS)	X	1	1,600	COST/SELLING PRICE
27 Other ▶ (JEWELRY)	X	3	210	COST/SELLING PRICE
28 Other ▶ (_____)				

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 is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not 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.

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)	THE AMOUNTS IN THIS COLUMN REPRESENT THE NUMBER OF CONTRIBUTIONS

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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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
REDWOOD MEMORIAL FOUNDATION

Employer identification number
94-2779313

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	ORGANIZATION'S MISSION THE MISSION OF REDWOOD MEMORIAL FOUNDATION IS TO DEVELOP AND MANAGE ALL RESOURCES AND ASSETS OF THE FOUNDATION IN SUPPORT OF REDWOOD MEMORIAL HOSPITAL'S HEALTH CARE MISSION AND GOALS THE FOUNDATION PROMOTES PARTICIPATION IN DEVELOPING AND MAINTAINING A POSITIVE RELATIONSHIP BETWEEN OUR COMMUNITY, HEALTH CARE PROVIDERS AND REDWOOD MEMORIAL HOSPITAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	ST JOSEPH HEALTH SYSTEM THE SISTERS OF ST JOSEPH OF ORANGE TRACE THEIR ROOTS BACK TO 17T H CENTURY FRANCE AND THE UNIQUE VISION OF A JESUIT PRIEST NAMED JEAN-PIERRE MEDAILLE HE S OUGHT TO ORGANIZE AN ORDER OF RELIGIOUS WOMEN WHO, RATHER THAN REMAINING SAFELY CLOISTERED IN A CONVENT, VENTURED OUT INTO THE COMMUNITY TO SEEK OUT "THE DEAR NEIGHBORSMINISTER TO THEIR NEEDS THE CONGREGATION MANAGED TO SURVIVE THE TURBULENCE OF THE FRENCH REVOLUTION A ND EVENTUALLY EXPANDED, NOT ONLY THROUGHOUT FRANCE, BUT THROUGHOUT THE WORLD IN 1912 A SM ALL GROUP OF SISTERS OF ST JOSEPH WENT TO EUREKA, CALIFORNIA, AT THE INVITATION OF THE LO CAL BISHOP, TO ESTABLISH A SCHOOL A FEW YEARS LATER, THE GREAT INFLUENZA EPIDEMIC OF 1918 CAUSED THE SISTERS TO TEMPORARILY SET ASIDE THEIR EDUCATION EFFORTS TO CARE FOR THE ILL THEY REALIZED IMMEDIATELY THAT THE SMALL COMMUNITY DESPERATELY NEEDED A HOSPITAL THROUGH BOLD FAITH, FORESIGHT, AND FLEXIBLITY IN 1920, THE SISTERS OPENED THE 28-BED ST JOSEPH HO SPITAL OF EUREKA, THE FIRST ST JOSEPH HEALTH SYSTEM MINISTRY PROVIDENCE ST JOSEPH HEALT H ON JULY 1, 2016, PROVIDENCE HEALTH SERVICES (PHS) AND ST JOSEPH HEALTH SYSTEM (SJHS) EN TERED INTO A BUSINESS COMBINATION AGREEMENT, THE PURPOSE OF WHICH WAS TO BETTER SERVE BOTH ORGANIZATION'S COMMUNITIES, MAINTAIN STRONG TRADITIONS OF CATHOLIC HEALTHCARE, AND PROVID E GREATER AFFORDABILITY AND ACCESS TO HEALTHCARE SERVICES AS PART OF THE BUSINESS COMBINA TION, PHS AND SJHS ALIGNED UNDER A SINGLE PARENT CORPORATION, PROVIDENCE ST JOSEPH HEALTH , WITH A CONSOLIDATED BOARD OF DIRECTORS AND COSPONSORSHIP FROM THE PUBLIC JURIDIC PERSONS PROVIDENCE MINISTRIES AND ST JOSEPH HEALTH MINISTRY REALIZING OUR MISSION A PART OF ST JOSPEH HEALTH, REDWOOD MEMORIAL FOUNDATION HAS BEEN DIRECTLY SUPPORTING REDWOOD MEMORIAL HOSPITAL IN MEETING THE HEALTH AND QUALITY OF LIFE NEEDS OF THE LOCAL COMMUNITY FOR OVER 3 5 YEARS SERVING THE COMMUNITIES OF EUREKA, FORTUNA, FERNDALE, LOLETA RIO DELL AND THROUGH OUT THE EEL RIVER VALLEY AND INTO SOUTHERN HUMBOLDT COUNTY, REDWOOD MEMORIAL HOSPITAL IS A CRITICAL CARE ACCESS HOSPITAL THAT PROVIDES QUALITY CARE IN THE AREAS OF EMERGENCY MEDICI NE, HOLISTIC AND PATIENT CENTERED CARE, DIAGNOSTIC IMAGING, CANCER PROGRAM AND OBSTETRICS AS WELL AS COMMUNITY-BASED PROGRAMS AND RESOURCE CENTERS FOCUSED ON PREVENTION, HEALTH PRO MOTION, OUTREACH, CARE COORDINATION AND COMMUNITY BUILDING WITH OVER 210 EMPLOYEES COMMIT TED TO REALIZING THE MISSION, REDWOOD MEMORIAL HOSPITAL IS ONE OF THE LARGEST EMPLOYERS IN THE HUMBOLDT REGION AS A MEMBER OF THE ST JOSEPH HEALTH SYSTEM, REDWOOD MEMORIAL FOUNDA TION IS COMMITTED TO EXTEND THE HEALING MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE THIS MISSION HAS GUIDED OUR CATHOLIC HEALTHCARE MINISTRY SINCE TH E OPENING OF OUR FIRST HOSPITAL IN EUREKA, CALIFORNIA NEARLY 100 YEARS AGO REDWOOD MEMORI AL FOUNDATION SUPPORTS REDWOOD MEMORIAL HOSPITAL REDWOOD MEMORIAL FOUNDATION CONTRIBUTED $1,150,308 TO REDWOOD MEMORIAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	HOSPITAL IN FY17 REDWOOD MEMORIAL HOSPITAL BELIEVES THAT NO ONE SHOULD DELAY SEEKING NEE DED MEDICAL CARE BECAUSE THEY LACK HEALTH INSURANCE THAT IS WHY REDWOOD MEMORIAL HOSPITAL HAS A PATIENT FINANCIAL ASSISTANCE PROGRAM (FAP) THAT PROVIDES FREE OR DISCOUNTED SERVICE S TO ELIGIBLE PATIENTS IN FY17, REDWOOD MEMORIAL HOSPITAL PROVIDED $567,489 IN FREE AND D ISCOUNTED CARE MEDICAID PROGRAM REDWOOD MEMORIAL HOSPITAL PROVIDED ACCESS TO UNINSURED AN D UNDERINSURED PERSONS BY PARTICIPATING IN THE FEDERAL AND STATE SPONSORED MEDICAID PROGRA M IN FY17, REDWOOD MEMORIAL HOSPITAL PROVIDED $1,869,295 IN MEDICAID SHORTFALL PROGRAM S ERVICE ACCOMPLISHMENTS IN ADDITION TO PROGRAMS HIGHLIGHTED ABOVE, REDWOOD MEMORIAL HOPSITA L, WITH THE SUPPORT OF REDWOOD MEMORIAL FOUNDATION, OFFERS THE FOLLOWING THREE PROGAMS CO MMUNITY RESOURCE CENTERS (CRCS) THE COMMUNITY RESOURCE CENTERS (CRC) ARE A COMMUNITY BENEF IT PROGRAM OF REDWOOD MEMORIAL HOSPITAL AND PROVIDE RESOURCE AND REFERRAL SERVICES COUNTY- WIDE THROUGH FIVE PLACE-BASED COMMUNITY CENTERS IN DIFFERENT PARTS OF HUMBOLDT COUNTY (WIL LOW CREEK, BLUE LAKE, EUREKA, LOLETA AND RIO DELL) THEIR FOCUS IS ON PROVIDING SERVICES F OR LOW-INCOME FAMILIES AND INDIVIDUALS SUCH AS EMERGENCY FOOD PANTRIES, TRANSPORTATION ASS ISTANCE, EMPLOYMENT INFORMATION AND ASSISTANCE APPLYING FOR CALFRESH, MEDI-CAL, AND WOMEN, INFANT AND CHILDRENS (WIC) AMONG OTHER MEANS-TESTED GOVERNMENT PROGRAMS THEY ALSO WORK T O BUILD COMMUNITY AND PREVENT SOCIAL ISOLATION IN OUR RURAL SERVICE AREA BY HOSTING COMMUN ITY DINNERS AND WELLNESS AND SAFETY EVENTS SUCH AS BICYCLE RODEOS, PLAYGROUPS FOR KIDS AGE 0-5 YEARS OLD AND THEIR CAREGIVERS, AND MENTAL ILLNESS STIGMA REDUCTION SUPPORT GROUPS E ACH RESOURCE CENTER IS SIMILAR IN PURPOSE AND SCOPE, BUT TAILORED TO MEET THE SPECIFIC NEE DS OF THE COMMUNITY IT SERVES CARE TRANSITIONS PROGRAM THE CARE TRANSITIONS PROGRAM AT RE DWOOD MEMORIAL HOSPITAL, HOUSED WITHIN THE REDWOOD MEMORIAL HOSPITAL COMMUNITY BENEFIT DEP ARTMENT, FOCUSES ON COMMUNITY-BASED INTERVENTIONS FOR HIGH-RISK PATIENTS RECENTLY DISCHARG ED FROM AN IN-PATIENT SETTING THE EMERGENCY DEPARTMENT IS NOT A SETTING TO REECEIVE TIMEL Y AND EFFECTIVE PRIMARY MEDICAL CARE AND/OR SOCIAL SERVICES THE MULTI-DISCIPLINARY TEAM O F NURSE, SOCIAL WORKER AND HEALTH COACH PROVIDE TRANSITIONAL SUPPORT TO HOMELESS PATIENTS RECOVERING IN ONE OF OUR RESPITE BEDS AT HEALING RING, A CLEAN AND SOBER HOUSE A SECOND N URSE WORKS WITH FREQUENT UTILIZERS OF THE EMERGENCY DEPARTMENT TO CONNECT THEM WITH PRIMAR Y CARE AND THE SUPPORT SERVICES THEY NEED WHILE TRYING TO DETERMINE THE ROOT CAUSE OF THEI R EMERGENCY DEPARTMENT OVERUSE IN FY17 TEN ADDITIONAL BEDS BECAME AVAILABLE TO HOMELESS P ATIENTS NEEDING EXTRA TIME TO RECOVER AFTER A HOSPITAL STAY CASH DONATIONS OR SPONSORSHIP FOR THE POOR THROUGHOUT FY17, REDWOOD MEMORIAL HOSPITAL, MADE SEVERAL CASH DONATIONS TO B ENEFIT NON-PROFIT ORGANIZATIONS, PROGRAMS OR ACTIVITIES TARGETED FOR POOR AND VULNERABLE P ERSONS LIVING IN HUMBOLDT AND

