

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning _____ **and ending** _____

| | | | |
|--|---|--|---|
| <p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p> | <p>Please use IRS label or print or type.</p> <p>See Specific Instructions.</p> | <p>C Name of organization</p> <p>BOB WOODRUFF FAMILY FOUNDATION, INC.</p> <p>Doing Business As BOB WOODRUFF FOUNDATION</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</p> <p>P.O. BOX 955</p> <p>City or town, state or country, and ZIP + 4</p> <p>BRISTOW, VA 20136</p> | <p>D Employer identification number</p> <p align="center">26-1441650</p> |
| <p>F Name and address of principal officer: RENE BARDORF</p> <p>SAME AS C ABOVE</p> | | | <p>E Telephone number</p> <p align="center">703-853-2128</p> |
| <p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> | | | <p>G Gross receipts \$ 2,233,929.</p> |
| <p>J Website: ▶ WWW.REMIND.ORG</p> | | | <p>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶</p> |
| <p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p> | | <p>L Year of formation: 2007 M State of legal domicile: NY</p> | |

Part I Summary

| | | | |
|------------------------------------|-----------------|--|--|
| | 1 | Briefly describe the organization's mission or most significant activities: TO PROVIDE RESOURCES AND SUPPORT TO INJURED SERVICE MEMBERS, VETERANS AND THEIR FAMILIES. | |
| Activities & Governance | 2 | Check this box <input type="checkbox"/> 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 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 |
| | 5 | Total number of employees (Part V, line 2a) | 5 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 |
| | 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a |
| | 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 8 |
| | 9 | Program service revenue (Part VIII, line 2g) | 9 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 10 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 11 |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 12 |
| | Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) |
| 14 | | Benefits paid to or for members (Part IX, column (A), line 4) | 14 |
| 15 | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 15 |
| 16a | | Professional fundraising fees (Part IX, column (A), line 11e) | 16a |
| b | | Total fundraising expenses (Part IX, column (D), line 25) ▶ 62,732. | b |
| 17 | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 17 |
| 18 | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 18 |
| Net Assets or Fund Balances | 19 | Revenue less expenses. Subtract line 18 from line 12 | 19 |
| | 20 | Total assets (Part X, line 16) | 20 |
| | 21 | Total liabilities (Part X, line 26) | 21 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 22 |

Part II Signature Block

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

| | | | |
|---------------------------------|---|---|---|
| Sign Here | <p><i>René Bardorf</i></p> <p>Signature of officer</p> | <p align="right">10-12-2010</p> <p align="right">Date</p> | |
| | <p>RENE BARDORF, EXECUTIVE DIRECTOR</p> <p>Type or print name and title</p> | | |
| Paid Preparer's Use Only | <p>Preparer's signature ▶ <i>Julie Simpson</i></p> <p>Firm's name (or yours if self-employed), address, and ZIP + 4</p> <p>TATE AND TRYON 805 15TH STREET, NW SUITE 900 WASHINGTON, DC 20005</p> | <p>Date 10/6/2010</p> <p>Check if self-employed <input type="checkbox"/></p> <p>EIN ▶</p> <p>Phone no. ▶ (202) 293-2200</p> | <p>Preparer's identifying number (see instructions)</p> |

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION BOB WOODRUFF FAMILY FOUNDATION, INC. PROVIDES RESOURCES AND SUPPORT TO INJURED SERVICE MEMBERS, VETERANS AND THEIR FAMILIES -- BUILDING A MOVEMENT TO EMPOWER COMMUNITIES NATIONWIDE TO TAKE ACTION TO SUCCESSFULLY REINTEGRATE OUR NATIONS INJURED HEROES (ESPECIALLY THOSE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,762,225. including grants of \$ 1,651,237.) (Revenue \$) CHARITABLE INVESTMENTS: BWF INVESTS IN NATIONAL AND COMMUNITY PROGRAMS THAT CONNECT OUR TROOPS TO THE HELP THEY NEED, FROM PHYSICAL ACCOMMODATIONS, MEDICAL CARE AND COUNSELING, TO LARGER SOCIAL ISSUES SUCH AS HOMELESSNESS AND SUICIDE.

