Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

	For calendar year 2019, or fiscal year beginning UULL , 2019, and ending UUN 30	, 20 <u>Z U</u>	2019
Department of the Treasury	▶ Do not send to the IRS. Keep for your records.		2019
Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization		Employer	dentification number
Doducod Caboo	1 & Rehabilitation, Inc.	61 60	013702
Name and title of officer	1 & Reliabilitation, inc.	01-00	113702
Sharon Fusco			
Executive Dir	ector & CEO		
	Return and Return Information (Whole Dollars Only)		
	urn for which you are using this Form 8879-EO and enter the applicable amount, if any, fr	rom the retur	n. If you check the box
on line 1a, 2a, 3a, 4a, or \$	5a, below, and the amount on that line for the return being filed with this form was blank, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicab	, then leave li	ne 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1h	6.449.046.
2a Form 990-EZ check h			0,113,0101
3a Form 1120-POL chec	. \square		
4a Form 990-PF check h			
5a Form 8868 check her		_	
Part II Declara	tion and Signature Authorization of Officer		
debit) entry to the financia return, and the financial ir 1-888-353-4537 no later the processing of the electror payment. I have selected	applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an al institution account indicated in the tax preparation software for payment of the organizastitution to debit the entry to this account. To revoke a payment, I must contact the U.S man 2 business days prior to the payment (settlement) date. I also authorize the financial nic payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic reflectronic funds withdrawal.	zation's federa . Treasury Fir institutions ir d resolve issu	al taxes owed on this nancial Agent at nvolved in the ues related to the
	arnes, Dennig & Co., LTD		PIN 06030
A lauthorize be	ERO firm name	to enter my	Enter five numbers, b
	ENU IIIIII IIAIIIE		do not enter all zeros
is being filed wi	e on the organization's tax year 2019 electronically filed return. If I have indicated within t th a state agency(ies) regulating charities as part of the IRS Fed/State program, I also au n the return's disclosure consent screen.		
indicated withir	the organization, I will enter my PIN as my signature on the organization's tax year 2019 n this return thপ্রপ্রভাগ্য প the return is being filed with a state agency(ies) regulating cha enter my PIN on the return's disclosure consent screen.		of the IRS Fed/State
Officer's signature 🕨			
Doubli Contitio	stion and Authoritication		
	ation and Authentication		
	our six-digit electronic filing identification		
number (EFIN) followed b	y your five-digit self-selected PIN. 3102376439 Do not enter all zeros		
ERO's signature 🕨	C10780361DA0493 Date		
	ERO Must Retain This Form - See Instructions		
	De Net Outreit This Form to the IDO Unless Description De	0-	

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

<u>A F</u>	or the	e 2019 calendar year, or tax year beginning 001 1, 2019 and	enaing J	UN 30, 2020												
B c	Check if pplicab	C Name of organization		D Employer identifi	cation number											
	Addre															
	Name	Doing business as		61-60137	02											
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r											
	Final return	71 Orphanage Road		859-331-	0880											
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,559,321.											
	Amen return		H(a) Is this a group re													
	Applic			for subordinates												
	tion pendi			H(b) Are all subordinates in	·····= =											
		empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1)$	or 527	1	list. (see instructions)											
		te: > www.redwoodnky.org	01 321	H(c) Group exemption												
		forganization: X Corporation Trust Association Other	I Voor		M State of legal domicile: KY											
	art I	Summary	L Year	or formation. 1994 r	VI State of legal domiche, K.I.											
		Briefly describe the organization's mission or most significant activities: Guid	e chil	dren and ad	ulta with											
ė	1	severe and multiple disabilities to achie														
au	_			_												
ērn	1	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														
Š	1	· · · · · · · · · · · · · · · · · · ·			14											
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)														
<u>es</u>	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			308											
Activities & Governance	6	Total number of volunteers (estimate if necessary)			175											
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.											
	b	Net unrelated business taxable income from Form 990-T, line 39			0.											
			_	Prior Year	Current Year											
<u>e</u>	8	Contributions and grants (Part VIII, line 1h)		1,436,090.	1,560,975.											
ēn	9	Program service revenue (Part VIII, line 2g)		5,869,823.	4,885,589.											
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,708.	23,122.											
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u>-710.</u>	-20,640.											
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,308,911.	6,449,046.											
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.											
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.											
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,634,654.	5,534,914.											
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u></u>	0.	0.											
×	b	Total fundraising expenses (Part IX, column (D), line 25) 604,4	52.													
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,595,657.												
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,230,311.	7,188,670.											
	19	Revenue less expenses. Subtract line 18 from line 12		78,600.	-739,624.											
Net Assets or			Ве	ginning of Current Year	End of Year											
sets	20	Total assets (Part X, line 16)		8,267,295.	8,587,465.											
t As	21	Total liabilities (Part X, line 26)		477,136.	1,506,174.											
匙	22	Net assets or fund balances. Subtract line 21 from line 20		7,790,159.	7,081,291.											
Pa	art II	Signature Block														
		alties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is											
true,	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	hich preparer	has any knowledge.												
Sig	n	Signature of officer		Date												
Her	е	Sharon Fusco, Executive Director & CEC)													
		Type or print name and title														
		Print/Type preparer's name Preparer's signature] [Date Check C	PTIN											
Paid	I	Paula Hume		self-employ												
Prep	arer	Firm's name Barnes, Dennig & Co., LTD	Firm's EIN ▶	31-1119890												
Use	Only	Firm's address ▶ 150 East Fourth Street														
		Cincinnati, OH 45202		Phone no. (5	13)241-8313											
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No											

	990 (2019) Redwood School & Rehabilitation, Inc. 61-6013702 Page 2
Par	t 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:
	Guide children and adults with severe and multiple disabilities to
	achieve independence and reach their highest potential throughout
	their lives, by providing enriching educational, therapeutic, and
	vocational services.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
2	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	
	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 \$2,715,296. including grants of \$) (Revenue \$2,253,390.)
	Adult Services Include:
	Adult Day Program (ADP) : Adults with multiple disabilities and
	medical fragility achieve skills that allow for meaningful
	participation in normal activities of daily living. Adult independence
	specializes in providing personal care, nursing support and dietary
	services to meet health and wellness needs, while promoting quality of
	life through access to social interaction, purposeful activity,
	life-long learning and leisure experiences. Adult Mentors provide
	highly individualized training. Self-directed development in community
	living, physical fitness, basic computer usage and daily living skills
	provides a unique opportunity for growth. Number of clients served is
	171.
4b	(Code:) (Expenses \$ 2,087,335. including grants of \$) (Revenue \$1,745,149.)
	Children Services include:
	Educational Care: Educational Care offers a unique and inclusive
	therapeutic childcare environment where children with and without
	special needs (from birth to age 20) flourish. Programs offer safe and
	nurturing care, developmental stimulation and an educational curriculum
	that fosters the development of skills essential for future school and
	life success. The low staff-to-child ratio, onsite nursing care,
	access to therapy services and "parents as parents" philosophy assures
	that all children have the opportunity to reach their full potential.
	Number of clients served is 205.
	Transcer of offenes between 15 2004
	Prescribed Pediatric Extended Care: Serves children with complex
40	(Code:) (Expenses \$
70	Therapeutic Intervention:
	Children and adults improve communication, social, cognitive, and
	physical skills required for school and daily living through the
	services provided by licensed speech, occupational, and physical
	therapists. Therapy services include assessments, evaluations,
	treatment, consultation, and parent education and are provided for
	children and adults enrolled in Redwood's programs as well as
	outpatient services, and home visitation. Therapy addresses
	developmental delays, augmentative communication, social thinking,
	sensory integration, seating/mobility and feeding. Number of clients
	served is 199 and total number of therapy sessions provided is 6583.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$\frac{1}{2}\text{ including grants of \$}\frac{1}{2}\text{ (Revenue \$}\frac{1}\text{ (Revenue \$}\frac{1}{2} (Revenue
<u>4e</u>	Total program service expenses ► 5,983,219.
	F QUN (0040)

18020512 758989 06030.0

age 3

			&	Rehabilitation,	Inc.	61-6013702	Pa	a
Part IV Checklist of Re	equired Sch	edules						
							Yes	Ĺ
								г

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			,,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
L	Part VI	11a	Λ	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		25
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	10		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	l		
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.	v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	Х	
20-	complete Schedule G, Part III	19	Λ	Х
20a b	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		<u> </u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		x

932003 01-20-20

Form **990** (2019)

Form 990 (2019) Redwood School & Rehabilitation, Inc. 61-6013702 Page 4
Part IV Checklist of Required Schedules (continued)

	· (continued)			
00	Did the experiention vanest may then \$5,000 of grants or other assistance to be for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	igsquare	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	igwdown	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٦,
	Schedule L, Part I	25b	$\vdash \vdash \vdash$	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	\vdash	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	igsquare	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	igwdown	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٠,,
	Schedule N, Part II	32	$\vdash \vdash \vdash$	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			_V
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	$\vdash \vdash \vdash$	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	x	
35.5	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V		·····	Ш
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 15			
b				
С		4.	Х	
00000	(gambling) winnings to prize winners?	1c Form	990	(2010)

Form 990 (2019) Redwood School & Rehabilitation, Inc.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

61-6013702

Page 5

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	308			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?	1	 I	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		:t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f	3T /	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7h	N/	-
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th				
	sponsoring organization have excess business holdings at any time during the year?		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.		NT / 7\			
a	Did the sponsoring organization make any taxable distributions under section 4966?		N/A N/A	9a		
b			N/A	9b		
10	Section 501(c)(7) organizations. Enter:	10a	1			
a b	Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:	100	1			
۱۱ ء		11a				
h	Gross income from other sources (Do not net amounts due or paid to other sources against	114				
~	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	$\overline{}$?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N}{A}$	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•			
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
				Form	990	(2019)

DocuSign Envelope ID: EF813ED6-0D41-439D-BDBF-774F3B0F58AA Redwood School & Rehabilitation, Inc. Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 4 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 14 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation

Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed ▶KY, OH

Orphanage Road, Ft. Mitchell,

exempt status with respect to such arrangements?

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

X Upon request X Another's website ___ Other (explain on Schedule O) Own website

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records Barb Hellmann - 859-331-0880

Form **990** (2019)

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41017

KY

Form 990 (2019) Redwood School & Rehabilitation, Inc.