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	THE SURROUNDING COUNTIES A FEW EXAMPLES OF DONATIONS MADE INCLUDE SUPPORTING FOOD FOR PE OPLE, THE AREAS LARGEST FOOD BANK THAT HAS 16 PANTRY SITES THROUGHOUT THE COUNTY AND SERVE S MORE THAN 12,000 PEOPLE PER MONTH, SUPPORTING THE HUMBOLDT SENIOR RESOURCE CENTER FOR TH EIR HOME DELIVERED MEAL PROGRAMS TO LOW-INCOME, HOMEBOUND SENIORS THIS PROGRAM DELIVERS F ROZEN MEALS FOR THE WEEK AND PROVIDES A MUCH NEED SOCIAL CHECK BY THE DRIVER ANOTHER DONA TION WAS MADE TO OPEN DOOR COMMUNITY HEALTH CENTERS TO HELP THEM EXPAND ACCESS TO CARE IN THE EEL RIVER VALLEY AND TO INTEGRATE MENTAL HEALTH SERVICES WITH PRIMARY CARE WE MADE SE VERAL SMALLER DONATIONS TO SUPPORT THE PURCHASE OF DENTAL SUPPLIES FOR KIDS, TO PREVENT AD VERSE CHILDHOOD EXPERIENCES, TO PROVIDE BASIC NEEDS TO THE HOMELESS AND TO SUPPORT OUR GOV ERNMENT PARTNERS WITH THE POINT IN TIME COUNT WE ALSO MADE A CASH DONATION TO THE ST JOS EPH HEALTH COMMUNITY PARTNERSHIP FUND TO SUPPORT GRANT INITIATIVES TARGETED AT IMPROVING T HE HEALTH CONDITION OF LOW-INCOME AND UNDER SERVED RESIDENTS LIVING IN THE COMMUNITIES WE SERVE FOR MORE INFORMATION ABOUT REDWOOD MEMORIAL FOUNDATION, PLEASE VISIT WWW REDWOODMEM ORIAL ORG/FOUNDATIONS/RMF FOR MORE INFORMATION ABOUT ST JOSEPH HEALTH SYSTEM, PLEASE VIS IT WWW STJHS ORG FOR MORE INFORMATION ABOUT PROVIDENCE ST JOSEPH HEALTH, PLEASE VISIT ww w psjhealth org