4b (Code:) (Expenses \$ 275,080. including grants of \$ 190,599.) (Revenue \$) INDIVIDUAL GIVING: BWF PROVIDES DISCRETE, DIRECT FINANCIAL ASSISTANCE TO OUR NATION'S INJURED HEROES ESPECIALLY THOSE WHO HAVE SUSTAINED THE HIDDEN INJURIES OF WAR AS THEY REINTEGRATE INTO THEIR COMMUNITIES, AND ENSURE THEY THRIVE PHYSICALLY, PSYCHOLOGICALLY, SOCIALLY, AND ECONOMICALLY.

4c (Code:) (Expenses \$ 302,855. including grants of \$) (Revenue \$) PUBLIC AWARENESS AND EDUCATION: BWF EDUCATES THE PUBLIC, THROUGH A MOVEMENT CALLED REMIND.ORG, ABOUT THE NEEDS OF SERVICE MEMBERS RETURNING FROM WAR - AND OUR NATION'S RESPONSIBILITY TO THEM.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 19,180. including grants of \$) (Revenue \$)

4e Total program service expenses \$ 2,359,340.

Part IV Checklist of Required Schedules

Table with columns for question number, description, Yes, and No. Rows include questions 1 through 20 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | X | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | 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? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | | X |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | X | |

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Form 990 (2009) with various sections (1a-12b) and columns for Yes/No. Includes questions about Form 1096, Form W-2G, Form W-3, and other IRS filings.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body; 1b Enter the number of voting members that are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a material diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY, VA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
[X] Own website [X] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
BWFF/ALEXIS GEORGE - 703-853-2128
P.O. BOX 955, BRISTOW, VA 20136