61-6013702

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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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

Name and title	(A)	(B)), ya		((C)		Jac	(D)	(E)	(F)
Officer and director/trasteric from related organizations below line Officer and director/trasteric from the organizations (W.2/1099-MISC) Officer and related organizat	Name and title	1		(do not check more than one			than o		Reportable	•	
Compensation Comp		1								•	
Trustee			ector								
Donna Bloemer			or din	98			ated			(W-2/1099-MISC)	
Donna Bloemer			rustee	trust		99	ubeus		(W-2/1099-MISC)		•
Donna Bloemer		1 "	dual tı	ntio na	_	mploy	st cor	<u></u>			
Trustee		1	Indivi	Institu	Office	Key e	Highe	Forme			3
A	(1) Donna Bloemer	2.00									
Trustee	Trustee		Х						0.	0.	0.
Carrie C	(2) David Gottmann	2.00									
Trustee	Trustee		Х						0.	0.	0.
Column C	(3) Kristine Jones	2.00									
Trustee	Trustee		Х						0.	0.	0.
Trustee	(4) John Middleton	2.00								_	_
Trustee			X						0.	0.	0.
Columbde	(5) Jeff Hassan	2.00									
Trustee			Х		X				0.	0.	0.
Trustee		2.00								•	•
Trustee		2 00	Х						0.	0.	0.
Resident Resident	· · · •	2.00	.,							0	•
Trustee		2 00	X	_					0.	0.	0.
Secretary X		2.00	v							0	0
X		F 00	Λ						0.	0.	<u> </u>
Column C		3.00	v		v				0	0	0
No. No.		5 00			^				0.	0.	· ·
Trustee		3.00	v		v				0	0	n
Trustee		2.00							0.	0.	<u>0 •</u>
Treasurer		2.00	x						0.	0.	0.
Treasurer X X X 0. 0. 0. (13) Steve Herdina 2.00 X 0. 0. 0. Trustee X 0. 0. 0. (14) Brad Howard 2.00 0. 0. 0. Trustee X 0. 0. 0. (15) John Francis 50.00 0. 0. 117,264. 0. 18,447. (16) Jenny Hansen 50.00 X 90,402. 0. 1,341. (17) Aaron Wagner 50.00 X 89,363. 0. 8,546.		5.00									
Trustee			х		x				0.	0.	0.
Trustee X 0. 0. 0. (14) Brad Howard 2.00 X 0. 0. 0. Trustee X 0. 0. 0. 0. (15) John Francis 50.00 X 117,264. 0. 18,447. (16) Jenny Hansen 50.00 X 90,402. 0. 1,341. (17) Aaron Wagner 50.00 X 89,363. 0. 8,546.	(13) Steve Herdina	2.00									
Trustee X 0. 0. (15) John Francis 50.00 X 117,264. 0. 18,447. Executive Director & CEO 3.00 X 117,264. 0. 18,447. (16) Jenny Hansen 50.00 X 90,402. 0. 1,341. (17) Aaron Wagner 50.00 X 89,363. 0. 8,546.	Trustee		Х						0.	0.	0.
(15) John Francis 50.00 Executive Director & CEO 3.00 (16) Jenny Hansen 50.00 CFO 3.00 (17) Aaron Wagner 50.00 CEO X 89,363. 0.8,546.	(14) Brad Howard	2.00									
Second	Trustee		Х						0.	0.	0.
(16) Jenny Hansen 50.00 CFO 3.00 (17) Aaron Wagner 50.00 CEO X 89,363. 0. 8,546.	(15) John Francis										
(16) Jenny Hansen 50.00 CFO 3.00 (17) Aaron Wagner 50.00 CEO X 89,363. 0.8,546.	Executive Director & CEO	3.00			Х				117,264.	0.	18,447.
(17) Aaron Wagner CEO X 89,363. 0. 8,546.	(16) Jenny Hansen										
(17) Aaron Wagner CEO	CFO				Х				90,402.	0.	1,341.
	(17) Aaron Wagner	50.00									
	CEO				X				89,363.	0.	8,546. Form 990 (2019)

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Form **990** (2019)

	School &	R	leh	ab	i1	it	at	tion, Inc.	61-60	13	702	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		ነ than c	ne	Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss per	rson i	s both	an	compensation	compensatio		l	ount	of
	week (list any		l a		l	1711 431	,	from	from related		l	other	4:
	hours for	lirecto						the organization	organizations (W-2/1099-MIS			oensa om th	
	related	e or c	stee			sated		(W-2/1099-MISC)	(00-2/1099-10113	,0)	l	anizat	
	organizations	truste	al trus		ee/	m per		(** 27 1000 141100)				l relat	
	below	Individual trustee or director	Institutional trustee	la e	Key employee	est co oyee	e				orga	nizati	ons
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
(18) Carol Serrone	50.00												
CDO - Start 7/1/19				Х				77,526.		0.	2	9,0	<u>54.</u>
1b Subtotal							•	374,555.		0.	3	7,3	88.
c Total from continuation sheets to Part VI	I, Section A						>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	374,555.		0.	3	7,3	88.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable)			
compensation from the organization													1
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes.	" co	mple	ete S	Sche	edule	J f	for such individual			4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch ı	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	s th	hat received more than \$	100,000 of comp	ensa	tion fro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wit	hin	the organization's tax y	ear.				
(A)								(B)			(C)	
Name and business	address	NC	ONE	3				Description of s	ervices	С	comper	nsatio	n
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	d to	_	_	ted	above) who received mo	ore than				
\$100,000 of compensation from the organic	zation				ſ)							

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Pa	I L V							
		Check if Schedule O contains	a response o	or note to any lir			(C)	(D)
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue		business revenue	from tax under
								sections 512 - 514
ts ts	1 :	a Federated campaigns	1a	356,800.				
ran		b Membership dues	1b					
e e		c Fundraising events	1c	261,327.				
iifts ar A		d Related organizations		135,168.				
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contributions)	1e					
Sig		f All other contributions, gifts, grants, an	d T					
her her		similar amounts not included above		807,680.				
햕		Noncash contributions included in lines 1a-1f		134,353.				
o d		h Total. Add lines 1a-1f	•		1,560,975.			
<u> </u>		Total Add lines to 11		Business Code				
4	2	a Adult Day Support			4,885,589.	4.885.589.		
Vice		b		02200	2,000,000			
Ser								
m Ver								
gra Re		d						
Program Service Revenue	,	f All other program service revenue						
		g Total. Add lines 2a-2f			4,885,589.			
	3	Investment income (including divid			, ,			
		other similar amounts)	•	•	23,122.			23,122.
	4	Income from investment of tax-exe			,			,
	5	Royalties						
			(i) Real	(ii) Personal				
	6	a Gross rents6a						
		b Less: rental expenses 6b						
		c Rental income or (loss) 6c						
		al. Niet verstel in service en (lees)		•				
			Securities	(ii) Other				
		assets other than inventory 7a						
		b Less: cost or other basis						
<u>o</u>		and sales expenses 7b						
enr		c Gain or (loss) 7c						
Revenue		d Net gain or (loss)		•				
er		a Gross income from fundraising events						
퉏	_	including \$ 261,327	• of					
		contributions reported on line 1c).						
		Part IV, line 18		55,019.				
		b Less: direct expenses		106,281.				
		c Net income or (loss) from fundraisi			-51,262.			-51,262.
		a Gross income from gaming activities	_					
		Part IV, line 19		16,210.				
		b Less: direct expenses		3,994.				
		c Net income or (loss) from gaming a		>	12,216.			12,216.
		a Gross sales of inventory, less retur						
		and allowances	I .					
		b Less: cost of goods sold						
		c Net income or (loss) from sales of i		>				
,				Business Code				
ous 9	11	a <u>Other misc revenue</u>	<u> </u>	900099	18,406.			18,406.
ane		b						
Miscellaneous Revenue		с						
Misc		d All other revenue						
_		e Total. Add lines 11a-11d			18,406.	4 005 506		0 100
	12	Total revenue. See instructions)	6,449,046.	<u>4,885,589.</u>	0.	2,482.

Form 990 (2019) Redwood School & Rehabilitation, Inc.

Part IX Statement of Functional Expenses

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Sect	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons	7.5.			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	411,944.	95,951.	161,557.	154,436.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,076,943.	3,692,855.	195,068.	189,020.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	108,855.	99,843.	4,727.	4,285
9	Other employee benefits	520,081.	99,843. 469,227.	4,727. 31,079.	4,285 19,775 26,131
10	Payroll taxes	417,091.	342,914.	48,046.	26,131
11	Fees for services (nonemployees):	-	-		-
а	Management				
b	Legal				
c		33,100.		33,100.	
d	Lobbying	7777			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	70,987.	43,832.	25,025.	2,130
12	Advertising and promotion				
13	Office expenses	658,924.	447,589.	35,518.	175,817
14	Information technology				-
15	Royalties				
16	Occupancy	219,143.	195,995.	16,387.	6,761.
17	Travel	18,323.	16,743.	1,204.	376.
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	368,440.	355,359.	881.	12,200.
23	Insurance	80,892.	72,341.	6,229.	2,322
24	Other expenses. Itemize expenses not covered	00,002	, = , = = = =	7/==71	
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	06 125	76 425	0.060	622
а	Training and continuing	86,137.	76,437.	9,068.	632
b	Taxes & Fees	61,089.	37,716.	21,321.	2,052
С	Dues and subscriptions	24,162.	8,084.	8,973.	7,105.
d	Bad debt expense	22,348.	22,348.		
е	All other expenses	10,211.	5,985.	2,816.	1,410
25	Total functional expenses. Add lines 1 through 24e	7,188,670.	5,983,219.	600,999.	604,452
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)				

Form **990** (2019)

Form 990 (2019)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year $\overline{139},358.$ 1,514,356. 1 Cash - non-interest-bearing 945,471. 712,116. Savings and temporary cash investments 2 178,400. 148,667. 3 3 Pledges and grants receivable, net 424,506. 225,011. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 211,277. 212,453. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other _____10a 10,845,864. basis. Complete Part VI of Schedule D 5,991,706. 4,978,336. 4,854,158. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 500,000. 0. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 889,947. 920,704. 15 15 Other assets. See Part IV, line 11 8,267,295. 8,587,465. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 477,136. 403,275. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 1,102,899. of Schedule D 477,136. 1,506,174. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here

X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 6,677,017. 27 5,965,452. 27 Net assets without donor restrictions 1,113,142. Net assets with donor restrictions 1,115,839. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 7,790,159. 7,081,291. Total net assets or fund balances 32 32 8,267,295. 8,587,465. 33 33 Total liabilities and net assets/fund balances

Form **990** (2019)

orm	Redwood School & Rehabilitation, Inc.	61-601	L3702	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,449		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,188		
3	Revenue less expenses. Subtract line 2 from line 1	3	-739		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,790		
5	Net unrealized gains (losses) on investments	5	30	75	<u> </u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	7,081	.,29	<u>)1.</u>
Ра	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).			
2a	1 , 1		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			3.7	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				v
	Act and OMB Circular A-133?		. 3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000 ~	0046;
			Form ⁹	99 0 (2	2019)

932012 01-20-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** Redwood School & Rehabilitation, 61-6013702 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 Redwood School & Rehabilitation, Inc. 61-6013702 Page 2