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, LINES 11F AND 12B & PART XII, LINE 2B	REDWOOD MEMORIAL FOUNDATION WAS INCLUDED IN CONSOLIDATED, INDEPENDENT AUDITED FINANCIAL STATEMENTS FOR PROVIDENCE ST JOSEPH HEALTH FOR THE PERIOD ENDED DECEMBER 31, 2017 AS SUCH, AUDITED FINANCIAL STATEMENTS WERE NOT PREPARED FOR THE TAX YEAR ENDED JUNE 30, 2017 THE REPORTING ORGANIZATION WILL CHANGE ITS TAX YEAR END TO DECEMBER 31 FOR 2017 FORM 990, PART VI, LINE 6 DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS Redwood Memorial Hospital IS THE SOLE CORPORATE MEMBER OF REDWOOD MEMORIAL FOUNDATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS REDWOOD MEMORIAL FOUNDATION HAS A TIERED GOVERNANCE IN WHICH THE CORPORATE MEMBERS RESERVE THE RIGHT TO APPOINT TRUSTEES TO THE REDWOOD MEMORIAL FOUNDATION BOARD ALL TRUSTEE APPOINTMENTS THAT COME FROM THE REDWOOD MEMORIAL FOUNDATION BOARD AS NOMINATIONS MUST BE APPROVED BY THE Redwood Memorial Hospital, AS THE CORPORATE MEMBER, AND THE ST JOSEPH HEALTH MINISTRY, AS THE ORGANIZATIONAL SPONSOR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING THE RESERVED RIGHTS IN OUR TIERED GOVERNANCE STRUCTURE CONTEMPLATE APPROVAL BY THE ST JOSEPH HEALTH SYSTEM MEMBER OF FINANCING, BUDGETS, UNBUDGETED EXPENDITURES OF DEFINED AMOUNTS, STRATEGIC PLAN, APPOINTMENT OF AUDITORS, CREATION OR INVESTMENT IN A LEGALLY RECOGNIZED ENTITY, JOINT VENTURES, PURPOSES, SALE OR DISPOSITION OF REAL PROPERTY, MERGER OR SALE OF SUBSTANTIALLY ALL ASSETS, APPOINTMENT AND REMOVAL OF TRUSTEES, ADOPTION OR AMENDMENT OF ARTICLES OR BYLAWS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	PROCESS USED TO REVIEW THE FORM 990 THE FORM 990 WAS PREPARED BY THE FINANCE DEPARTMENT BASED ON INFORMATION RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION AND WAS REVIEWED BY AN OFFICER OF THE ORGANIZATION A COPY OF THE FORM 990 WAS DISTRIBUTED TO ALL VOTING MEMBERS OF THE BOARD AT THE APRIL 2018 MEETING DURING THE FINANCE COMMITTEE MEETING, MANAGEMENT PRESENTED AND DISCUSSED CERTAIN DISCLOSURES AND INFORMATION INCLUDED IN THE FORM 990 THE FINANCE COMMITTEE CHAIR THEN PROVIDED A SUMMARY AT THE FULL BOARD MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	MONITORING ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY OFFICERS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE THE EXISTENCE AND NATURE OF ANY ACTUAL, APPARENT, OR POTENTIAL CONFLICTS OF INTEREST HE/SHE MAY HAVE THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT IN CONNECTION WITH THAT INDIVIDUAL SATISFYING THEIR FIDUCIARY OBLIGATIONS TO THE ORGANIZATION DISCLOSURES SHALL BE MADE PROMPTLY ANY TIME AN ACTUAL, APPARENT OR POTENTIAL CONFLICT OF INTEREST ARISES AND BEFORE THE CONSUMMATION OF ANY CONTRACT, TRANSACTION OR ARRANGEMENT THAT IS THE SUBJECT OF THE POTENTIAL CONFLICT OF INTEREST WITH GUIDANCE FROM THE ST JOSEPH HEALTH SYSTEM CHIEF COMPLIANCE OFFICER (CCO), THE CHIEF EXECUTIVE AND/OR THE GOVERNING BOARD CHAIRPERSON, AS APPROPRIATE, CONSIDERS THE MATTER INITIALLY IF THE MATTER CANNOT BE RESOLVED AT THAT LEVEL, THE MATTER IS ESCALATED TO THE CCO THE CCO, IN CONSULTATION WITH THE ST JOSEPH HEALTH SYSTEM GENERAL COUNSEL, REVIEWS THE MATTER AND PRESENTS RECOMMENDATIONS TO THE GOVERNING BOARD AND/OR BOARD COMMITTEE, AS APPROPRIATE, FOR DISCUSSION AND VOTE THE INDIVIDUAL WHOSE POTENTIAL CONFLICT IS BEING REVIEWED MAY BE REQUESTED TO BE PRESENT DURING ANY MEETING IN WHICH THE BOARD OR BOARD COMMITTEE CONDUCTS ITS EVALUATION BUT SHALL BE EXCUSED FOR ANY DISCUSSION OR VOTE ONCE ALL NECESSARY INFORMATION HAS BEEN OBTAINED, THE COMMITTEE CONDUCTS ITS EVALUATION AND FORWARDS ITS FINDINGS AND RECOMMENDATIONS TO THE SJHS CHIEF COMPLIANCE OFFICER IF THE COMMITTEE DETERMINES AN UNRESOLVED CONFLICT OF INTEREST EXISTS, THE COMMITTEE WILL EVALUATE AND RECOMMEND CONFLICT MITIGATION STRATEGIES THE SJHS CHIEF COMPLIANCE OFFICER, IN CONSULTATION WITH SJHS GENERAL COUNSEL, WILL REVIEW THE COMMITTEE FINDINGS, RECOMMENDATIONS, AND MITIGATION STRATEGIES, AND PRESENT RECOMMENDATIONS TO THE BOARD FOR DISCUSSION AND VOTE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	It is St Joseph Health System's intention to make financial information accessible and tr ansparent Although the filing of Form 990 provides insight into how St Joseph Health Sys tem achieves its Mission, delivers its programs and stewards its finances, deciphering the information directly from Form 990 can be challenging The following paragraphs provide f urther information about the process we use to determine compensation for top management, officers and key employees St Joseph Health System has a single fiduciary Board, with re sponsibility for financial oversight associated with fulfillment of the St Joseph Health System Mission, developing system policies, protecting the assets entrusted to the organiz ation and overseeing the strategic and operational affairs of St Joseph Health System's l egal entities St Joseph Health System also maintains a network of community ministry boa rds with responsibility for quality of care oversight, community relations, advocacy and c ommunity needs assessments St Joseph Health System has a consistent compensation philoso phy for all of its officers, including our senior executives Salaries for senior executiv es are reviewed by the Providence St Joseph Health Committee and approved by the full Boa rd of Directors, none of whom is a St Joseph Health System employee The Board retains an independent consultant each year to review salaries of those in the most significant lead ership roles in the organization Part of the consultant's role is to review an extensive array of compensation surveys of large, not-for-profit health care systems in the United S tates St Joseph Health System is one of the larger health systems in the country, and as such, the Board benchmarks executive compensation against other large, not-for-profit hea lth systems whose revenue is similar to that of St Joseph Health System Additionally, St Joseph Health Systems labor market continues to spread across health care and into gener al industry Because of this, St Joseph Health System also takes into consideration gener al industry for-profit market data, where applicable Base salaries for St Joseph Health System executives are generally targeted to the median level of the market, as identified by the independent consultant and reviewed with the Executive Compensation Committee The President/CEO utilizes the market information provided by the consultant along with formal performance evaluations, to determine salary recommendations for other senior executives This process includes a rigorous analysis of those recommendations with the Executive Com pensation Committee as a part of the review and approval process Performance incentives a llow executives to earn additional compensation if they achieve specific organizational go als for furthering St Joseph Health System operating commitments and strategic objectives The Board of Directors conducts a thorough process to ensure performance incentives are aligned with appropriate marke

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	t practices The Board's process for executive compensation fully complies with IRS standa rds and mirrors best practices THIS PROCESS WAS LAST COMPLETED IN SEPTEMBER 2016

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST THE SJHS COMMUNITY BENEFIT REPORTS, FINANCIAL REPORTS, AND PHILANTHROPY REPORTS ARE ALSO AVAILABLE ON THE SJHS INTERNET SITE REDWOOD MEMORIAL FOUNDATION AUDITED FINANCIAL STATEMENTS ARE ATTACHED TO FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS UNCOLLECTIBLE PLEDGES $27,600

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
REDWOOD MEMORIAL FOUNDATION

Employer identification number
94-2779313

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Redwood Memorial Hospital	B	652,450	Accrual
(2) Redwood Memorial Hospital	O	310,240	Accrual