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| COLIN HEFFRON CHAIRMAN | 5.00 | X | | X | | | | 0. | 0. | 0. |
| LEE WOODRUFF VICE PRESIDENT | 20.00 | X | | X | | | | 0. | 0. | 0. |
| EDWARD TOPTANI TREASURER AND SECRETARY | 2.00 | X | | X | | | | 0. | 0. | 0. |
| DAVE WOODRUFF BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| MARTHA RADDATZ BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| MARIAN SALZMAN BOARD MEMBER | 10.00 | X | | | | | | 0. | 0. | 0. |
| BOB JEFFREY BOARD MEMBER | 5.00 | X | | | | | | 0. | 0. | 0. |
| ANTHONY VICEROY BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| RENE BARDORF EXECUTIVE DIRECTOR | 60.00 | | | X | | | | 159,999. | 0. | 7,526. |
| ALEXIS GEORGE CFO | 45.00 | | | X | | | | 79,684. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Part VIII Statement of Revenue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|--|---|--|---|---|--|--|
| Contributions, gifts, grants and other similar amounts | 1 a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c 1,201,803. | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 972,587. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 266,542. | | | | |
| | h Total. Add lines 1a-1f | ▶ 2,174,390. | | | | |
| | Program Service Revenue | 2 a _____ | Business Code | | | |
| b _____ | | | | | | |
| c _____ | | | | | | |
| d _____ | | | | | | |
| e _____ | | | | | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | ▶ | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | ▶ | 22,158. | | 22,158. | |
| | 4 Income from investment of tax-exempt bond proceeds | ▶ | | | | |
| | 5 Royalties | ▶ | | | | |
| | 6 a Gross Rents | (i) Real | (ii) Personal | | | |
| | | b Less: rental expenses | | | | |
| | | c Rental income or (loss) | | | | |
| | | d Net rental income or (loss) | ▶ | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | | b Less: cost or other basis and sales expenses | | | | |
| | | c Gain or (loss) | | | | |
| | | d Net gain or (loss) | ▶ | | | |
| | 8 a Gross income from fundraising events (not including \$ 1201803. of contributions reported on line 1c). See Part IV, line 18 | a 31,870. | | | | |
| | | b Less: direct expenses | b 195,063. | | | |
| | | c Net income or (loss) from fundraising events | ▶ | <163,193.> | <163,193.> | |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | |
| b Less: direct expenses | | b | | | | |
| c Net income or (loss) from gaming activities | | ▶ | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a 4,317. | | | | | |
| | b Less: cost of goods sold | b | | | | |
| | c Net income or (loss) from sales of inventory | ▶ | 4,317. | 4,317. | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a MISCELLANEOUS | 900099 | 1,194. | | | 1,194. | |
| b _____ | | | | | | |
| c _____ | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | ▶ | 1,194. | | | | |
| 12 Total revenue. See instructions. | ▶ | 2,038,866. | <158,876.> | 0. | 23,352. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 1,651,237. | 1,651,237. | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 190,599. | 190,599. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 250,615. | 151,384. | 96,634. | 2,597. |
| 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 | 82,206. | 49,591. | 31,763. | 852. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 4,105. | 2,552. | 1,511. | 42. |
| 10 Payroll taxes | 21,141. | 12,753. | 8,169. | 219. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | 19,000. | |
| c Accounting | 19,000. | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 30,000. | | | 30,000. |
| f Investment management fees | | | | |
| g Other | 114,942. | 106,853. | 3,188. | 4,901. |
| 12 Advertising and promotion | 5,525. | 5,525. | | |
| 13 Office expenses | 124,409. | 67,941. | 49,128. | 7,340. |
| 14 Information technology | 31,590. | 20,772. | 6,403. | 4,415. |
| 15 Royalties | | | | |
| 16 Occupancy | 32,835. | 23,999. | 5,264. | 3,572. |
| 17 Travel | 74,828. | 61,720. | 9,502. | 3,606. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 5,830. | | 5,830. | |
| 23 Insurance | 2,813. | | 2,813. | |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a UNCOLLECTIBLE PLEDGES | 18,893. | | 18,893. | |
| b AUDIO VISUAL | 13,865. | 13,036. | 414. | 415. |
| c PUBLICATION COSTS | 4,526. | | | 4,526. |
| d GIFTS AND AWARDS | 2,945. | 1,378. | 1,320. | 247. |
| e | | | | |
| f All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24f | 2,681,904. | 2,359,340. | 259,832. | 62,732. |
| 26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ... | 138,262. | 83,104. | 0. | 55,158. |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 1,093,980. | 1 | 1,516,208. |
| | 2 Savings and temporary cash investments | 1,033,414. | 2 | 560,338. |
| | 3 Pledges and grants receivable, net | 335,233. | 3 | 189,596. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 55,876. | 8 | 43,162. |
| | 9 Prepaid expenses and deferred charges | 16,351. | 9 | 7,867. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 69,138. | | |
| | b Less: accumulated depreciation | 10b 43,857. | 54,911. | 10c 25,281. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | | 2,589,765. | 16 | 2,342,452. |
| Liabilities | 17 Accounts payable and accrued expenses | 119,557. | 17 | 90,375. |
| | 18 Grants payable | 164,250. | 18 | 589,365. |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities. Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | | 283,807. | 26 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 1,963,440. | 27 | 1,396,187. |
| | 28 Temporarily restricted net assets | 342,518. | 28 | 266,525. |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 2,305,958. | 33 | 1,662,712. | |
| 34 Total liabilities and net assets/fund balances | 2,589,765. | 34 | 2,342,452. | |

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

| | Yes | No |
|-----------|-----|----|
| | | |
| 2a | | X |
| 2b | X | |
| 2c | X | |
| | | |
| 3a | | X |
| 3b | | |

Form 990 (2009)

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. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

BOB WOODRUFF FAMILY FOUNDATION, INC.

Employer identification number

26-1441650

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 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
 - (ii) A family member of a person described in (i) above? _____
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | 6005290. | 2174390. | 8179680. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | 6005290. | 2174390. | 8179680. |
| 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) | | | | | | 4055683. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 4123997. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | | | | 6005290. | 2174390. | 8179680. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | 60. | 1,194. | 1,254. |
| 11 Total support. Add lines 7 through 10 | | | | | | 8180934. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/> | | |

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

INCOME FROM ACTIVITIES NOT REGULARLY CARRIED ON

Lined area for providing supplemental information.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization

BOB WOODRUFF FAMILY FOUNDATION, INC.