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

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

	fails to qualify under the tests	listed below, pleas	se complete Part I	II.)			
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	1423894.	1516540.	1636042.	1436090.	1540675.	7553241.
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1423894.	1516540.	1636042.	1436090.	1540675.	7553241.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						7553241.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1423894.	1516540.	1636042.	1436090.	1540675.	7553241.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,907.	398.	6,904.	3,708.	23,122.	36,039.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	12,670.	11,727.	10,391.	6,395.	26,328.	67,511.
11	Total support. Add lines 7 through 10						7656791.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 27	,962,776.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
	organization, check this box and stor	here			•••••		
Sec	ction C. Computation of Publi						
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	98.65 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	99.16 %
16a	33 1/3% support test - 2019. If the					ore, check this box	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances test						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
10	i i i vate i oui idation. Il the organizatio	and not check a l	55A 011 IIIIE 15, 10a	a, 100, 17a, 01 170			
					Sche	edule A (Form 990	or 330-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Redwood School & Rehabilitation, Inc. 61-6013702 Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	below, please comp	piete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and	(4) 2010	(3) 2010	(6) 23 11	(4) 2010	(6) 2515	(i) rotar
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	·					
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1	T		T	
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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	3					
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.)						
14 First five years. If the Form 990 is f		s first second this	rd fourth or fifth to	ay year as a sectio	n 501(c)(3) organiza	ation
check this box and stop here	ŭ			•	. , . ,	. —
Section C. Computation of Pub						
15 Public support percentage for 2019			column (f))		15	%
16 Public support percentage from 201					16	%
Section D. Computation of Inve					1 10 1	70
17 Investment income percentage for 2			ine 13 column (f)		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2019. If the						
						, 19 110t
more than 33 1/3%, check this box		-	•	• •		🟲 🗀
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizat	lion did not check a	. box on line 14. 19	a. or 190. check th	iis box and see in	Structions	▶

Schedule A (Form 990 or 990-EZ) 2019 Redwood School & Rehabilitation, Inc. 61-6013702 Page 4

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
	163	140
1		
2		
3a		
3b		
3c		
4a		
48		
4b		
15		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
-		
9b		
0-		
9c		
10a		
100		
10b		
990 or 99	90-EZ)	2019

	dule A (Form 990 or 990-EZ) 2019 Redwood School & Rehabilitation, Inc. 61-60	1370	2 Pa	age 5
Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	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		
Sec	tion 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,	_		
800	supervised, or controlled the supporting organization.	2		
Sec	tion 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	_		
<u>Sac</u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
366	tion B. All Type in Supporting Organizations		Vaa	Na
4	Did the erganization provide to each of its supported erganizations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ü	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		

Sche Pa i	dule A (Form 990 or 990-EZ) 2019 Redwood School & Rehabirt V Type III Non-Functionally Integrated 509(a)(3) Supporting			61-6013702 Page 6
	Type in their tamenamy integration des(a)(a) support			Dort \/I\ Can instructions Al
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		Part VI). See Instructions. Al
Sect	other Type III non-functionally integrated supporting organizations must co ion A - Adjusted Net Income	ompiete Se	(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		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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-functional	llv integrat	ed Type III supporting or	ganization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

	edule A (Form 990 or 990-EZ) 2019 Redwood School			1-6013702 Page 7
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
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	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
_	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
d	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

Schedule A	(Form 990 or 990-EZ) 2019 Redw	ood Schoo	ol & Re	habilit	ation,	Inc.	61-6013702	Page 8
Part VI	Supplemental	Information.	Provide the expl	anations req	uired by Part	II, line 10; Pa	rt II, line 17a or	17b; Part III, line 12;	
	Part IV, Section A, I	ines 1, 2, 3b, 3c,	, 4b, 4c, 5a, 6, 9a	ı, 9b, 9c, 11a	a, 11b, and 11	c; Part IV, Se	ction B, lines 1	and 2; Part IV, Section	C,
	line 1; Part IV, Secti	ion D, lines 2 and	d 3; Part IV, Secti	on E, lines 1	c, 2a, 2b, 3a,	and 3b; Part	V, line 1; Part \	/, Section B, line 1e; Par	rt V,
	Section D, lines 5, 6 (See instructions.)	s, and 8; and Par	t V, Section E, lir	ies 2, 5, and	6. Also comp	lete this part	for any addition	nal information.	
	(See instructions.)								
-									
-									
-									
-									
			<u></u>						

Schedule B

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

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

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

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

OMB No. 1545-0047

2019

Name of the organization

Redwood School & Rehabilitation,

Employer identification number

61-6013702

Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from

year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the

any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the

year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

Redwood School & Rehabilitation, Inc.

61-6013702

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	United Way Greater Cincinnati 2400 Reading Road Cincinnati, OH 45202	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Redwood Foundation, Inc. 71 Orphanage Road Ft. Mitchell, KY 41017	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Redwood School & Rehabilitation, Inc.

Employer identification number

61-6013702

awo	od beneel a kenabilitation, inc.	0 1	0013702
Part II	Noncash Property (see instructions). Use duplicate copies of Part II in	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		- \$	

Employer identification number

Name of organization

fr	School & Rehabilitat		$\begin{array}{c c} & 61-6013702 \\ \hline \text{ection 501(c)(7), (8), or (10) that total more than $1,000 for the year.} \end{array}$					
	om any one contributor. Complete columns (a) through (e) and the following line en	try. For organizations					
cc	ompleting Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) \$					
U	lse duplicate copies of Part III if additional	space is needed.						
No.	(la) Duma and of wift	(a) Has at nitt	(d) Description of how wift is held					
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-								
- -		-						
—								
		(e) Transfer of gif	t					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
-								
_								
_								
No		l I						
No. om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
ırt I	(2,1 2.1,2 2.1 3.11	(1, 211 11 3.11	(11, 2					
_								
		(a) Transfer of sif						
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
_								
<u> </u>								
No.								
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
1111								
-			 -					
_								
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
-								
-								
-								
_ -		(c) Use of gift	(d) Description of how gift is held					
No.	(h) Durnose of gift		(d) Description of now girt is field					
No. om rt I	(b) Purpose of gift	(-, 9						
No. om rt I	(b) Purpose of gift							
No. om ort I	(b) Purpose of gift							
No. om art I —	(b) Purpose of gift							
No. om art I	(b) Purpose of gift							
No. om art I	(b) Purpose of gift							
No. om art I	(b) Purpose of gift	(e) Transfer of gif	t					
No. om art I	(b) Purpose of gift		t					
No. om art I	(b) Purpose of gift Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee					
No. om art I		(e) Transfer of gif						
No. om irt I		(e) Transfer of gif						
No. om rt I		(e) Transfer of gif						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Redwood School & Rehabilitation, Inc.

Employer identification number 61-6013702

Par	t I Organizations Maintaining Donor Advised Fu	nds or Other Similar Fu	nds or Accou	unts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			•
		(a) Donor advised funds	(b) F	unds 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	sive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisor	s in writing that grant funds ca	n be used only	
	for charitable purposes and not for the benefit of the donor or donor	or advisor, or for any other pur	oose conferring	
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the organization	tion answered "Yes" on Form	990, Part IV, line	7.
1	Purpose(s) of conservation easements held by the organization (ch			
	Preservation of land for public use (for example, recreation o	r education) Preservat	ion of a historical	lly important land area
	Protection of natural habitat	Preservat	ion of a certified	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified co	enservation contribution in the	form of a conser	
	day of the tax year.			Held at the End of the Tax Year
a				
b				
C	Number of conservation easements on a certified historic structure			; <u> </u>
d	Number of conservation easements included in (c) acquired after 7		I	
_	listed in the National Register			
3	Number of conservation easements modified, transferred, released	, extinguished, or terminated i	by the organization	on during the tax
	year >	4 % 1 4 4 4 4 4 N		
4	Number of states where property subject to conservation easemen			
5	Does the organization have a written policy regarding the periodic	•		Yes No
6	violations, and enforcement of the conservation easements it holds Staff and volunteer hours devoted to monitoring, inspecting, handl			
U	Land volunteer riours devoted to monitoring, inspecting, narror	ing of violations, and emoronit	conservation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling o	f violations, and enforcing con	servation easeme	ents during the year
•	► \$	r violations, and officioning out	servation caseme	sine daning the year
8	Does each conservation easement reported on line 2(d) above satisfy	sfy 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 eas			
	balance sheet, and include, if applicable, the text of the footnote to	•		
	organization's accounting for conservation easements.	•		
Par	t III Organizations Maintaining Collections of Art,	Historical Treasures, o	r Other Simil	ar Assets.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not	to report in its revenue staten	ent and balance	sheet works
	of art, historical treasures, or other similar assets held for public ex	hibition, education, or researc	n in furtherance o	of public
	service, provide in Part XIII the text of the footnote to its financial s	tatements that describes thes	e items.	
b	If the organization elected, as permitted under FASB ASC 958, to r	eport in its revenue statement	and balance she	et works of
	art, historical treasures, or other similar assets held for public exhib	ition, education, or research in	furtherance of p	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	s, or other similar assets for fir	ancial gain, provi	de
	the following amounts required to be reported under FASB ASC 95	88 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			· \$
	Assets included in Form 990, Part X		>	· \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for F	orm 990.		Schedule D (Form 990) 2019

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		School &							13702	
Par	t III Organizations Maintaining C	collections of Ar	rt, Histori	cal Tre	asures, o	r Othe	r Simila	r Asset	s (continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ds, check an	y of the f	following tha	t make s	ignificant i	use of its		
	collection items (check all that apply):									
а	Public exhibition	(d Loa	an or exc	hange progr	am				
b	Scholarly research e Other									
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they	further th	ne organizatio	on's exer	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit of		•		•			_	_	
_	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arran		lete if the or	ganizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod							_	_	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	e:						
									Amount	
	Beginning balance									
d	Additions during the year									
е	Distributions during the year						. <u>1e</u>			
f	Ending balance									
	Did the organization include an amount on F		•				ity?	L	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete	if the organization ar			1	T			1	
		(a) Current year	(b) Prior	year	(c) Two yea	ırs back	(d) Three	<u>years back</u>	(e) Four y	rears back_
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	•								
2	Provide the estimated percentage of the curr	•	ν ο,	olumn (a))) held as:					
	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С		_%								
	The percentages on lines 2a, 2b, and 2c sho	•								
За	Are there endowment funds not in the posse	ession of the organization	ation that ar	e held ar	nd administe	red for th	ie organiz	ation	Γ.	
	by:									<u>res No</u>
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza								3b	
4 Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment fund	IS.						
ı aı			O David IV 15:	- 11- 0		Dort V	line 40			
	Complete if the organization answere					i i		1	(-I) D I-	
	Description of property	(a) Cost or on the contract of		` '	or other (other)	, ,	ccumulate preciation		(d) Book	value
	Land	,	meny	Dasis	(GUIGI)	l de	pi colation			
	Land	I		0 03	7,133.	1	722,4	40	4,314	603
	Buildings				$\frac{7,133.}{8,731.}$		7 <u>22,4</u> 269,2			,465.
	Leasehold improvements			1,00	0,/31.	<u> </u>	<u> </u>		333	, +00.
	Equipment							-		
	Other Add lines 1s through 1s, (2) (1)		V '	D) // 1	0 - 1	<u> </u>		•	4,854	158
rotal	. Add lines 1a through 1e. (Column (d) must e	eauai Form 990. Part	x. column (<i>ട). line 1</i>	UC.)				= ,0J =	, + > 0 •