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART III	IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP ADVANCED SURGERY INSTITUTE, LLC EIN 26-2299255 ADDRESS 1739 4TH STREET, SANTA ROSA, CA 95404 COVENANT LONG-TERM CARE, LP EIN 20-5033419 ADDRESS 4000 24TH STREET, LUBBOCK, TX 79410 HERITAGE INVESTMENT GROUP I, LLC EIN 27-1000061 ADDRESS 500 S MAIN STREET, STE 1000, ORANGE, CA 92868 HOAG ORTHOPEDIC INSTITUTE EIN 61-1588294 ADDRESS 1 HOAG DRIVE, BOX 6100, NEWPORT BEACH, CA 92658 METHODIST DIAGNOSTIC IMAGING EIN 75-2343261 ADDRESS 4005 24TH STREET, LUBBOCK, TX 79410 NEWPORT IMAGING CENTER EIN 33-0191776 ADDRESS 360 SAN MIGUEL, NEWPORT BEACH, CA 92660 SHA, LLC EIN 75-2569094 ADDRESS 12940 NORTH HIGHWAY 183, AUSTIN, TX 78750 ST JOSEPH PHYSICIAN VENTURES I, LLC EIN 45-4521884 ADDRESS 1100 WEST STEWART DRIVE, ORANGE, CA 92868 NORTH BAY ENDOSCOPY CENTER, LLC EIN 61-1559876 ADDRESS 1383 N MCDOWELL BLVD, STE 110, PETALUMA, CA 94954 SOUTHERN CALIFORNIA SURGERY CENTER, LLC EIN 33-0939000 ADDRESS 18321 VENTURA BLVD, STE 740, TARZANA, CA 91356 COASTAL ASC HOLDINGS LLC EIN 81-0986844 ADDRESS 1 HOAG DRIVE, BOX 6100, NEWPORT BEACH, CA 92664 ST JOSEPH/SATELLITE DIALYSIS CENTERS, LLC EIN 81-4657391 ADDRESS 300 SANTANA ROW, STE 300, SAN JOSE, CA 95128 ALPHA MEDICAL LABORATORY, LLC EIN 91-2017347 ADDRESS 611 N PERRY, SPOKANE, WA 99202 BROADWAY IMAGING, LLC EIN 52-2405971 ADDRESS 500 W BROADWAY, MISSOULA, MT 59802 CALIFORNIA LABORATORY ASSOCIATES, LLC EIN 27-3888692 ADDRESS 501 BUENA VISTA, BURBANK, CA 91505 CENTER FOR SPECIALTY SURGERY, LLC EIN 26-3638838 ADDRESS 11782 SW BARNES ROAD, PORTLAND, OR 97225 CLACKAMAS RADIATION ONCOLOGY CENTER, LLC EIN 26-0381897 ADDRESS 4400 NE HALSEY ST , BLDG II #495, PORTLAND, OR 97213 CENTER FOR MEDICAL IMAGING-BRIDGEPORT, LLC EIN 26-0796953 ADDRESS 4400 NE HALSEY #495, PORTLAND, OR 97213 CENTER FOR MEDICAL IMAGING-TANASBOURNE, LLC EIN 20-0477972 ADDRESS 4400 NE HALSEY #495, PORTLAND, OR 97213 GREATER VALLEY MEDICAL BUILDING, LP EIN 95-4570858 ADDRESS 501 S BUENA VISTA STREET, BURBANK, CA 91505 MINOR & JAMES MEDICAL, PLLC EIN 91-1340223 ADDRESS 515 MINOR AVENUE #200, SEATTLE, WA 98104 MOUNTAINSTAR CLINICAL LABORATORIES, LLC EIN 26-1345983 ADDRESS 611 N PERRY, SPOKANE, WA 99202 OREGON ADVANCED IMAGING, LLC EIN 45-0471748 ADDRESS 881 O'HARE PARKWAY, MEDFORD, OR 97504 OREGON OUTPATIENT SURGERY CENTER EIN 22-3883387 ADDRESS 7300 SW CHILDS ROAD, TIGARD, OR 97224 PACLAB, LLC EIN 91-1743952 ADDRESS 611 N PERRY, SPOKANE, WA 99202 PATHOLOGY ASSOCIATES MEDICAL LABORATORIES, LLC EIN 27-0943279 ADDRESS 611 N PERRY, SPOKANE, WA 99202 PET/CT IMAGING AT SWEDISH CANCER INSTITUTE, LLC EIN 20-3132044 ADDRESS 1221 MADISON STREET, SEATTLE, WA 98104 PORTLAND MEDICAL IMAGING, LLC EIN 20-1054971 ADDRESS 4400 NE HALSEY #495, PORTLAND, OR 97213 PROVIDENCE RADIATION ONCOLOGY DEVELOPMENT ASSOCIATION, LLC EIN 26-0682491 ADDRESS 4400 NE HALSEY #495, PORTLAND, OR 97213 PROVIDENCE IMAGING CENTER EIN 92-0118807 ADDRESS 3340 PROVIDENCE DRIVE, ANCHORAGE, AK 99508 PROVIDENCE PARTNERS FOR HEALTH, LLC EIN 45-4041798 ADDRESS 501 S BUENA VISTA STREET, BURBANK, CA 91505 PROVIDENCE SURGERY CENTER, LLC EIN 84-1401625 ADDRESS 902 N ORANGE STREET, MISSOULA, MT 59802 PROVIDENCE/SILVERTON REHAB, LLC EIN 48-1287267 ADDRESS 4400 NE HALSEY #425, PORTLAND, OR 97213 PROVIDENCE/USP SANTA CLARITA GP LLC EIN 20-2829660 ADDRESS 11550 INDIAN HILLS ROAD #160, MISSION HILLS, CA 91345 PROVIDENCE/USP SURGERY CENTERS , LLC EIN 20-0905938 ADDRESS 11550 INDIAN HILLS ROAD #160, MISSION HILLS, CA 91345 SOUTHERN IDAHO REGIONAL LABORATORY, LLC EIN 82-0511819 ADDRESS 611 N PERRY, SPOKANE, WA 99202 THE MADISON SPOKANE INN, LLC EIN 84-1606484 ADDRESS 15 WEST ROCKWOOD BLVD, SPOKANE, WA 99204 TRI-CITIES LABORATORY, LLC EIN 91-1773986 ADDRESS 611 N PERRY, SPOKANE, WA 99202 HCSA PROPERTIES LLC EIN 46-0620892 ADDRESS 1600 M STREET NW, AUBURN, WA 98001 PHS INVESTMENT TRUST HEDGE FUND PORTFOLIO EIN 47-2293255 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST BANK LOANS PORTFOLIO EIN 47-2357735 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRANSITION PORTFOLIO EIN 47-2279711 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST RISK PARITY PORTFOLIO EIN 47-2336377 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST LONG TREASURIES PORTFOLIO EIN 47-2385238 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST MLP PORTFOLIO EIN 47-2367538 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST RELATIVE VALUE PORTFOLIO EIN 47-2314743 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST TIPS PORTFOLIO EIN 47-2402609 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST PUBLIC EQUITY PORTFOLIO EIN 47-2283974 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST LDI PORTFOLIO EIN 47-2392060 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST PUBLIC DEBT PORTFOLIO EIN 47-2353569 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST TACTICAL TRADING PORTFOLIO EIN 47-2327491 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST COMMODITIES PORTFOLIO EIN 47-2269004 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST 2015 PRIVATE ASSETS PORTFOLIO EIN 47-3393740 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST SHORT TERM INVESTMENT PORTFOLIO EIN 81-2701056 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST 2016 PRIVATE ASSETS PORTFOLIO EIN 81-1532735 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST 2016 PRIVATE REAL ESTATE PORTFOLIO EIN 81-2960145 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 LSC REAL PROPERTY, LLC EIN 47-4646059 ADDRESS 2301 QUAKER AVE, LUBBOCK, TX 79410 CALIFORNIA SPECIALTY SURGERY CENTER, LP EIN 33-0939003 ADDRESS 26371 CROWN VALLEY PARKWAY, MISSION VIEJO, CA 92691