Employer identification number

26-1441650

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

BOB WOODRUFF FAMILY FOUNDATION, INC.

26-1441650

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|-----------------------------------|--------------------------------|--|
| 1 | | \$ 350,400. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | | \$ 75,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 5 | | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 6 | | \$ 300,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

BOB WOODRUFF FAMILY FOUNDATION, INC.

Employer identification number

26-1441650

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|--|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

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

| | |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

| | |
|--|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X | ▶ \$ _____ |
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

| | |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X | ▶ \$ _____ |

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

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

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 10,336. | 3,888. | 6,448. |
| e Other | | 58,802. | 39,969. | 18,833. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 25,281. |

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ | | |

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ | | |

Part IX Other Assets. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ | |

Part X Other Liabilities. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Amount | |
|---|------------|--|
| Federal income taxes | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ | | |

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

| | | | |
|----|--|----|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 2,038,866. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 2,681,904. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | <643,038.> |
| 4 | Net unrealized gains (losses) on investments | 4 | <208.> |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | <208.> |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | <643,246.> |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|---|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 2,247,722. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | <208.> |
| b | Donated services and use of facilities | 2b | 14,001. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV.) | 2d | 195,063. |
| e | Add lines 2a through 2d | 2e | 208,856. |
| 3 | Subtract line 2e from line 1 | 3 | 2,038,866. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | |
| c | 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 | 2,038,866. |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 2,890,968. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 14,001. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV.) | 2d | 195,063. |
| e | Add lines 2a through 2d | 2e | 209,064. |
| 3 | Subtract line 2e from line 1 | 3 | 2,681,904. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | |
| c | 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 | 2,681,904. |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES RELATED TO FUNDRAISING EVENTS: 195063.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES RELATED TO FUNDRAISING EVENTS: 195063.

SCHEDULE D PART XII LINE 2D AND PART XIII LINE 2D REPRESENTS EXPENSES

RELATED TO THE STAND UP FOR HEROES EVENT REPORTED IN PART VIII LINE 8B.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

BOB WOODRUFF FAMILY FOUNDATION, INC.

Employer identification number

26-1441650

Part I

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

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

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

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

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

| (i) Name 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 | | | |
| CHARITY FOLKS | ONLINE CHARITY AUCTION | X | | 193,805. | 36,416. | 157,389. |
| NEW PARTNERS CONSULTING, INC. | PROFESSIONAL FUNDRAISING SERVIC | | X | 33,500. | 50,000. | <16,500.> |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | 227,305. | 86,416. | 140,889. |

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|----|---|--------------|------------------|--|
| | | STAND UP FOR HEROES | | NONE | |
| | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 1,233,673. | | 1,233,673. |
| | 2 | Less: Charitable contributions | 1,201,803. | | 1,201,803. |
| | 3 | Gross income (line 1 minus line 2) | 31,870. | | 31,870. |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 195,063. | | 195,063. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | (195,063.) |
| | 11 | Net income summary. Combine line 3, column (d), and line 10 | | | <163,193.> |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|---|---|---|---|
| | | | | | |
| Revenue | 1 | Gross revenue | | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No |
| | 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | () |
| | 8 | Net gaming income summary. Combine line 1, column (d), and line 7 | | | |

| | Yes | No |
|--|-----|----|
| 9 Enter the state(s) in which the organization operates gaming activities: _____ | | |
| a Is the organization licensed to operate gaming activities in each of these states? _____ | 9a | |
| b If "No," explain: _____ | | |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____ | 10a | |
| b If "Yes," explain: _____ | | |
| 11 Does the organization operate gaming activities with nonmembers? _____ | 11 | |
| 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? _____ | 12 | |

| | | Yes | No |
|--|------------|-----|----|
| 13 Indicate the percentage of gaming activity operated in: | | | |
| a The organization's facility | 13a | % | |
| b An outside facility | 13b | % | |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| Name ▶ _____ | | | |
| Address ▶ _____ | | | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | | |
| 15a | | | |
| <p>b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____ .</p> <p>c If "Yes," enter name and address of the third party:</p> <p>Name ▶ _____</p> <p>Address ▶ _____</p> | | | |
| 16 Gaming manager information: | | | |
| Name ▶ _____ | | | |
| Gaming manager compensation ▶ \$ _____ | | | |
| Description of services provided ▶ _____ | | | |
| <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor | | | |
| 17 Mandatory distributions: | | | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | | | |
| 17a | | | |
| 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 ▶ \$ _____ | | | |

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

CMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

BOB WOODRUFF FAMILY FOUNDATION, INC.