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.	ool & Rehabil	itation, Inc. 61	-6013702 Page 3
Complete if the organization answered "Yes" o	n 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	i-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(1) 5
	Description		(b) Book value
(1) Beneficial Interest in Per			894,967.
(2) Horizon Community Funds of	NKY - Agency	y Fund	25,737.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			000 504
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		920,704.
Complete if the organization answered "Yes" o	n 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			
(2) PPP Loan			1,102,899.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		1,102,899.
2. Liability for uncertain tax positions. In Part XIII, provide t		the organization's financial statements th	nat reports the
organization's liability for uncertain tax positions under F	ASB ASC 740. Check he	ere if the text of the footnote has been pro	ovided in Part XIII X

932053 10-02-19

Schedule D (Form 990) 2019

	dule D (Form 990) 2019 Redwood School & Rehabili				013702	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	nents With R	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	6,479	<u>,803.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	30,757.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	30 6,449	<u>,757.</u>
3	Subtract line 2e from line 1			3	6,449	<u>,046.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,449	<u>,046.</u>
Par	t XII Reconciliation of Expenses per Audited Financial State		Expenses per F	Return	١.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total expenses and losses per audited financial statements			1	7,188	<u>,670.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	7,188	,670.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)					
С	Add lines 4a and 4b	·		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	7,188	<u>,670.</u>
Par	t XIII Supplemental Information.					
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b a	nd 2b; Part V, line 4	; Part X	, line 2; Part X	(Ι,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional informa	ation.			
Par	t X, Line 2:					
The	Organization is exempt from income taxes	s under	Section 50	1(c)	(3) of	
the	: Internal Revenue Code and a similar prov	<u>vision o</u>	f KY law.	How	wever, t	he
Org	anization is subject to federal income ta	ax on an	y unrelate	d bu	siness	
tax	able income.					
The	Organization's IRS Form 990 is subject t	to revie	w and exam	inat	ion by	
fec	eral and state authorities. The Organizat	tion bel	<u>ieves it h</u>	.as		
apr	ropriate support for any tax positions to	aken, an	<u>d therefor</u>	e, d	loes not	<u> </u>
					· · ·	
<u>hav</u>	e an uncertain income tax positions that	are mat	<u>erial to t</u>	he f	inancia	a1
					· · ·	
<u>sta</u>	tements.					

Schedule D (Form 990) 2019 Part XIII Supplemental Inform	Redwood	School	&	Rehabilitation,	Inc.	61-6013702	Page 5
Supplemental Infor	mation _{(contin}	ued)					

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

Redwood	School & Rehabili	tat	ion	, Inc.	61-6013	702
Part I Fundraising Activities.	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this par		a aatii	ition	Charle all that apply		
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (includation	non-g gover aising ding of onal fo	overnment grants nment grants events fficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No				
Total			•			
List all states in which the organization or licensing.			utions	or has been notified	it is exempt from re	gistration
LHA For Paperwork Reduction Act Noti	ice, see the Instructions for Form	990 or	990-E	Z	Schedule G (Form 9	90 or 990-EZ) 2019

932081 09-11-19

61-6013702 Page 2 Schedule G (Form 990 or 990-EZ) 2019 Redwood School & Rehabilitation, Inc. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Redwood (add col. (a) through Express Derby 3 col. (c)) (event type) (event type) (total number) 266,082. 2,445. 47,819. 316,346. Gross receipts 211,717. 1,945. 47,665 261,327. 2 Less: Contributions 500. 154 Gross income (line 1 minus line 2) 54,365 55,019. 2,250. 0. 2,250. 4 Cash prizes 1,143. 5 Noncash prizes 1,230. 2,373. Direct Expenses 1,500. 1,198. 2,698. Rent/facility costs 54,365. 500. 154. 55,019. 7 Food and beverages 13,301. 13,301. 8 Entertainment 22,472. 138. 8,030. 30,640. Other direct expenses 106,281. 10 Direct expense summary. Add lines 4 through 9 in column (d) -51,262. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 16,210. 16,210. Gross revenue 3,600. 3,600. 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 394. 394. Other direct expenses Yes % Yes Yes 6 Volunteer labor No 3,994. Direct expense summary. Add lines 2 through 5 in column (d) 12,216. 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: KY, OH a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2019

b If "Yes," explain:

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

Schedule G (Form 990 or 990-EZ) 2019 Redwood School & Rehabilitation, Inc. 61-6013702 Page 3
11 Does the organization conduct gaming activities with nonmembers? Yes X 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?
13 Indicate the percentage of gaming activity conducted in: a The organization's facility 13a 40.00 %
a The organization's facility 13a 40.00 % b An outside facility 13b 60.00 %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name ▶ Barb Hellmann
Address ► 71 Orphanage Road - Ft. Mitchell, KY 41017
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes X 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 ▶ Beth Moore, Event Coordinator
Gaming manager compensation ▶ \$43,510.
Description of services provided Manages licensed gaming occasions, supervises all
volunteers, and assures proper receipt/recording of gaming funds.
Director/officer X Employee Independent contractor
17 Mandatory distributions:a Is the organization required under state law to make charitable distributions from the gaming proceeds to
17 Mandatory distributions:
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? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
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? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
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Schedule G	G (Form 990 or 990-EZ)	Redwood Sch	nool &	Rehabilitation,	Inc.	61-6013702	Page 4
1 art IV	Supplemental infor	(continued)					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization Redwood School & Rehabilitation, Inc. Employer identification number 61-6013702

Pai	τι Types of Property									
		(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contrib amounts reporte Form 990, Part VIII	ed on	l .	(d) ethod of dete sh contribution		•	
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 ▶ (<u>Durable Medic</u>)	X	16		<u>,900.</u>					
26	Other ▶ (Program Suppl)	X	43		,941.					
27	Other ▶ (Items used to)	X	250	36,	,272.	Cost				
28	Other ()									
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions						
	for which the organization completed Form 828	3, Part IV, [Donee Acknowledg	jement	29					
									Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines	1 throug	h 28, that it	t 🗍			
	must hold for at least three years from the date									
	exempt purposes for the entire holding period?			•			:	30a		Х
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	olicy that re	quires the review of	of any nonstandard	contribut	ions?		31	х	
			· ·	•		••••				
	contributions?		•					32a		X
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column ((a) is chec	cked,				
	describe in Part II.									
ΙЦΔ	For Panerwork Reduction Act Notice see t	he Instruct	tions for Form 990	1			Schodula M (Earn	1000	2010

Schedule M	(Form 990) 2019	Redwood	School	&	Rehabi	<u>litati</u>	on,	Inc.		L-6013'		Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information. I, column (b), the	 Provide the e number of c 	info	rmation requi	red by Part number of i	I, lines tems re	30b, 32b, a eceived, or a	nd 33, and vaccombination	whether the n of both. A	organizat Iso comp	ion lete

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Redwood School & Rehabilitation, Inc.

Employer identification number 61-6013702

Form 990, Part I, Line 1, Description of Organization Mission: their highest potential throughout their lives, by providing enriching educational, therapeutic, and vocational services.

Form 990, Part III, Line 4a, Program Service Accomplishments:

Vocational Day Training (VDT) : Operating with area businesses, VDT delivers a mix of vocational training and employment opportunities to help adults with disabilities prosper through the power of work. Adults learn increasingly complex work and life skills to access jobs and maximize self-sufficiency. Work is completed in our structured workshop environment , work crews at community businesses, and on site at Redwood in our client operated store. Number of clients served is 85.

Community Employment Services (CES), Pre-Employment Transition Services (Pre-ETS) and Drivers Permit: CES assists individuals with obtaining and maintaining competitive employment at a community Through Pre-ETS young adults participate in group based training sessions designed to prepare for transition into adulthood, for college enrollment or successful employment. Additional driver's permit training is provided for individuals with disabilities. Number of clients served per year for these programs is 95.

Form 990, Part III, Line 4b, Program Service Accomplishments:

medical needs. Children receive specialized health care by classroom

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization **Employer identification number** Redwood School & Rehabilitation, Inc. 61-6013702 based registered nurses, based on physician's orders. Nurses address medical issues, collaborate with other health care professionals, respond to medical emergencies, and maintain close communication with the family and physician. Adapted dietary programs support nutritional well-being. Number of clients served is 44. Form 990, Part III, Line 4c, Program Service Accomplishments: Assistive Technology: Children and adults benefit from the use of simple to high-tech assistive technology tools to enhance learning, encourage active participation and increase independence. Professional staff helps individuals and their families access a variety of assistive technology in the classroom, workplace or home related to education, communication, daily living, employment or community living. Professionals with expertise in assistive technology provide evaluation, consultation, training, equipment loans and other services. Number of clients served is 99 and number of AT rentals is 967. Early Intervention: Infants and toddlers reach developmental milestones through play experiences and instructional programs designed and implemented by early childhood specialists and therapists. Early intervention services help families and caregivers understand the special needs of the child and how to enhance development. Children receive early intervention services in the home or in the community (child care centers, libraries, early education classrooms). Services include

Schedule O (Form 990 or 990-EZ) (2019)

professionals. Number of clients receiving developmental intervention

assessments, information, referral and consultation with other

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Redwood Scho	mployer identific	r identification number 6013702						
Part I Identification of Disregarded Entities. Con	nplete if the organization answered "Y	es" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	(e) eme End-of-year as:		s Direct c	(f) controlling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	unizations. Complete if the organizati	on answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one o	or mor	re related tax-exer	mpt	
(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		Section 512(b)(controlled entity? Yes No	
Redwood Foundation, Inc 26-2203931 71 Orphanage Road Ft. Mitchell, KY 41017-3099	Funding	Kentucky	501(c)(3)	509(a)(3)			100	No X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

Page 2

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	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	Disprop	h) nortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General of managin partner? Yes No	(k) Percentage ownership

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.