Additional Data

Software ID:
Software Version:
EIN: 94-2779313
Name: REDWOOD MEMORIAL FOUNDATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 46-1259908	HEALTHCARE	CA	501(C)(3)	12,III	SJHS	Yes	
(1) 3615 19TH STREET LUBBOCK, TX 79410 61-1573313	HEALTHCARE	TX	501(C)(3)	12,I	CHS	Yes	
(2) 3615 19TH STREET LUBBOCK, TX 79410 75-2765566	HEALTHCARE	TX	501(C)(3)	3	SJHS	Yes	
(3) 3623 22ND PLACE LUBBOCK, TX 79410 75-2897026	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
(4) 3420 22ND PLACE LUBBOCK, TX 79410 75-2743883	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(5) 3615 19TH STREET LUBBOCK, TX 79410 46-3516417	HEALTHCARE	TX	501(C)(3)	12,I	CHS	Yes	
(6) 1 HOAG DRIVE NEWPORT BEACH, CA 92658 45-3583707	HEALTHCARE	CA	501(C)(3)	12,I	HMHP	Yes	
(7) 330 PLACENTIA AVE NEWPORT BEACH, CA 92663 45-2982422	SUPPORT	CA	501(C)(3)	7	HHF	Yes	
(8) 330 PLACENTIA AVE NEWPORT BEACH, CA 92663 95-3222343	FUNDRAISING	CA	501(C)(3)	7	HMHP	Yes	
(9) 1 HOAG ROAD BOX 6100 NEWPORT BEACH, CA 92663 95-1643327	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
(10) 3702 21ST STREET LUBBOCK, TX 79410 75-2133781	HEALTHCARE	TX	501(C)(3)	10	CHS	Yes	
(11) 3615 19TH STREET LUBBOCK, TX 79410 75-2220963	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
(12) 3610 21ST STREET LUBBOCK, TX 79410 75-2428911	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(13) 1900 COLLEGE AVENUE LEVELLAND, TX 79336 75-2246348	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(14) 2601 DIMMITT ROAD PLAINVIEW, TX 79072 75-2426010	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(15) 27700 MEDICAL CENTER ROAD MISSION VIEJO, CA 92691 95-1643360	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
(16) 1000 TRANCAS STREET NAPA, CA 94558 94-1243669	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(17) 3300 RENNER DRIVE FORTUNA, CA 95540 94-1384665	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(18) 1165 MONTGOMERY DRIVE SANTA ROSA, CA 95405 94-1231005	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(19) 400 NORTH MCDOWELL BLVD PETALUMA, CA 94954 68-0395200	HEALTHCARE	CA	501(C)(3)	3	SRMH	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(21) 3345 MICHELSON DRIVE IRVINE, CA 92612 95-3589356	HEALTHCARE	CA	501(C)(3)	12,I	PSJH		No
(1) 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 33-0143024	HEALTHCARE	CA	501(C)(3)	7	SJHS	Yes	
(2) 1111 SONOMA STE 308 SANTA ROSA, CA 95405 68-0331084	HEALTHCARE	CA	501(C)(3)	10	SJHS	Yes	
(3) 2700 DOLBEER STREET EUREKA, CA 95501 94-1156596	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(4) 1100 WEST STEWART DRIVE ORANGE, CA 92868 95-1643359	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
(5) 200 WEST CENTER ST PROMENADE ANAHEIM, CA 92805 33-0185031	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(6) 101 EAST VALENCIA MESA DRIVE FULLERTON, CA 92635 95-1643324	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
(7) 18300 HIGHWAY 18 APPLE VALLEY, CA 92307 95-1914489	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
(8) 4000 24TH STREET LUBBOCK, TX 79410 75-1653181	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
(9) 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 81-4791043	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(10) 480 S BATAVIA ORANGE, CA 92868 95-1643383	RELIGIOUS ORG	CA	501(C)(3)	1	NA		No
(11) 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 27-1666576	RELIGIOUS ORG	CA	501(C)(3)	1	SSJO		No
(12) 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1082119	UNEMPLOYMENT	WA	501(C)(3)	12,I	PHS WA	Yes	
(13) PO BOX 5128 EVERETT, WA 982065128 94-3264605	TRANS CARE	WA	501(C)(3)	10	NA		No
(14) 15451 SAN FERNANDO MISSION BLVD 2 MISSION HILLS, CA 91345 95-4322584	SUPPORT	CA	501(C)(3)	7	PHS SOCAL	Yes	
(15) 1423 FIRST AVENUE SEATTLE, WA 98101 20-1910170	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(16) 2800 SOUTH 192ND ST 104 SEATAC, WA 98188 27-3133200	HEALTHCARE	WA	501(C)(3)	7	SHS	Yes	
(17) 601 W 1ST AVENUE SPOKANE, WA 99201 91-1307555	HEALTHCARE	WA	501(C)(3)	3	PHS WA	Yes	
(18) 1801 LIND AVENUE SW 9016 RENTON, WA 98057 81-4260130	HEALTHCARE	WA	501(C)(3)	7	PHS SJHS	Yes	
(19) 401 TERRY AVE N SEATTLE, WA 98109 91-2003593	HEALTHCARE	WA	501(C)(3)	7	WHC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(41) 2200 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-4291515	HEALTHCARE	CA	501(C)(3)	4	PSJHC	Yes	
(1) 888 SWIFT BLVD RICHLAND, WA 99352 91-6033089	SUPPORT	WA	501(C)(3)	12,III	KRMC	Yes	
(2) 888 SWIFT BLVD RICHLAND, WA 99352 23-7005501	SUPPORT	WA	501(C)(3)	12,I	KRMC	Yes	
(3) 1268 LEE BLVD RICHLAND, WA 99352 91-1266345	HEALTHCARE	WA	501(C)(3)	10	WHC	Yes	
(4) 888 SWIFT BLVD RICHLAND, WA 99352 91-0655392	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
(5) 4101 TORRANCE BLVD TORRANCE, CA 90503 33-0844408	IMAGING SVCS	CA	501(C)(3)	10	PHS SOCAL	Yes	
(6) 5921 E BURNSIDE PORTLAND, OR 97215 91-1562797	SUPPORT	OR	501(C)(3)	7	PHS OR	Yes	
(7) 747 BROADWAY SEATTLE, WA 98122 91-2054035	RESEARCH	WA	501(C)(3)	7	SHS	Yes	
(8) 1200 12TH AVENUE S SEATTLE, WA 98144 56-2290878	HEALTHCARE	WA	501(C)(3)	10	WHC	Yes	
(9) 501 S BUENA VISTA STREET BURBANK, CA 91505 95-3544877	HEALTHCARE	CA	501(C)(3)	7	PHS SOCAL	Yes	
(10) 3300 PROVIDENCE DR TOWER 2 ANCHORAGE, AK 99508 92-0093565	HEALTHCARE	AK	501(C)(3)	12,I	PHS WA	Yes	
(11) 540 SOUTH MAIN STREET MT ANGEL, OR 973629532 91-1940286	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(12) 1700 PROVIDENCE PL CENTRALIA, WA 98531 91-1789266	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(13) 830 NE 47TH PORTLAND, OR 97213 93-0800140	SUPPORT	OR	501(C)(3)	7	PHS OR	Yes	
(14) 1111 CRATER LAKE AVE MEDFORD, OR 97504 93-0692907	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(15) 1205 MONTELLO AVE HOOD RIVER, OR 97031 47-3385506	SUPPORT	WA	501(C)(3)	7	NA		No
(16) 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 94-3078543	HEALTHCARE	WA	501(C)(3)	12,I	PHS WA	Yes	
(17) 4515 MLK JR WAY S STE 200 SEATTLE, WA 98108 31-1744654	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(18) 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1549796	HEALTHCARE	WA	501(C)(3)	12,II	PSJH		No
(19) 500 W BROADWAY PO BOX 4587 MISSOULA, MT 598064587 81-0231793	HEALTHCARE	MT	501(C)(3)	3	PHS WA	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(61) 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216587	HEALTHCARE	OR	501(C)(3)	3	PHS	Yes	
(1) 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216586	HEALTHCARE	WA	501(C)(3)	3	PHS	Yes	
(2) 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1303277	HEALTHCARE	WA	501(C)(3)	3	PMWHC	Yes	