Employer identification number
26-1441650

Part I General information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ACHILLES INTERNATIONAL 42 WEST 38TH STREET, SUITE 400 NEW YORK, NY 10018 | 13-3318293 | 501(C)(3) | 66,200. | 0. | | | DONATION TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION. |
| ADRIAN COLLEGE 110 SOUTH MADISON STREET ADRIAN, MI 49221 | 38-1357980 | 501(C)(3) | 66,600. | 0. | | | DONATION TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION. |
| AIR WARRIOR COURAGE FOUNDATION P.O. BOX 1553 FRONT ROYAL, VA 22630-003 | 77-0490412 | 501(C)(3) | 77,000. | 0. | | | DONATION TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION. |
| AMERICAN FILM FOUNDATION 345 ADELAIDE DRIVE SANTA MONICA, CA 90402 | 51-0191683 | 501(C)(3) | 25,000. | 0. | | | DONATION TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION. |
| ASSOCIATION FOR RESEARCH IN NERVOUS AND MENTAL DISEASE - P.O. BOX 545 - SWIFTWATER, PA 18370 | 13-6000129 | 501(C)(3) | 35,000. | 0. | | | DONATION TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION. |
| BERGIN UNIVERSITY OF CANINE STUDIES - 1215 SEBASTOPOL ROAD - SANTA ROSA, CA 95407 | 68-0259118 | 501(C)(3) | 83,765. | 0. | | | DONATION TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION. |

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

26

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

Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|--|
| INDIVIDUAL EDUCATION AND TRAINING | 1 | 780. | 0. | | |
| INDIVIDUAL RECREATION/RESPIRE/SOCIALIZATION | 45 | 80,833. | 0. | | |
| INDIVIDUAL TRANSPORTATION | 1 | 612. | 0. | | |
| INDIVIDUAL SUPPLEMENTAL FUNDS FOR PERSONAL EXPENSES | 65 | 108,374. | 0. | | |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANT MONIES ARE RESTRICTED FOR A SPECIFIC USE. AS A CONDITION OF THE GRANT, THE BOB WOODRUFF FAMILY FOUNDATION, INC. ASKS THE GRANTEE TO SUBMIT A NARRATIVE AND FINANCIAL REPORT ON THE USE OF THE FUNDS NO LATER THAN A SPECIFIED DATE. THE REPORT SHALL BE ACCOMPANIED BY THE MOST RECENT AUDITED/UNAUDITED FINANCIAL STATEMENTS AVAILABLE AND SHOULD CONTAIN A BRIEF DESCRIPTION OF THE ACTIVITIES, RESULTS, AND PROBLEMS (IF ANY) WHICH WERE INVOLVED IN EXECUTING THE PROGRAM.

Name of the organization

BOB WOODRUFF FAMILY FOUNDATION, INC.