(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	ent	tion b)(13) rolled tity?
		,						Yes	No

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

Not	e: 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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c	Х	
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
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) (b) (c) (d)			
	Name of related organization	امميا		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Redwood Foundation, Inc.	С	135,168.	Cash
(2)			
(3)			
(4)			
<u>(5)</u>			
(6)			

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)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0040

Schedule R	(Form 990) 2019	Redwood	School	&	Rehabilitation,	Inc.	61-6013702	Page 5
Part VII	(Form 990) 2019 Supplemental Inform	mation						
			es to questior	ns on	Schedule R. See instructions.			
		•						
<u> </u>								
_								

932165 09-10-19 Schedule R (Form 990) 2019

** PUBLIC DISCLOSURE COPY **

Form 990 (Rev. January 2020) Return Under section 501

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

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

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

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

2019
Open to Public Inspection

OMB No. 1545-0047

A F	or the	2019 calendar year, or tax year beginning $$ JUL $1,$ 2019 $$ and e	ending J	UN 30, 2020				
	Check if applicable	C Name of organization		D Employer identific	cation number			
	Addres	Redwood School & Rehabilitation, Inc.						
	Name change			61-60137	02			
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) 71 Orphanage Road	Room/suite	E Telephone number 859-331-				
	termin- ated			G Gross receipts \$	6,559,321.			
	Amend	Ft. Mitchell, Ri 41017-3099		H(a) Is this a group return				
	Applica tion pendin	F Name and address of principal officer: Silat Oil Fusco		for subordinates? Yes X No				
		same as c above		H(b) Are all subordinates in	cluded? Yes No			
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) oi	r 527	· · · · · · · · · · · · · · · · · · ·	list. (see instructions)			
		e: www.redwoodnky.org	1	H(c) Group exemption				
		organization: X Corporation	L Year o	of formation: 1934 N	1 State of legal domicile; KY			
		Briefly describe the organization's mission or most significant activities: Guide	chile	dren and adu	ılts with			
Se		severe and multiple disabilities to achieve						
Activities & Governance		Check this box if the organization discontinued its operations or dispose		_				
Ver	ı			з	14			
ဇ္	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	14			
Š		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			308			
vitie	6	Total number of volunteers (estimate if necessary)		6	175			
Ċ		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, line 39	<u></u>	7b	0.			
				Prior Year	Current Year			
Revenue	l	Contributions and grants (Part VIII, line 1h)		1,436,090.	1,560,975.			
	ı	Program service revenue (Part VIII, line 2g)		5,869,823.	4,885,589.			
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,708.	23,122.			
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-710. 7,308,911.	-20,640. 6,449,046.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0,449,040.			
	ı	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,634,654.	5,534,914.			
ses	15	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25) 604,45	2.	Ü.				
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,595,657.	1,653,756.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,230,311.	7,188,670.			
		Revenue less expenses. Subtract line 18 from line 12		78,600.	-739,624.			
or Ses			Beg	ginning of Current Year	End of Year			
sets	20 21 22	Total assets (Part X, line 16)		8,267,295.	8,587,465.			
t Ass	21	Total liabilities (Part X, line 26)		477,136.	1,506,174.			
<u>e</u> E	22	Net assets or fund balances. Subtract line 21 from line 20		7,790,159.	7,081,291.			
	art II	Signature Block						
	-	Ities of perjury, I declare that I nave examined this return, including accompanying schedules						
true,	, correc	t, and complete. Declaration of predarativather than officer) is based on all information of white	ch preparer	nas any knowgeoges/202	21			
C:	_	Signature of officer		I Date				
Sign Her		Sharon Fusco, Executive Director & CEO		2410				
Hei	•	Type or print name and title DocuSigned by:						
		Print/Type preparer's name Preparer's signature ##	~ 5/D	1a 3 e/2021 Check	PTIN			
Paid	ı	Paula Hume		if self-employ	P00537516			
	arer	Firm's name Barnes, Dennig & Co., LTD			31-1119890			
	Only	Firm's address 150 East Fourth Street						
		Cincinnati, OH 45202		Phone no. (5	13)241-8313			
Мау	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No			
					200			

	990 (2019) Redwood School & Rehabilitation, Inc. 61-6013702 Page 2
Par	t 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:
	Guide children and adults with severe and multiple disabilities to
	achieve independence and reach their highest potential throughout
	their lives, by providing enriching educational, therapeutic, and
	vocational services.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
2	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	
	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 \$2,715,296. including grants of \$) (Revenue \$2,253,390.)
	Adult Services Include:
	Adult Day Program (ADP) : Adults with multiple disabilities and
	medical fragility achieve skills that allow for meaningful
	participation in normal activities of daily living. Adult independence
	specializes in providing personal care, nursing support and dietary
	services to meet health and wellness needs, while promoting quality of
	life through access to social interaction, purposeful activity,
	life-long learning and leisure experiences. Adult Mentors provide
	highly individualized training. Self-directed development in community
	living, physical fitness, basic computer usage and daily living skills
	provides a unique opportunity for growth. Number of clients served is
	171.
4b	(Code:) (Expenses \$ 2,087,335. including grants of \$) (Revenue \$1,745,149.)
	Children Services include:
	Educational Care: Educational Care offers a unique and inclusive
	therapeutic childcare environment where children with and without
	special needs (from birth to age 20) flourish. Programs offer safe and
	nurturing care, developmental stimulation and an educational curriculum
	that fosters the development of skills essential for future school and
	life success. The low staff-to-child ratio, onsite nursing care,
	access to therapy services and "parents as parents" philosophy assures
	that all children have the opportunity to reach their full potential.
	Number of clients served is 205.
	Transcer of offenes between 15 2004
	Prescribed Pediatric Extended Care: Serves children with complex
40	(Code:) (Expenses \$
70	Therapeutic Intervention:
	Children and adults improve communication, social, cognitive, and
	physical skills required for school and daily living through the
	services provided by licensed speech, occupational, and physical
	therapists. Therapy services include assessments, evaluations,
	treatment, consultation, and parent education and are provided for
	children and adults enrolled in Redwood's programs as well as
	outpatient services, and home visitation. Therapy addresses
	developmental delays, augmentative communication, social thinking,
	sensory integration, seating/mobility and feeding. Number of clients
	served is 199 and total number of therapy sessions provided is 6583.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$\frac{1}{2}\text{ including grants of \$}\frac{1}{2}\text{ (Revenue \$}\frac{1}\text{ (Revenue \$}\frac{1}{2} (Revenue
<u>4e</u>	Total program service expenses ► 5,983,219.
	F QUN (0040)

Form 990 (2019) Redwood School & Rehabilitation, Inc.

Part IV | Checklist of Required Schedules

61-6013702

Page 3

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

Form 990 (2019) Redwood School & Rehabilitation, Inc. 61-6013702 Page 4
Part IV Checklist of Required Schedules (continued)

	· (continued)			
00	Did the experiention vanest may then \$5,000 of grants or other assistance to be for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23		х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	igsquare	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	igwdown	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٦,
	Schedule L, Part I	25b	$\vdash \vdash \vdash$	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	\vdash	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	igsquare	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	igwdown	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٠,,
	Schedule N, Part II	32	$\vdash \vdash \vdash$	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			_V
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	$\vdash \vdash \vdash$	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	x	
35.5	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V		·····	Ш
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 15			
b				
С		4.5	Х	
00000	(gambling) winnings to prize winners?	1c Form	990	(2010)

Form 990 (2019) Redwood School & Rehabilitation, Inc.

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Page 5

Page 180	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
bit at least one is reported on line 2a, did the organization file all resulter deseral employment tax returns? Notice if the sum of lines 1a and 2a is greater than 250, you may be required to e_ritle (see instructions) 2				Yes	No				
bit at least one is reported on line 2a, did the organization file all resulter deseral employment tax returns? Notice if the sum of lines 1a and 2a is greater than 250, you may be required to e_ritle (see instructions) 2	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
b If a 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 2s is greater than 250, you may be required to e_file, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a All any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a floring in country (such as a bank account, securities account, or other financial account)? 5b If "Yes," other the name of the foreign country. 9c instructions for filing requirements for FinCEN From 114, Report of Foreign Bank and Financial account)? 9c in a year of the properties and the properties account, or other financial account)? 9c in Yes, and the properties are country of the financial account in a foreign country. 9c in Yes 100 any tixable party notify the organization that it was or is a party to a prohibited tax shelter fransaction? 9c in Yes, and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of caltrable contributions? 9c in Yes, "did the organization include with every solicitation an express statement that such contributions orgits were not tax deductibles of caltrable contributions? 9c in Yes, "did the organization include with every solicitation and party for gnots and services provided to the payor? 9c in Yes," did the organization notify the denor of the value of the goods or services provided? 9c in Yes, "did the organization notify the denor of the value of the goods or services provided? 9c in Yes," did the organization notify the denor of the value of the goods or services provided? 9c in Yes, "did the organization notify the denor of the value of the goods or services provided? 9c in Yes," did the organization notify the denor of the value of the goods or services provided? 9c in Yes, "did the o									
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to _rije (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? b if Yes, "has it filed a Form 960-T for this year? // 'No' 1o in 2b, provide an explanation on Schedule 0 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 accounts? b if Yes," enter the name of the foreign country As a bank account; securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited in the was or is a party to a prohibited as wheter transaction? 5b LY X c if Yes," tin line Sa or Sb, did the organization file Form 8886 17 6a Does the organization and are unall gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitatele contributions? 6b LY Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible? 7 Organizations that many receive deductible contributions under section 170(c). 6c Lid the organization network a payment in secses of Sr's made party as a contribution and party for godes and services provided? 7 The secondary of secondary of the secondary of secondary of the secondary of secondary of th	b	, , , , , , , , , , , , , , , , , , , ,	1	Х					
Sab March March Sab March Ma									
b If "Yes," has it filled a Form 900-T for this year? If "No" to line 3b, provide an explanation on Schedule C 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)? 4b If "Yes," enter the name of the foreign country 5ce instructions for filling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5b If "Yes" to line Sai or Sb, did the organization file Form 888617 6c 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? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive a payment in excess \$15 * make party as a contribution or aparty for godds and services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization neathy aparty in the contributions under section 170(c). 9d Did the organization neathy aparty in the contribution and party for godds and services provided to the payor? 7a X 7b X 7c X 7b X 7c X 7d If the organization neath, exchange, or otherwise depose of tangible personal property for which it was required to the ferom 8282? 7c If If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7g If A 8 Sponsoring organization received an contribution of directly, to pay premiums on a personal benefit contract? 7e X 7f Did the organization received an contribution of indirectly, to pay premium on a personal benefit contract? 7f If X	За		За		х				
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Sea 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? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? c Did the organization every any premiums, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization in the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 1889 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1998-C? S Sponsoring organization smaintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make at distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make and trabable distributions under section 4966? N/A Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders b Gross income from members or shareholders c If "Yes," in enter the amount of tax-evempt interes	С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	12a		12a						
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excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X				
If "Yes," complete Form 4720, Schedule O.									
	16		16		X				
		If "Yes," complete Form 4720, Schedule O.	_	000	(00:5				

DocuSign Envelope ID: EF813ED6-0D41-439D-BDBF-774F3B0F58AA Redwood School & Rehabilitation, Inc. Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 4 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 14 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process 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

Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed ▶KY, OH

Orphanage Road, Ft. Mitchell,

exempt status with respect to such arrangements?

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

X Upon request X Another's website ___ Other (explain on Schedule O) Own website

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

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

taxable entity during the year?

State the name, address, and telephone number of the person who possesses the organization's books and records Barb Hellmann - 859-331-0880

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16a

16h

41017

KY

Form 990 (2019) Redwood School & Rehabilitation, Inc.