(3) 4400 NE HALSEY BLDG 2 PORTLAND, OR 97213 55-0828701	MEDICAID	OR	501(C)(4)	N/A	PHP	Yes	
(4) 101 W 8TH AVENUE SPOKANE, WA 99204 32-0014330	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
(5) 914 S SCHEUBER ROAD CENTRALIA, WA 98531 91-1433382	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
(6) 4400 NE HALSEY BLDG 2 PORTLAND, OR 97213 93-0863097	HEALTHCARE	OR	501(C)(4)	N/A	PPP	Yes	
(7) 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216589	HEALTHCARE	CA	501(C)(3)	3	PHS	Yes	
(8) 811 13TH ST HOOD RIVER, OR 97031 93-0921990	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(9) 2731 WETMORE AVENUE STE 500 EVERETT, WA 98201 27-2552749	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
(10) 425 PONTIUS AVENUE NORTH 300 SEATTLE, WA 980195452 91-2077378	HEALTHCARE	WA	501(C)(3)	12,I	PHS WA	Yes	
(11) 4101 TORRANCE BLVD TORRANCE, CA 90503 51-0224944	HEALTHCARE	CA	501(C)(3)	7	PHS SOCAL	Yes	
(12) 3725 PROVIDENCE POINT DRIVE SE ISSAQUAH, WA 980297219 93-1554288	HEALTHCARE	WA	501(C)(3)	12,I	PHS WA	Yes	
(13) 4101 TORRANCE BLVD TORRANCE, CA 90503 33-0283773	HEALTHCARE	CA	501(C)(3)	12,I	PHS SOCAL	Yes	
(14) 10150 SE 32ND MILWAUKIE, OR 97222 94-3079515	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(15) 4831 35TH AVENUE SW SEATTLE, WA 981262799 91-1188119	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
(16) 1001 PROVIDENCE DRIVE NEWBERG, OR 97132 93-0889144	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(17) 7101 38TH AVENUE SOUTH SEATTLE, WA 98118 31-1629656	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(18) 4400 NE HALSEY BLDG 2 PORTLAND, OR 97213 91-1861964	HEALTHCARE	WA	501(C)(4)	N/A	PHS OR	Yes	
(19) 4805 NE GLISAN STREET PORTLAND, OR 972132967 93-1231494	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(81) 1700 PROVIDENCE PLACE CENTRALIA, WA 98531 31-1584166	SUPPORT	WA	501(C)(3)	10	PHS WA	Yes	
(1) 2121 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-1684082	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	Yes	
(2) 20555 EARL ST TORRANCE, CA 90503 81-4542216	HEALTHCARE	CA	501(C)(3)	Pending	PHS SOCAL	Yes	
(3) 725 S WAHANNA RD SEASIDE, OR 97138 93-0927320	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(4) 3201 SW GRAHAM ST SEATTLE, WA 98126 91-2171539	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(5) 3415 12TH AVENUE NE OLYMPIA, WA 98506 94-3244854	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(6) 1801 LIND AVENUE SW 9016 RENTON, WA 98057 81-1244422	HEALTHCARE	WA	501(C)(3)	12,III	NA		No
(7) PO BOX 1010 POLSON, MT 598601010 81-0463482	HEALTHCARE	MT	501(C)(3)	3	PHS WA	Yes	
(8) 401 W POPLAR STREET WALLA WALLA, WA 99362 45-2841492	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
(9) 413 LILLY ROAD NE OLYMPIA, WA 985065166 91-1097056	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(10) 9205 SW BARNES ROAD PORTLAND, OR 97225 93-0575982	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(11) 5315 TORRANCE BLVD STE B1 TORRANCE, CA 90503 95-3264139	HEALTHCARE	CA	501(C)(3)	10	PHS SOCAL	Yes	
(12) 5315 TORRANCE BLVD STE B1 TORRANCE, CA 90503 33-0261016	HEALTHCARE	CA	501(C)(3)	7	PTCH	Yes	
(13) 1500 DIVISION STREET OREGON CITY, OR 97045 93-1003750	HEALTHCARE	OR	501(C)(3)	12, I	PHS OR	Yes	
(14) 2121 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-6100079	SUPPORT	CA	501(C)(3)	7	PSJHC	Yes	
(15) 550 17TH AVENUE SEATTLE, WA 98122 61-1502822	PHYSN COLLAB	WA	501(C)(3)	7	WHC	Yes	
(16) 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 26-2612415	SHELL CORP	MT	501(C)(3)	1	PHS WA		
(17) 350 WASHINGTON AVE SE CHEHALIS, WA 98352 94-3176618	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(18) 500 WEST BROADWAY PO BOX 4587 MISSOULA, MT 598064587 23-7056976	HEALTHCARE	MT	501(C)(3)	7	PHS WA	Yes	
(19) 1710 BENEFIS COURT GREAT FALLS, MT 59405 81-0233495	EDUCATION	MT	501(C)(3)	10	PHS WA	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(101) 21601 76TH AVENUE EDMONDS, WA 98026 27-2305304	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
(1) 747 BROADWAY SEATTLE, WA 98122 91-0433740	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
(2) 747 BROADWAY SEATTLE, WA 98122 91-0983214	HEALTHCARE	WA	501(C)(3)	7	SHS	Yes	
(3) 747 BROADWAY SEATTLE, WA 98122 27-3139262	HOLDING CO	WA	501(C)(3)	12,I	SHS	Yes	
(4) 312 NORTH FOURTH STREET YAKIMA, WA 98901 91-1180824	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(5) 540 23RD STREET OAKLAND, CA 94612 91-1293869	SUPPORT	CA	501(C)(3)	10	PHS SOCAL	Yes	
(6) 5520 NE GLISAN PORTLAND, OR 97213 91-1214491	SUPPORT	OR	501(C)(3)	10	PHS OR	Yes	
(7) 1301 20TH STREET SOUTH GREAT FALLS, MT 59405 81-0231777	EDUCATION	MT	501(C)(3)	2	PHS	Yes	
(8) 747 BROADWAY SEATTLE, WA 98122 45-4171900	SHELL CORP	WA	501(C)(3)	12,II	PHS W WA	Yes	
(9) 1801 LIND AVENUE SW 9016 RENTON, WA 980579016	RELIGIOUS ORG	WA	501(C)(3)	1	NA		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ADVANCED SURGERY INSTITUTE LLC 1739 4TH STREET SANTA ROSA, CA 95404 26-2299255	HEALTHCARE	CA	NA	N/A								
(1) COVENANT LONG-TERM CARE LP 4000 24TH STREET LUBBOCK, TX 79410 20-5033419	HEALTHCARE	TX	NA	N/A								
(2) HERITAGE INVESTMENT GROUP I LLC 500 S MAIN STREET STE 1000 ORANGE, CA 92868 27-1000061	INVESTMENTS	CA	NA	N/A								
(3) HOAG ORTHOPEDIC INSTITUTE 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 61-1588294	HEALTHCARE	CA	NA	N/A								
(4) METHODIST DIAGNOSTIC IMAGING 4005 24TH STREET LUBBOVK, TX 79410 75-2343261	HEALTHCARE	TX	NA	N/A								
(5) NEWPORT IMAGING CENTER 360 SN MIGUEL NEWPORT BEACH, CA 92660 33-0191776	HEALTHCARE	CA	NA	N/A								
(6) SHA LLC 12940 NORTH HIGHWAY 183 AUSTIN, TX 78750 75-2569094	HEALTHCARE	TX	NA	N/A								
(7) ST JOSEPH PHYSICIAN VENTURES I LLC 1100 WEST STEWART DRIVE ORANGE, CA 92868 45-4521884	REAL ESTATE	CA	NA	N/A								
(8) NORTH BAY ENDOSCOPY CENTER 1383 N MCDOWELL BLVD SUITE 110 PETALUMA, CA 94954 61-1559876	HEALTHCARE	CA	NA	N/A								
(9) SOUTHERN CALIFORNIA SURGERY CENTER LLC 18321 VENTURA BLVD STE 740 TARZANA, CA 91356 33-0939000	HEALTHCARE	CA	NA	N/A								
(10) COASTAL ASC HOLDINGS LLC ONE HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92664 81-0986844	HEALTHCARE	CA	NA	N/A								
(11) ST JOSEPHSATELLITE DIALYSIS CENTERS 300 SANTANA ROW SUITE 300 SAN JOSE, CA 95128 81-4657391	HEALTHCARE	CA	NA	N/A								
(12) ALPHA MEDICAL LABORATORY LLC 611 N PERRY SPOKANE, WA 99202 91-2017347	OUTPATIENT LAB	ID	NA	N/A								
(13) BROADWAY IMAGING LLC 500 W BROADWAY MISSOULA, MT 59802 52-2405971	MEDICAL IMAGING	MT	NA	N/A								
(14) CALIFORNIA LABORATORY ASSOCIATES LLC 501 BUENA VISTA BURBANK, CA 91505 27-3888692	OUTPATIENT LAB	CA	NA	N/A								