Employer identification number
26-1441650

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CAMP C.O.P.E. 3521 OAKLAWN AVENUE, #101 DALLAS, TX 75219 | 26-1611260 | 501(C)(3) | 100,000. | 0. | | | DONATION TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION. |
| COMFORT FOR AMERICA'S UNIFORMED SERVICES - 6315 BREN MAR DRIVE, SUITE 175 - ALEXANDRIA, VA 22312 | 43-2037202 | 501(C)(3) | 34,030. | 0. | | | DONATION TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION. |
| COMING HOME PROJECT 1801 BUSH STREET, #213 SAN FRANCISCO, CA 94109 | 94-3386751 | 501(C)(3) | 100,000. | 0. | | | DONATION TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION. |
| GIVE AN HOUR P.O. BOX 5918 BETHESDA, MD 20824-5918 | 61-1493378 | 501(C)(3) | 100,000. | 0. | | | DONATION TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION. |
| HOPE FOR THE WARRIORS PMB 48, 1335 SUITE E, WESTERN BLVD. JACKSONVILLE, NC 28546 | 20-5182295 | 501(C)(3) | 44,000. | 0. | | | DONATION TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION. |
| MIDWEST BRAIN INJURY CLUBHOUSE 1010 N. HOOKER STREET, SUITE 302 CHICAGO, IL 60642 | 36-4280164 | 501(C)(3) | 13,000. | 0. | | | DONATION TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION. |
| MILITARY CHLD EDUCATION COALITION 108 EAST FM 2410, SUITE D, P.O. BOX 2519 - HARKER HEIGHTS, TX 76548 | 74-2889416 | 501(C)(3) | 41,000. | 0. | | | DONATION TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION. |
| NORTH SHORE LONG ISLAND JEWISH COMMUNITY HOSPITAL - 400 COMMUNITY DRIVE - MANHASSET, NY 11030 | 11-2965575 | 501(C)(3) | 22,450. | 0. | | | DONATION TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION. |

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

Schedule I-1 (Form 990) 2009

Name of the organization

BOB WOODRUFF FAMILY FOUNDATION, INC.

Employer identification number
26-1441650

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| OPERATION FIRST RESPONSE 20037 DOVE HILL ROAD CULPEPPER, VA 22701 | 20-1622436 | 501(C)(3) | 200,000. | 0. | | | DONATION TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION. |
| OUR MILITARY KIDS, INC. 6861 ELM STREET, SUITE 2-A MCLEAN, VA 22101 | 56-2483648 | 501(C)(3) | 80,000. | 0. | | | DONATION TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION. |
| RESEARCH AMERICA 1101 KING STREET, SUITE 520 ARLINGTON, VA 22314 | 52-1609875 | 501(C)(3) | 5,500. | 0. | | | DONATION TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION. |
| SEW MUCH COMFORT 13805 FRONTIER LANE BURNSVILLE, MN 55337 | 75-3178122 | 501(C)(3) | 21,000. | 0. | | | DONATION TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION. |
| STUDENT VETERANS OF AMERICA P.O. BOX 77673 WASHINGTON, DC 20013 | 26-1971279 | 501(C)(3) | 85,000. | 0. | | | DONATION TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION. |
| THE YELLOW RIBBON FUND 7200 WISCONSIN AVENUE, SUITE 310 BETHESDA, MD 20814 | 36-4567583 | 501(C)(3) | 100,000. | 0. | | | DONATION TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION. |
| VET FOUNDATION 550 N. REO STREET, SUITE 300 TAMPA, FL 33609 | 20-4553181 | 501(C)(3) | 99,000. | 0. | | | DONATION TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION. |
| VETERAN'S AIRLIFT COMMAND 775 WAYZATA BLVD., SUITE 700 ST. LOUIS PARK, MN 55416 | 20-4567769 | 501(C)(3) | 30,000. | 0. | | | DONATION TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION. |

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

Schedule 1-1 (Form 990) 2009

Name of the organization

BOB WOODRUFF FAMILY FOUNDATION, INC.

Employer identification number
26-1441650

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| VETERAN'S OF VALOR P.O. BOX 7039 GREENWOOD, IN 46412 | 74-3213380 | 501(C)(3) | 41,156. | 0. | | | DONATION TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION. |
| VETS4VETS 4192 E. BOULDER SPRINGS WAY TUCSON, AZ 85712 | 20-1398650 | 501(C)(3) | 72,000. | 0. | | | DONATION TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION. |
| WAINWRIGHT HOUSE 260 STUYVESANT AVENUE RYE, NY 10580 | 13-1624069 | 501(C)(3) | 10,000. | 0. | | | DONATION TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION. |
| WOUNDED MARINE CAREERS FOUNDATION 4705 RUFFIN ROAD SAN DIEGO, CA 92123 | 77-0674609 | 501(C)(3) | 99,536. | 0. | | | DONATION TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

BOB WOODRUFF FAMILY FOUNDATION, INC.