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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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		not cl	heck i	more	than o		Reportable	Reportable	Estimated
	hours per week		, unles cer an					compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		loyee	comp				and related
	below	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Donna Bloemer	line) 2 • 0 0	Ĕ	ii.	J0	- S	<u>=</u> =	P.			
Trustee	2.00	Х						0.	0.	0.
(2) David Gottmann	2.00	22						•	•	<u> </u>
Trustee	2.00	х						0.	0.	0.
(3) Kristine Jones	2.00									
Trustee		Х						0.	0.	0.
(4) John Middleton	2.00							-	-	
Trustee		Х						0.	0.	0.
(5) Jeff Hassan	2.00									
Trustee		Х		Х				0.	0.	0.
(6) Keith Limbach	2.00									
Trustee		Х						0.	0.	0.
(7) Kasey Bond	2.00									
Trustee		Х						0.	0.	0.
(8) Dr. Daniel Cahill	2.00									
Trustee		Х						0.	0.	0.
(9) Ross Eubanks	5.00									
Secretary		Х		Х				0.	0.	0.
(10) Paula McIntosh	5.00									
President		Х		Х				0.	0.	0.
(11) Drew Hollenkamp	2.00							_	_	
Trustee		Х						0.	0.	0.
(12) Steve Sahlfeld	5.00									
Treasurer		Х		Х				0.	0.	0.
(13) Steve Herdina	2.00									
Trustee		Х						0.	0.	0.
(14) Brad Howard	2.00									
Trustee		Х						0.	0.	0.
(15) John Francis	50.00	-						115 064	•	10 445
Executive Director & CEO	3.00			Х	_	_		117,264.	0.	18,447.
(16) Jenny Hansen	50.00	l		37				00 400	•	1 241
CFO	3.00			Х	_	-		90,402.	0.	1,341.
(17) Aaron Wagner	50.00			v				00 262	_	0 5/6
CEO				X	<u> </u>		<u> </u>	89,363.	0.	8,546.

932007 01-20-20

Form 990 (2019)

	School &	R	leh	ab	i1	it	at	tion, Inc.	61-60	13	702	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		ነ than c	ne	Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss per	rson i	s both	an	compensation	compensatio		l	ount	of
	week (list any		l a		l	1711 431	,	from	from related		l	other	4:
	hours for	lirecto						the organization	organizations (W-2/1099-MIS			oensa om th	
	related	e or c	stee			sated		(W-2/1099-MISC)	(00-2/1099-10113	,0)	l	anizat	
	organizations	truste	al trus		ee/	m per		(** 27 1000 141100)				l relat	
	below	Individual trustee or director	Institutional trustee	la e	Key employee	est co oyee	e				orga	nizati	ons
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
(18) Carol Serrone	50.00												
CDO - Start 7/1/19				Х				77,526.		0.	2	9,0	<u>54.</u>
1b Subtotal							•	374,555.		0.	3	7,3	88.
c Total from continuation sheets to Part VI	I, Section A						>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	374,555.		0.	3	7,3	88.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable)			
compensation from the organization													1
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes.	" co	mple	ete S	Sche	edule	J f	for such individual			4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch ı	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	s th	hat received more than \$	100,000 of comp	ensa	tion fro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wit	hin	the organization's tax y	ear.				
(A)								(B)			(C)	
Name and business	address	NC	ONE	3				Description of s	ervices	С	comper	nsatio	n
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	d to	_	_	ted	above) who received mo	ore than				
\$100,000 of compensation from the organic	zation				ſ)							

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Pa	I L V							
		Check if Schedule O contains	a response o	or note to any lir			(C)	(D)
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue		business revenue	from tax under
								sections 512 - 514
ts ts	1 :	a Federated campaigns	1a	356,800.				
ran		b Membership dues	1b					
G,		c Fundraising events	1c	261,327.				
iifts ar A		d Related organizations		135,168.				
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contributions)	1e					
Sig		f All other contributions, gifts, grants, an	d T					
her her		similar amounts not included above		807,680.				
햕		Noncash contributions included in lines 1a-1f		134,353.				
o d		h Total. Add lines 1a-1f	•		1,560,975.			
<u> </u>		Total Add lines to 11		Business Code				
4	2	a Adult Day Support			4,885,589.	4.885.589.		
Vice		b		02200	2,000,000			
Ser								
m Ver								
gra Re		d						
Program Service Revenue	,	f All other program service revenue						
		g Total. Add lines 2a-2f			4,885,589.			
	3	Investment income (including divid			, ,			
		other similar amounts)	•	•	23,122.			23,122.
	4	Income from investment of tax-exe			,			,
	5	Royalties						
			(i) Real	(ii) Personal				
	6	a Gross rents6a						
		b Less: rental expenses 6b						
		c Rental income or (loss) 6c						
		al. Niet verstel in service en (lees)		•				
			Securities	(ii) Other				
		assets other than inventory 7a						
		b Less: cost or other basis						
<u>o</u>		and sales expenses 7b						
enr		c Gain or (loss) 7c			-			
Revenue		d Net gain or (loss)		•				
er		a Gross income from fundraising events						
퉏	_	including \$ 261,327	• of					
		contributions reported on line 1c).						
		Part IV, line 18		55,019.				
		b Less: direct expenses		106,281.				
		c Net income or (loss) from fundraisi		>	-51,262.			-51,262.
		a Gross income from gaming activities	_					
		Part IV, line 19		16,210.				
		b Less: direct expenses		3,994.				
		c Net income or (loss) from gaming a		>	12,216.			12,216.
		a Gross sales of inventory, less retur						
		and allowances	I .					
		b Less: cost of goods sold						
		c Net income or (loss) from sales of i		>				
,				Business Code				
ous 9	11	a <u>Other misc revenue</u>	<u> </u>	900099	18,406.			18,406.
ane		b						
Miscellaneous Revenue		с						
Misc		d All other revenue						
_		e Total. Add lines 11a-11d			18,406.	4 005 506		0 100
	12	Total revenue. See instructions)	6,449,046.	<u>4,885,589.</u>	0.	2,482.

Form 990 (2019) Redwood School & Rehabilitation, Inc.

Part IX Statement of Functional Expenses

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Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon			, v y.	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	411,944.	95,951.	161,557.	154,436.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 056 040	2 600 055	105.060	100 000
7	Other salaries and wages	4,076,943.	3,692,855.	195,068.	189,020.
8	Pension plan accruals and contributions (include	100 055	00 040	4 505	4 005
	section 401(k) and 403(b) employer contributions)	108,855.	99,843.	4,727. 31,079.	4,285. 19,775. 26,131.
9	Other employee benefits	520,081.	469,227.		19,775.
10	Payroll taxes	417,091.	342,914.	48,046.	26,131.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	22 100		22 100	
	3	33,100.		33,100.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	70,987.	43,832.	25 025	2 120
40	column (A) amount, list line 11g expenses on Sch O.)	10,301.	43,032.	25,025.	2,130.
12	Advertising and promotion	658,924.	447,589.	35,518.	175,817.
13	Office expenses	030,324.	447,303.	33,310.	1/3,01/•
14 15	Information technology				
16	Royalties	219,143.	195,995.	16,387.	6,761.
17	Occupancy Travel	18,323.	16,743.	1,204.	376.
18	Payments of travel or entertainment expenses	20,0200	2077200	2,2020	3701
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	368,440.	355,359.	881.	12,200.
23	Insurance	80,892.	72,341.	6,229.	2,322.
24	Other expenses. Itemize expenses not covered	,			,
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Training and continuing	86,137.	76,437.	9,068.	632.
b	Taxes & Fees	61,089.	37,716.	21,321.	2,052.
С	Dues and subscriptions	24,162.	8,084.	8,973.	7,105.
d	Bad debt expense	22,348.	22,348.		
е		10,211.	5,985.	2,816.	1,410.
25	Total functional expenses. Add lines 1 through 24e	7,188,670.	5,983,219.	600,999.	604,452.
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)				

Form **990** (2019)

Form 990 (2019)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year $\overline{139},358.$ 1,514,356. 1 Cash - non-interest-bearing 945,471. 712,116. Savings and temporary cash investments 2 178,400. 148,667. 3 3 Pledges and grants receivable, net 424,506. 225,011. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 211,277. 212,453. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other _____10a 10,845,864. basis. Complete Part VI of Schedule D 5,991,706. 4,978,336. 4,854,158. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 500,000. 0. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 889,947. 920,704. 15 15 Other assets. See Part IV, line 11 8,267,295. 8,587,465. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 477,136. 403,275. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 1,102,899. of Schedule D 477,136. 1,506,174. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here

X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 6,677,017. 27 5,965,452. 27 Net assets without donor restrictions 1,113,142. Net assets with donor restrictions 1,115,839. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 7,790,159. 7,081,291. Total net assets or fund balances 32 32 8,267,295. 8,587,465. 33 33 Total liabilities and net assets/fund balances

Form **990** (2019)

orm	Redwood School & Rehabilitation, Inc.	61-601	L3702	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,449		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,188		
3	Revenue less expenses. Subtract line 2 from line 1	3	-739		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,790		
5	Net unrealized gains (losses) on investments	5	30	75	<u> </u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	7,081	.,29	<u>)1.</u>
Ра	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).			
2a	1 , 1		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			3.7	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				v
	Act and OMB Circular A-133?		. 3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000 ~	0046;
			Form ⁹	99 0 (2	2019)

932012 01-20-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **Employer identification number** Redwood School & Rehabilitation, 61-6013702 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 Redwood School & Rehabilitation, Inc. 61-6013702 Page 2

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

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

fails to qualify under the tests	listed below, pleas	se complete Part I	II.)			
Section A. Public Support				<u> </u>		
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not						
include any "unusual grants.")	1423894.	1516540.	1636042.	1436090.	1540675.	7553241.
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge	1 4 0 2 0 0 4	1516540	1626042	1426000	1540675	7552041
4 Total. Add lines 1 through 3	1423894.	1516540.	1636042.	1436090.	1540675.	7553241.
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)						7553241.
6 Public support. Subtract line 5 from line 4. Section B. Total Support						7555241.
	(-) 004 <i>5</i>	(1-) 0040	(-) 0047	(-1) 0040	(-) 0040	(6) T-+-1
alendar year (or fiscal year beginning in)	(a) 2015 1423894.	(b) 2016 1516540.	(c) 2017 1636042.	(d) 2018 1436090.	(e) 2019 1540675.	(f) Total 7553241.
7 Amounts from line 4	1423094.	1310340.	1030042.	1430090.	1340073.	7555241.
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,	1,907.	398.	6,904.	3,708.	23,122.	36,039.
and income from similar sources	1,307.	390•	0,304.	3,700.	23,122.	30,039.
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)	12,670.	11,727.	10,391.	6,395.	26,328.	67,511.
11 Total support. Add lines 7 through 10	12,070.	11,727.	10,331.	0,333.	20,320.	7656791.
12 Gross receipts from related activities,	etc (see instruction	ine)			12 27	,962,776.
13 First five years. If the Form 990 is for	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 fourth or fifth to			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
organization, check this box and stor						▶□
Section C. Computation of Publi						
14 Public support percentage for 2019 (I			olumn (f))		14	98.65 %
5 Public support percentage from 2018					15	99.16 %
6a 33 1/3% support test - 2019. If the o						
stop here. The organization qualifies						
b 33 1/3% support test - 2018. If the o						
and stop here. The organization qual						
17a 10% -facts-and-circumstances test						
and if the organization meets the "fac						
meets the "facts-and-circumstances"		·	•	•	•	
b 10% -facts-and-circumstances test	•	•		•		
more, and if the organization meets the						
organization meets the "facts-and-circ						> □
18 Private foundation. If the organization						
		,	, , -,		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2019 Redwood School & Rehabilitation, Inc. 61-6013702 Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	below, please comp	piete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and	(4) 2010	(3) 2010	(6) 23 11	(4) 2010	(6) 2515	(i) rotar
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	·					
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1	T		T	
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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	3					
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.)						
14 First five years. If the Form 990 is f		s first second this	rd fourth or fifth to	ay year as a sectio	n 501(c)(3) organiza	ation
check this box and stop here	ŭ			•	. , . ,	. —
Section C. Computation of Pub						
15 Public support percentage for 2019			column (f))		15	%
16 Public support percentage from 201					16	%
Section D. Computation of Inve					1 10 1	70
17 Investment income percentage for 2			ine 13 column (f)		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2019. If the						
						, 19 110t
more than 33 1/3%, check this box		-	•	• •		🟲 🗀
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizat	lion did not check a	. box on line 14. 19	a. or 190. check th	iis box and see in	Structions	▶