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) CENTER FOR SPECIALTY SURGERY LLC 11782 SW BARNES RD PORTLAND, OR 97225 26-3638838	AMBULATORY SURG	OR	NA	N/A								
(1) CLACKAMAS RADIATION ONCOLOGY CENTER LLC 4400 NE HALSEY ST BLDG II 495 PORTLAND, OR 97213 26-0381897	RADIATION ONCOL	OR	NA	N/A								
(2) CTR FOR MED IMAGING-BRIDGEPORT LLC 4400 NE HALSEY 495 PORTLAND, OR 97213 26-0796953	IMAGING DIAG	OR	NA	N/A								
(3) CTR FOR MED IMAGING-TANASBOURNE LLC 4400 NE HALSEY 495 PORTLAND, OR 97213 20-0477972	IMAGING DIAG	OR	NA	N/A								
(4) GREATER VALLEY MEDICAL BUILDING LP 501 S BUENA VISTA ST BURBANK, CA 91505 95-4570858	REAL ESTATE - MOB	CA	NA	N/A								
(5) MINOR & JAMES MEDICAL PLLC 515 MINOR AVENUE 200 SEATTLE, WA 98104 91-1340223	PHYSICIAN CLINIC	WA	NA	N/A								
(6) MOUNTAINSTAR CLINICAL LABORATORIES LLC 611 N PERRY SPOKANE, WA 99202 26-1345983	OUTPATIENT LAB	MT	NA	N/A								
(7) OREGON ADVANCED IMAGING LLC 881 OHARE PARKWAY MEDFORD, OR 97504 45-0471748	MEDICAL IMAGING	OR	NA	N/A								
(8) OREGON OUTPATIENT SURGERY CENTER 7300 SW CHILDS RD TIGARD, OR 97224 22-3883387	AMBULATORY SURG	OR	NA	N/A								
(9) PACLAB LLC 611 N PERRY SPOKANE SPOKANE, WA 99202 91-1743952	OUTPATIENT LAB	WA	NA	N/A								
(10) PATHOLOGY ASSOCIATES MEDICAL LABORATORIE 611 N PERRY SPOKANE SPOKANE, WA 99202 27-0943279	OUTPATIENT LAB	WA	NA	N/A								
(11) PETCT IMAGING AT SWEDISH CANCER INSTITU 1221 MADISON STREET SEATTLE, WA 98104 20-3132044	MEDICAL IMAGING	WA	NA	N/A								
(12) PORTLAND MEDICAL IMAGING LLC 4400 NE HALSEY PORTLAND, OR 97213 20-1054971	IMAGING DIAGNOSTI	OR	NA	N/A								
(13) PROV RADIATION ONCOLOGY DEVELOP ASSN 4400 NE HALSEY PORTLAND, OR 97213 26-0682491	REAL ESTATE - MOB	OR	NA	N/A								
(14) PROVIDENCE IMAGING CENTER 3340 PROVIDENCE DRIVE ANCHORAGE, AK 99508 92-0118807	MEDICAL IMAGING	AK	NA	N/A								

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(31) PROVIDENCE PARTNERS FOR HEALTH LLC 501 S BUENA VISTA ST BURBANK, CA 91505 45-4041798	CLIN QUALITY/INT	CA	NA	N/A								
(1) PROVIDENCE SURGERY CENTER LLC 902 N ORANGE ST MISSOULA, MT 59802 84-1401625	AMBULATORY SURG	MT	NA	N/A								
(2) PROVIDENCESILVERTON REHAB LLC 4400 NE HALSEY 425 PORTLAND, OR 97213 48-1287267	REHAB SERVICES	OR	NA	N/A								
(3) PROVIDENCEUSP SANTA CLARITA GP LLC 11550 INDIAN HILLS ROAD MISSION HILLS, CA 91345 20-2829660	AMBULATORY SURG	CA	NA	N/A								
(4) PROVIDENCEUSP SURGERY CTRS LLC 11550 INDIAN HILLS ROAD MISSION HILLS, CA 91345 20-0905938	AMBULATORY SURG	CA	NA	N/A								
(5) SOUTHERN IDAHO REGIONAL LABORATORY LLC 611 N PERRY SPOKANE SPOKANE, WA 99202 82-0511819	OUTPATIENT LAB	ID	NA	N/A								
(6) THE MADISON SPOKANE INN LLC 15 WEST ROCKWOOD BLVD SPOKANE, WA 99204 84-1606484	HOTEL SERVICES	WA	NA	N/A								
(7) TRI-CITIES LABORATORY LLC 611 N PERRY SPOKANE, WA 99202 91-1773986	OUTPATIENT LAB	WA	NA	N/A								
(8) HCSA PROPERTIES LLC 1600 M STREET NW AUBURN, WA 98001 46-0620892	REAL ESTATE RENT	WA	NA	N/A								
(9) PHS INVESTMENT TRUST HEDGE FUND PORTFOLI 1801 Lind Avenue SW No 9016 Renton, WA 98057 47-2293255	INVESTMENTS	WA	NA	N/A								
(10) PHS INVESTMENT TRUST BANK LOANS PORTFOLI 1801 Lind Avenue SW No 9016 Renton, WA 98057 47-2357735	INVESTMENTS	WA	NA	N/A								
(11) PHS INVESTMENT TRANSITION PORTFOLIO 1801 Lind Avenue SW No 9016 Renton, WA 98057 47-2279711	INVESTMENTS	WA	NA	N/A								
(12) PHS INVESTMENT TRUST RISK PARITY PORTFOL 1801 Lind Avenue SW No 9016 Renton, WA 98057 47-2336377	INVESTMENTS	WA	NA	N/A								
(13) PHS INVESTMENT TRUST LONG TREASURIES POR 1801 Lind Avenue SW No 9016 Renton, WA 98057 47-2385238	INVESTMENTS	WA	NA	N/A								
(14) PHS INVESTMENT TRUST MLP PORTFOLIO 1801 Lind Avenue SW No 9016 Renton, WA 98057 47-2367538	INVESTMENTS	WA	NA	N/A								