Employer identification number

26-1441650

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|----|-----|----|
| 1a | | |
| 2 | X | |
| 3 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| (A) Name | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|--------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| RENE BARDORF | (i) 159,999. | 0. | 0. | 0. | 9,759. | 169,758. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

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.**

Name of the organization **BOB WOODRUFF FAMILY FOUNDATION, INC.** Employer identification number **26-1441650**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|--|----------------------------|--------------------------------|--|---------------------------------------|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 5,740. | SALES PRICE |
| 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>EVENTS</u>) | X | 36 | 132,990. | SALES PRICE |
| 26 Other ▶ (<u>GIFTS</u>) | X | 43 | 76,275. | SALES PRICE |
| 27 Other ▶ (<u>INTERNSHIPS</u>) | X | 9 | 28,800. | SALES PRICE |
| 28 Other ▶ () | | | | |

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2009

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, LINE 32B: THE BOB WOODRUFF FAMILY FOUNDATION HAS ENGAGED CHARITY FOLKS TO SOLICIT, PROCESS, AND SELL NON-CASH CONTRIBUTIONS. CHARITY FOLKS REMITS THE PROCEEDS FROM THE SALE OF THE DONATED ITEMS LESS THE COMMISSION TO THE BOB WOODRUFF FAMILY FOUNDATION.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

BOB WOODRUFF FAMILY FOUNDATION, INC.

Employer identification number

26-1441650

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WHO HAVE SUSTAINED THE HIDDEN INJURIES OF WAR) BACK INTO THEIR
COMMUNITIES SO THEY MAY THRIVE PHYSICALLY, PSYCHOLOGICALLY, SOCIALLY
AND ECONOMICALLY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COLLABORATION: BWF COLLABORATES WITH EXPERTS AND ORGANIZATIONS TO SOLVE
ISSUES RELATED TO THE RETURN OF SERVICE MEMBERS FROM COMBAT TO CIVILIAN
LIFE.

EXPENSES \$ 19180. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: THE BOB WOODRUFF FAMILY FOUNDATION,
INC. CONTAINS TWO MEMBERS OF THE BOARD OF DIRECTORS WHO ARE RELATED. DAVE
WOODRUFF IS THE BROTHER-IN-LAW OF LEE WOODRUFF, VICE PRESIDENT. NO MONETARY
TRANSACTIONS HAVE TAKEN PLACE BETWEEN EITHER PARTY.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS REVIEWS THE
990 IN CONJUNCTION WITH THE FOUNDATION'S AUDITED FINANCIAL STATEMENTS FOR
CONSISTENCY AND ACCURACY.

FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS, THE
ORGANIZATION'S CONFLICT OF INTEREST POLICY IS REVIEWED, AND EACH BOARD
MEMBER AFFIRMS THEIR UNDERSTANDING OF THE CONFLICT OF INTEREST POLICY AND
THEIR RESPONSIBILITY FOR COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR'S

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

BOB WOODRUFF FAMILY FOUNDATION, INC.

Employer identification number

26-1441650

COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS. THE COMPENSATION
REVIEW PROCESS INCLUDES THE REVIEW OF COMPARABLE DATA AND INCLUDES
DOCUMENTATION OF THE DECISION.

FORM 990, PART VI, SECTION C, LINE 18: THE BOB WOODRUFF FAMILY FOUNDATION,
INC. FORM 990 WILL BE MADE AVAILABLE ON IT'S WEBSITE - WWW.REMIND.ORG.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON
WRITTEN REQUEST. THE AUDITED FINANCIAL STATEMENTS AND FORM 990 WILL BE
AVAILABLE FOR PUBLIC INSPECTION ON THE BOB WOODRUFF FAMILY FOUNDATION, INC.
WEBSITE: WWW.REMIND.ORG.

FORM 990, PART XI, LINE 2C

THIS PROCESS HAS REMAIN UNCHANGED FROM THE PRIOR YEAR.