Schedule A (Form 990 or 990-EZ) 2019 Redwood School & Rehabilitation, Inc. 61-6013702 Page 4

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
-	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
990	or 99	0-F7	2019

	dule A (Form 990 or 990-EZ) 2019 Redwood School & Rehabilitation, Inc. 61-60	1370	2 Pa	age 5
Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	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		
Sec	tion 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,	_		
800	supervised, or controlled the supporting organization.	2		
Sec	tion 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	_		
<u>Sac</u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
366	tion B. All Type in Supporting Organizations		Vaa	Na
4	Did the erganization provide to each of its supported erganizations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ü	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		

	edule A (Form 990 or 990-EZ) 2019 Redwood School & Rehabi			61-6013702 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ıg Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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	Chack here if the current year is the organization's first as a non-functiona	lly integrat	ed Type III supporting or	ranization (see

Schedule A (Form 990 or 990-EZ) 2019

	chedule A (Form 990 or 990-EZ) 2019 Redwood School & Rehabilitation, Inc. 61-6013702 Page 7										
Ра	rt V Type III I	Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _(continued)	Г						
Sect	ion D - Distribution	ns			Current Yea	ar					
1		upported organizations to accomplish exer									
2	Amounts paid to p	erform activity that directly furthers exemp	t purposes of supported								
	organizations, in e	xcess of income from activity									
3	Administrative exp	enses paid to accomplish exempt purpose	es of supported organizations	3							
4	Amounts paid to a	cquire exempt-use assets									
5	Qualified set-aside	amounts (prior IRS approval required)									
6	Other distributions	(describe in Part VI). See instructions.									
7	Total annual distr										
8	Distributions to att	entive supported organizations to which the	ne organization is responsive								
	(provide details in	Part VI). See instructions.									
9	Distributable amou	unt for 2019 from Section C, line 6									
10	Line 8 amount divi	ded by line 9 amount	T	T							
Sect	ion E - Distribution	Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributabl Amount for 2						
1	Distributable amou	unt for 2019 from Section C, line 6									
2	Underdistributions	, if any, for years prior to 2019 (reason-									
	able cause require	d- explain in Part VI). See instructions.									
3	Excess distribution	ns carryover, if any, to 2019									
а	From 2014	•									
b	From 2015										
С	From 2016										
d	From 2017										
е	From 2018										
f	Total of lines 3a th	nrough e									
g	Applied to underdi	stributions of prior years									
	Applied to 2019 di	• • •									
i	• •	14 not applied (see instructions)									
i	•	act lines 3g, 3h, and 3i from 3f.									
4		D19 from Section D,									
	line 7:	\$									
а	Applied to underdi	stributions of prior years									
	Applied to 2019 di										
С	Remainder. Subtra	act lines 4a and 4b from 4.									
5		istributions for years prior to 2019, if									
		3g and 4a from line 2. For result greater									
	than zero, explain	in Part VI. See instructions.									
6	Remaining underd	istributions for 2019. Subtract lines 3h									
	and 4b from line 1	. For result greater than zero, explain in									
	Part VI. See instru										
7		ons carryover to 2020. Add lines 3j									
	and 4c.	-									
8	Breakdown of line	7:									
а	Excess from 2015										
	Excess from 2016										
	Excess from 2017										
	Excess from 2018										
	Excess from 2019										

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-E	Z) 2019	Redwood	School	&	Rehab:	ilita	ation,	Inc.	61-6013702	Page 8
Part VI	Supplemental Part IV, Section A line 1; Part IV, Sec Section D, lines 5,	I Inforr , lines 1, ction D, I , 6, and 8	nation. Provi 2, 3b, 3c, 4b, 4 ines 2 and 3; Pa	de the explan c, 5a, 6, 9a, 9 art IV, Section	ations b, 9c, E, line	required b 11a, 11b, es 1c, 2a, 2	y Part II, and 11c; 2b, 3a, ar	line 10; Pa Part IV, Se nd 3b; Part	rt II, line 17a o ection B, lines V, line 1; Part	r 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; Pa	n C,
	(See instructions.)										
-											

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

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

OMB No. 1545-0047

2019

Name of the organization

Employer identification number

Redwood School & Rehabilitation, 61-6013702 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization		Employer identification number
Redwood School & Rehabilitation	Tnc	61-6013702

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$135,168.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Redwood School & Rehabilitation, Inc.

Employer identification number

61-6013702

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of or	rganization		Employer identification numl			
Redwoo	od School & Rehabilitati	ion, Inc.			61-6013702	
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	ons to organizations descr) through (e) and the followi charitable, etc., contributions of	na line entry. For a	rganizations	nat total more than \$1,000 for the year	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held		
		(e) Transf	fer of gift			
_	Transferee's name, address, an			elationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Desc	ription of how gift is held	
		(e) Transf	fer of gift			
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Desc	ription of how gift is held	
	Transferee's name, address, ar	(e) Transf nd ZIP + 4		elationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of (gift	(d) Desc	ription of how gift is held	
_	Transferee's name, address, ar	(e) Transf nd ZIP + 4		elationship of tra	nsferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Redwood School & Rehabilitation

Employer identification number

Pai	t I Organizations Maintaining Donor Advised	·	or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, line		of field and complete in the			
	organization answered Tes On Form 990, Fait IV, line	(a) Donor advised funds	(b) Funds and other accounts			
4	Total number at and of year	(a) Borior davised farias	(b) I dilab and other abouting			
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	and the state of t	and 6 weeks			
5	Did the organization inform all donors and donor advisors in w	-				
_	are the organization's property, subject to the organization's e					
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or	, , , , ,				
Pai						
			Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organizatio	`				
	Preservation of land for public use (for example, recreat	· —	f a historically important land area			
	Protection of natural habitat	Preservation o	f a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form				
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b						
С	Number of conservation easements on a certified historic stru	ıcture included in (a)	2c			
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic struct	ure			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax			
	year ▶					
4	Number of states where property subject to conservation ease	ement 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, h	nandling of violations, and enforcing con	servation easements during the year			
	>					
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	ation easements during the year			
	> \$					
8	Does each conservation easement reported on line 2(d) above	e 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	on easements in its revenue and expense	statement and			
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial statem	ents that describes the			
	organization's accounting for conservation easements.					
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.			
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works			
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, or research in f	urtherance of public			
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these iten	ns.			
b	If the organization elected, as permitted under FASB ASC 958	3, 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 furt	herance of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		> \$			
2	If the organization received or held works of art, historical trea					
	the following amounts required to be reported under FASB AS	•				
а	Revenue included on Form 990, Part VIII, line 1	-	> \$			
	Assets included in Form 990, Part X					

932051 10-02-19

Schedule D (Form 990) 2019

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

		School &							13702	
Par	t III Organizations Maintaining C	collections of Ar	rt, Histori	cal Tre	asures, o	r Othe	r Simila	r Asset	S (continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check an	y of the f	ollowing that	t make si	gnificant i	use of its		
	collection items (check all that apply):									
а	Public exhibition	(d Loa	an or exc	hange progra	am				
b	Scholarly research	•	e L Oth	ner						
С	Preservation for future generations									
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 of		•		•				_	
_	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arran		lete if the or	ganizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod							_	_	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	e:						
									Amount	
	Beginning balance									
d	Additions during the year									
е	Distributions during the year						. <u>1e</u>			
f	Ending balance									
	Did the organization include an amount on F		•				ity?	L	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete	if the organization ar							1	
		(a) Current year	(b) Prior	year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four y	/ears back_
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	•	` ',	olumn (a)) held as:					
	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С		<u></u> %								
	The percentages on lines 2a, 2b, and 2c sho	•								
За	Are there endowment funds not in the posse	ession of the organiza	ation that ar	e held ar	nd administe	red for th	e organiza	ation	Γ.	
	by:									<u>res No</u>
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza								3b	
4 Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment fund	IS.						
ı aı			0 0-41/ 1:-	- 11- 0	F 000	. D4 V	li 10			
	Complete if the organization answere					<u> </u>			(a) D - al-	
	Description of property	(a) Cost or on the contract (a) Cost or on the cost of		. ,	or other (other)	,	ccumulate preciation		(d) Book	value
	Land	· · ·	mony	Dasis	(Oti ICI)	ue	preciation			
	Land			0 03	7,133.	1	722,4	40	4,314	603
	Buildings				$\frac{7,133.}{8,731.}$		269,2			,465.
	Leasehold improvements			1,00	0,131.	<u> </u>	409,4		339	, 400.
	Equipment							-		
	Other Add lines 1s through 1s, (2) (1)		V 1 - 1	D) // 1	0 - 1				1 851	,158.
rotal	. Add lines 1a through 1e. (Column (d) must e	auai Form 990. Part	x. column (ട). Iine 1	UC.)				=, 054	, + > 0 •

Schedule D (Form 990) 2019

Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-	of-vear market value
F	(b) Book value	(b) Method of Valdation. Cost of ond	or year market value
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
E)			
F)			
G)			
(H)			
II. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
1)		<u> </u>	
2)			
3)			
(4)			
(5)			
(6)			
7) 8)			
(9)			
II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
art IX Other Assets.			
Complete if the organization answered "Yes" o	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
1) Beneficial Interest in Per	petual Trust		894,96
2) Horizon Community Funds of	NKY - Agency	y Fund	25,73
(3)			
4)			
(5)			
(5) (6)			
(5) (6) (7)			
(5) (6) (7) (8) (9)			000 50
5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	920,70
5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.			920,70
55) 66) 77) 88) 99 al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of			
5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of the complete of the organization of liability			920,70 (b) Book value
5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability 1) Federal income taxes			(b) Book value
5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability 1) Federal income taxes 2) PPP Loan			(b) Book value
5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes 2) PPP Loan (3)			(b) Book value
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) PPP Loan (3) (4)			(b) Book value
(5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) PPP Loan (3) (4)			(b) Book value
(5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) PPP Loan (3) (4) (5)			(b) Book value
(5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) PPP Loan (3) (4) (5) (6)			(b) Book value
5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) PPP Loan (3) 4) (5)			920,70 (b) Book value 1,102,89