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(46) PHS INVESTMENT TRUST RELATIVE VALUE PORT 1801 Lind Avenue SW No 9016 Renton, WA 98057 47-2314743	INVESTMENTS	WA	NA	N/A								
(1) PHS INVESTMENT TRUST TIPS PORTFOLIO 1801 Lind Avenue SW No 9016 Renton, WA 98057 47-2402609	INVESTMENTS	WA	NA	N/A								
(2) PHS INVESTMENT TRUST PUBLIC EQUITY PORTF 1801 Lind Avenue SW No 9016 Renton, WA 98057 47-2283974	INVESTMENTS	WA	NA	N/A								
(3) PHS INVESTMENT TRUST LDI PORTFOLIO 1801 Lind Avenue SW No 9016 Renton, WA 98057 47-2392060	INVESTMENTS	WA	NA	N/A								
(4) PHS INVESTMENT TRUST PUBLIC DEBT PORTFOL 1801 Lind Avenue SW No 9016 Renton, WA 98057 47-2353569	INVESTMENTS	WA	NA	N/A								
(5) PHS INVESTMENT TRUST TACTICAL TRADING PO 1801 Lind Avenue SW No 9016 Renton, WA 98057 47-2327491	INVESTMENTS	WA	NA	N/A								
(6) PHS INVESTMENT TRUST COMMODITIES PORTFOL 1801 Lind Avenue SW No 9016 Renton, WA 98057 47-2269004	INVESTMENTS	WA	NA	N/A								
(7) PHS INVESTMENT TRUST 2015 PRIVATE ASSETS 1801 Lind Avenue SW No 9016 Renton, WA 98057 47-3393740	INVESTMENTS	WA	NA	N/A								
(8) PHS INVESTMENT TRUST SHORT TERM INVESTME 1801 Lind Avenue SW No 9016 Renton, WA 98057 81-2701056	INVESTMENTS	WA	NA	N/A								
(9) PHS INVESTMENT TRUST 2016 PRIVATE ASSETS 1801 Lind Avenue SW No 9016 Renton, WA 98057 81-1532735	INVESTMENTS	WA	NA	N/A								
(10) PHS INVESTMENT TRUST 2016 PRIVATE REAL E 1801 Lind Avenue SW No 9016 Renton, WA 98057 81-2960145	INVESTMENTS	WA	NA	N/A								
(11) LSC REAL PROPERTY LLC 2301 QUAKER AVENUE LUBBOCK, TX 79410 47-4646059	REAL ESTATE	TX	NA	N/A								
(12) CALIFORNIA SPECIALTY SURGERY CENTER LP 26371 CROWN VALLEY PARKWAY MISSION VIEJO, CA 92691 33-0939003	HEALTHCARE	CA	NA	N/A								

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) AMERICAN UNITY GROUP LTD 90 PITTS BAY ROAD PEMBROKE HM08 BD	CAPTIVE INSURANCE	BD	NA	C-CORP					
(1) COASTAL MANAGEMENT SERVICES ORGANIZATION 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-0676831	HEALTHCARE	CA	NA	C-CORP					
(2) DATU HEALTH INC AND SUBSIDIARIES 16150 MAIN CIRCLE DR SUITE 250 CHESTERFIELD, MO 63017 46-3070062	IT SVCS	DE	NA	C-CORP					
(3) HOAG MANAGEMENT SERVICES INC 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-0731587	HEALTHCARE	CA	NA	C-CORP					
(4) LUBBOCK METHODIST HOSP PRACTICE MGMT 2107 OXFORD STREET STE 300 LUBBOCK, TX 79410 75-2578995	INACTIVE	TX	NA	C-CORP					
(5) LUBBOCK METHODIST HOSPITAL SVCS PO BOX 1201 LUBBOCK, TX 79410 75-2118585	HEALTHCARE	TX	NA	C-CORP					
(6) MISSION VIEJO MEDICAL VENTURES 27800 MEDICAL CENTER RD MISSION VIEJO, CA 92691 33-0212905	HEALTHCARE	CA	NA	C-CORP					
(7) ST JOSEPH HEALTH 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 46-2340232	HOLDING COMPANY	CA	NA	C-CORP					
(8) ST JOSEPH HEALTH SOURCE INC 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 46-1900168	HEALTHCARE	CA	NA	C-CORP					
(9) ST JOSEPH PROF SVCS ENTERPRSES INC 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 33-0155323	HEALTHCARE	CA	NA	C-CORP					
(10) OPHIE HEALTHCARE SERVICES INC 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 27-1002825	HEALTHCARE	CA	NA	C-CORP					
(11) PROVIDENCE HEALTH VENTURES INC 4101 TORRANCE BLVD TORRANCE, CA 90503 33-0122216	INVESTMENT	CA	NA	C-CORP					
(12) CARON HEALTH CORPORATION 510 W FRONT ST MISSOULA, MT 59802 81-0486082	MED PHYS SVCS	MT	NA	C-CORP					
(13) PROVIDENCE HEALTH CARE VENTURES INC 101 W 8TH AVE TAF C-9 SPOKANE, WA 99204 90-0155714	CLIN/MED LAB	WA	NA	C-CORP					
(14) PROVIDENCE PHYSICIAN SERVICES CO 101 W 8TH AVE TAF C-9 SPOKANE, WA 99204 91-1216033	CLIN/MED LAB	WA	NA	C-CORP					

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								Yes	No
(16) YAKIMA MEDICAL ARTS INC 611 N PERRY 100 SPOKANE, WA 99202 91-0787963	RENT REAL ESTATE	WA	NA	C-CORP					
(1) BOURGET HEALTH SERVICES INC PO BOX 2687 SPOKANE, WA 99220 91-1354431	CLIN/MED LAB	WA	NA	C-CORP					
(2) 1221 MADISON STREET OWNERS ASSOC 747 BROADWAY SEATTLE, WA 98122 20-1954319	OWNERS' ASSOC	WA	NA	C-CORP					
(3) WESTERN HEALTHCONNECT VENTURES INC 1801 LIND AVE SW 9016 RENTON, WA 98057 80-0953654	INVESTMENTS	WA	NA	C-CORP					
(4) PHN HOLDINGS 20555 EARL STREET TORRANCE, CA 90503 46-1814184	STRAT PLAN SVCS	CA	NA	C-CORP					
(5) PROVIDENCE HEALTH NETWORK 20555 EARL STREET TORRANCE, CA 90503 80-0886966	PREPAID HEALTH	CA	NA	C-CORP					
(6) PIONEER INNOVATIONS INC 800 5TH AVE 10TH FLOOR SEATTLE, WA 98104 36-4818191	HEALTH INNOVATNS	WA	NA	C-CORP					
(7) VINSERRA INC 1328 22ND STREET SANTA MONICA, CA 90403 95-3943315	INVESTMENTS	CA	NA	C-CORP					