Schedule D (Form 990) 2019

	edule D (Form 990) 2019 Redwood School & Rehab			5013702	Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial St	atements With Revenue per F	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	6,479,	<u>,803.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		•		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d		2.0	
е	Add lines 2a through 2d			30, 6,449,	757.
3	Subtract line 2e from line 1		3	6,449,	,046.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			0
_C	Add lines 4a and 4b			6,449,	0.
5 D a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 rt XII Reconciliation of Expenses per Audited Financial S	2.) Statements With Evnenses ne	. 5 r Beturn	0,449,	,040.
ı a			Metarr	•	
_	Complete if the organization answered "Yes" on Form 990, Part IV,			7,188,	670
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		. 1	7,100,	, 0 / 0 •
2		2a			
a h	Donated services and use of facilities				
b	Prior year adjustments Other lesses				
c d	Other losses Other (Describe in Part XIII.)				
e			2e		0.
3	Add lines 2a through 2d Subtract line 2e from line 1			7,188,	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			,,200,	, 0 , 0 0
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b	•	4c		0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line			7,188,	
Pa	rt XIII Supplemental Information.	10.7			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Part V, line	e 4; Part X	, line 2; Part X	I,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.			
		•			
Paı	rt X, Line 2:				
The	e Organization is exempt from income to	axes under Section 5	01(c)	(3) of	
					-
the	e Internal Revenue Code and a similar p	<u>provision of KY law.</u>	HOW	vever, t	he
^					
Org	ganization is subject to federal income	e tax on any unrelat	ea bu	siness	
	blo income				
tax	kable income.				
mh.	o Organization's IDC Form 000 is subject			iion bii	
.1.116	e Organization's IRS Form 990 is subjec	et to review and exa	ımınat	ton by	
foc	deral and state authorities. The Organ:	igation baliowed it	haa		
Tec	derai and state authorities. The Organi	izacion belleves it	IIas		
277	propriate support for any tax positions	s taken and therefo	re d	loes not	_
<u>ap</u>	propriate support for any tax positions	s caken, and cherere	<i>,</i> , , ,	1065 1100	
hav	ve an uncertain income tax positions tl	hat are material to	the f	inancia	1
	direct dain literame dan pest cleib di		J 1		
sta	atements.				

Schedule D (Form 990) 2019 Part XIII Supplemental Inform	Redwood	School	&	Rehabilitation,	Inc.	61-6013702	Page 5
Supplemental Infor	mation _{(contin}	ued)					

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

•

Employer identification number

Redwood	School & Rehabili	tat	ion	, Inc.	61-6013	702
Part I Fundraising Activities.	Complete if the organization answ	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this part						
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Page 1 	e Solicit f Solicit g Special r oral agreement with any individual art VII) or entity in connection with	ation of ation of al fundra al (includo professi	non-g gover aising ding of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?	Yes	
b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the		uant to	agreei	ments under which ti	ne fundraiser is to be)
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have o	(iii) Did fundraiser have custody or control of contributions?		(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total 3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit		▶ utions	or has been notified	it is exempt from re	gistration

932081 09-11-19

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

Schedule G (Form 990 or 990-EZ) 2019

61-6013702 Page 2 Schedule G (Form 990 or 990-EZ) 2019 Redwood School & Rehabilitation, Inc. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Redwood (add col. (a) through Express Derby 3 col. (c)) (event type) (event type) (total number) 266,082. 2,445. 47,819. 316,346. Gross receipts 211,717. 1,945. 47,665 261,327. 2 Less: Contributions 500. 154 Gross income (line 1 minus line 2) 54,365 55,019. 2,250. 0. 2,250. 4 Cash prizes 1,143. 5 Noncash prizes 1,230. 2,373. Direct Expenses 1,500. 1,198. 2,698. Rent/facility costs 54,365. 500. 154. 55,019. 7 Food and beverages 13,301. 13,301. 8 Entertainment 22,472. 138. 8,030. 30,640. Other direct expenses 106,281. 10 Direct expense summary. Add lines 4 through 9 in column (d) -51,262. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 16,210. 16,210. Gross revenue 3,600. 3,600. 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 394. 394. Other direct expenses Yes % Yes Yes 6 Volunteer labor No 3,994. Direct expense summary. Add lines 2 through 5 in column (d) 12,216. 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: KY, OH a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2019

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

b If "Yes," explain:

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019 Redwood School & Rehabilitation, Inc. 61-6013702 Page 3
11 Does the organization conduct gaming activities with nonmembers? Yes X 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?
13 Indicate the percentage of gaming activity conducted in: a The organization's facility 13a 40.00 %
a The organization's facility 13a 40.00 % b An outside facility 13b 60.00 %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name ▶ Barb Hellmann
Address ► 71 Orphanage Road - Ft. Mitchell, KY 41017
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes X 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 ▶ Beth Moore, Event Coordinator
Gaming manager compensation ▶ \$43,510.
Description of services provided Manages licensed gaming occasions, supervises all
volunteers, and assures proper receipt/recording of gaming funds.
Director/officer X Employee Independent contractor
17 Mandatory distributions:
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to
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? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
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? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
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Schedule G	G (Form 990 or 990-EZ)	Redwood Sch	001 &	Rehabilitation,	Inc.	61-6013702	Page 4
1 art IV	Supplemental infor	(continued)					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization Redwood School & Rehabilitation, Inc. Employer identification number 61-6013702

Par	t 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 det noncash contribut		•	3
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 -							
10								
14	Historic structures 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		1.6	F.C. 000	0			
25	Other (Durable Medic)	X	16 43	56,900.				
26	Other (Program Suppl)	X	250	39,941.				
27	Other (Items used to)	X	<u> </u>	36,272.	Cost			
28	Other ()							
29	Number of Forms 8283 received by the organize	-	•					
	for which the organization completed Form 828	83, Part IV, I	Donee Acknowledg	gement 29			1	
							Yes	No
30a	During the year, did the organization receive by		* * * * *	· · · · · · · · · · · · · · · · · · ·				
	must hold for at least three years from the date		ll contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period?	?				30a		_X_
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribut	ions?	31	X	
32a	Does the organization hire or use third parties contributions?		•	•		32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	for which column (a) is ched	:ked.			
	describe in Part II.	2.2 (0) 101	, po or property		,			
ΙЦΛ	For Panerwork Reduction Act Notice see	the Instruct	tions for Form 990	<u> </u>	Schedule M	/Eorn	2001	2010

Schedule M	(Form 990) 2019	Redwood	School	&	Rehabilitati	on,	Inc.		-6013702	Page 2
Part II	Supplemental	Information	Provide the i	info	mation required by Part ibutions, the number of i	I, lines tems re	30b, 32b, and	33, and wi	hether the organiza	ation plete
	this part for any ac	dditional informat	ion.		,					

932142 09-27-19

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Redwood School & Rehabilitation, Inc.

Employer identification number 61-6013702

Form 990, Part I, Line 1, Description of Organization Mission: their highest potential throughout their lives, by providing enriching educational, therapeutic, and vocational services.

Form 990, Part III, Line 4a, Program Service Accomplishments:

Vocational Day Training (VDT) : Operating with area businesses, VDT delivers a mix of vocational training and employment opportunities to help adults with disabilities prosper through the power of work. Adults learn increasingly complex work and life skills to access jobs and maximize self-sufficiency. Work is completed in our structured workshop environment , work crews at community businesses, and on site at Redwood in our client operated store. Number of clients served is 85.

Community Employment Services (CES), Pre-Employment Transition Services (Pre-ETS) and Drivers Permit: CES assists individuals with obtaining and maintaining competitive employment at a community Through Pre-ETS young adults participate in group based training sessions designed to prepare for transition into adulthood, for college enrollment or successful employment. Additional driver's permit training is provided for individuals with disabilities. Number of clients served per year for these programs is 95.

Form 990, Part III, Line 4b, Program Service Accomplishments:

medical needs. Children receive specialized health care by classroom

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization **Employer identification number** Redwood School & Rehabilitation, Inc. 61-6013702 based registered nurses, based on physician's orders. Nurses address medical issues, collaborate with other health care professionals, respond to medical emergencies, and maintain close communication with the family and physician. Adapted dietary programs support nutritional well-being. Number of clients served is 44. Form 990, Part III, Line 4c, Program Service Accomplishments: Assistive Technology: Children and adults benefit from the use of simple to high-tech assistive technology tools to enhance learning, encourage active participation and increase independence. Professional staff helps individuals and their families access a variety of assistive technology in the classroom, workplace or home related to education, communication, daily living, employment or community living. Professionals with expertise in assistive technology provide evaluation, consultation, training, equipment loans and other services. Number of clients served is 99 and number of AT rentals is 967. Early Intervention: Infants and toddlers reach developmental milestones through play experiences and instructional programs designed and implemented by early childhood specialists and therapists. Early intervention services help families and caregivers understand the special needs of the child and how to enhance development. Children receive early intervention services in the home or in the community (child care centers, libraries, early education classrooms). Services include

professionals. Number of clients receiving developmental intervention

assessments, information, referral and consultation with other

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Redwood Scho	ool & Rehabilitation	n, Inc.			E	mployer identific		umber
Part I Identification of Disregarded Entities. Con	nplete if the organization answered "Y	es" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	(e) me End-of-year	assets	s Direct c	(f) controlling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	unizations. Complete if the organizati	on answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one o	or mor	re related tax-exer	mpt	
(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))	Dir	(f) rect controlling entity	entity?	
Redwood Foundation, Inc 26-2203931 71 Orphanage Road Ft. Mitchell, KY 41017-3099	Funding	Kentucky	501(c)(3)	509(a)(3)			Yes	No X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

Page 2

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	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	Disprop	h) nortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General of managin partner? Yes No	(k) Percentage ownership

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.

(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	ent	tion b)(13) rolled tity?
		,						Yes	No

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

Not	e: 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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c	Х	
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
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) (b) (c) (d)			
	Name of related organization	امميا		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Redwood Foundation, Inc.	С	135,168.	Cash
(2)			
(3)			
(4)			
<u>(5)</u>			
(6)			

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)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0040

Schedule R (Fo	orm 990) 2019	Redwood	School	& Reh	abilitation,	Inc.	61-6013702	Page 5
Part VII S	upplemental Inforr	nation						
P	rovide additional informa	tion for response	es to question	s on Sched	lule R. See instructions.			
						<u> </u>		
· · ·		<u> </u>						