

# Return of Organization Exempt From Income Tax

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

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](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2020** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>BOB WOODRUFF FAMILY FOUNDATION, INC.</b> Doing business as	<b>D</b> Employer identification number <b>26-1441650</b>
<input type="checkbox"/> Address change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1350 BROADWAY 905</b>	<b>E</b> Telephone number <b>646-341-6879</b>
<input type="checkbox"/> Name change	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10018</b>	<b>G</b> Gross receipts \$ <b>9,994,642.</b>
<input type="checkbox"/> Initial return	<b>F</b> Name and address of principal officer: <b>ANNE MARIE DOUGHERTY</b> <b>SAME AS C ABOVE</b>	<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Final return/terminated	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Amended return	<b>J</b> Website: ▶ <b>WWW.BOBWOODRUFFFOUNDATION.ORG</b>	If "No," attach a list. See instructions
<input type="checkbox"/> Application pending	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>H(c)</b> Group exemption number ▶
	<b>L</b> Year of formation: <b>2007</b>	<b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

	1 Briefly describe the organization's mission or most significant activities: <b>FIND, FUND, &amp; SHAPE PROGRAMS THAT HELP VETERANS, SERVICE MEMBERS &amp; THEIR FAMILIES THRIVE.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>23</b>
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	<b>30</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	Revenue	8 Contributions and grants (Part VIII, line 1h)	<b>20,152,162.</b>
9 Program service revenue (Part VIII, line 2g)		<b>0.</b>	<b>0.</b>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>1,394.</b>	<b>7,394.</b>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>51,455.</b>	<b>2,512.</b>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>20,205,011.</b>	<b>9,841,207.</b>
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>6,332,686.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>2,649,354.</b>	<b>3,164,387.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>27,500.</b>
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,436,619.</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,548,096.</b>	<b>3,424,123.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>12,530,136.</b>	<b>13,894,483.</b>
19 Revenue less expenses. Subtract line 18 from line 12	<b>7,674,875.</b>	<b>-4,053,276.</b>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<b>22,017,799.</b>	<b>18,074,090.</b>
	21 Total liabilities (Part X, line 26)	<b>237,867.</b>	<b>350,631.</b>
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>21,779,932.</b>	<b>17,723,459.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>ANNE MARIE DOUGHERTY, CHIEF EXECUTIVE OFFICER</b>	Date	
	Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>HEIDI TATRO</b>	Preparer's signature <b>HEIDI TATRO</b>	Date <b>08/12/21</b>
	Firm's name ▶ <b>CLIFTONLARSONALLEN LLP</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01591796</b>
	Firm's address ▶ <b>220 S 6TH STREET, SUITE 300 MINNEAPOLIS, MN 55402</b>	Firm's EIN ▶ <b>41-0746749</b>	Phone no. <b>612-376-4500</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WE ASK PEOPLE TO STAND UP FOR HEROES SO THAT WE CAN FIND, FUND, AND SHAPE INNOVATIVE PROGRAMS THAT HELP OUR IMPACTED VETERANS, SERVICE MEMBERS AND THEIR FAMILIES THRIVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 7,672,015. including grants of \$ 7,093,873. ) (Revenue \$ 0. ) IMPACT GRANT MAKING: BOB WOODRUFF FOUNDATION (BWF) FINDS, FUNDS AND SHAPES INNOVATIVE PROGRAMS THAT FOCUS ON POST-9/11 IMPACTED SERVICE MEMBERS, VETERANS, THEIR FAMILIES AND CAREGIVERS. BWF IDENTIFIES, INVESTS IN, AND IMPROVES EVIDENCE-BASED PROGRAMS, BOTH LOCAL AND NATIONAL, THAT ADDRESS THREE CORE ISSUE AREAS: EDUCATION AND EMPLOYMENT, REHABILITATION AND RECOVERY, AND QUALITY OF LIFE. BWF ALSO PROVIDES FINANCIAL ASSISTANCE TO INDIVIDUAL IMPACTED SERVICE MEMBERS, VETERANS, AND THEIR FAMILIES. THIS PROGRAM INCLUDES THE BWF VIVA FUND, WHICH PROVIDES FINANCIAL ASSISTANCE TO INDIVIDUALS SEEKING IVF DUE TO SERVICE-RELATED FERTILITY CHALLENGES.

4b (Code: ) (Expenses \$ 1,731,250. including grants of \$ 26,400. ) (Revenue \$ 0. ) COMMUNITY PARTNERSHIPS: BWF MAINTAINS A ROBUST LOCAL PARTNER NETWORK THAT INCREASES THE COLLABORATIVE CAPACITY OF LOCAL COMMUNITIES TO STEWARD A NATIONAL ECOSYSTEM WORKING TO ACHIEVE OPTIMAL WELL-BEING FOR VETERANS AND THEIR FAMILIES, WHEREVER THEY ARE.

4c (Code: ) (Expenses \$ 2,262,064. including grants of \$ 158,200. ) (Revenue \$ 0. ) COMMUNITY NETWORKING: BWF PROVIDES INVESTMENTS TO EDUCATE AND INFORM THE PUBLIC AT THE LOCAL AND NATIONAL LEVEL ABOUT 1) THE EMERGING AND LONG-TERM NEEDS OF POST-9/11 IMPACTED VETERANS, SERVICE MEMBERS, THEIR FAMILIES, AND CAREGIVERS, AND 2) HOW TO ENSURE OUR HEROES, THEIR FAMILIES, AND CAREGIVERS THRIVE LONG AFTER SERVICE. BWF ALSO HOSTS A SERIES OF HIGH IMPACT COLLABORATION CONVENINGS ON A RANGE OF ISSUES THAT CAN DRIVE CHANGE. THE CONVENINGS ARE DESIGNED TO SPOTLIGHT LEADING-EDGE ADVANCES IN SELECT FIELDS AND TO GENERATE STRATEGIC PARTNERSHIPS AMONG GOVERNMENT, MILITARY, NONPROFIT AND CORPORATE STAKEHOLDERS THAT HAVE THE CAPACITY TO SUPPORT OUR MISSION

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

4e Total program service expenses 11,665,329.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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.

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

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, IN, IA
18 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.
19 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNE MARIE DOUGHERTY CHIEF EXECUTIVE OFFICER	60.00			X			321,216.	0.	43,041.	
(2) STANLEY MARSHALL LAUCK CHIEF GROWTH AND MARKETING	60.00				X		270,473.	0.	38,151.	
(3) MARGARET HARRELL CHIEF PROGRAM OFFICER	60.00				X		281,420.	0.	26,242.	
(4) NANCY BERGLASS NVI, PRESIDENT (FORMER)	60.00				X		234,896.	0.	11,458.	
(5) TODD DUSO CHIEF OPERATING OFFICER	60.00			X			221,706.	0.	18,279.	
(6) DAVID WOODRUFF-START 7/7/2020 CHIEF DEVELOPMENT OFFICER	60.00				X		135,397.	0.	6,692.	
(7) KELLY CLARK DIRECTOR OF STRATEGY	40.00				X		132,266.	0.	133.	
(8) COLIN HEFFRON CHAIRMAN	10.00	X		X			0.	0.	0.	
(9) LEE WOODRUFF VICE PRESIDENT	10.00	X		X			0.	0.	0.	
(10) STEVE CRAWFORD TREASURER	10.00	X		X			0.	0.	0.	
(11) EDWARD TOPTANI SECRETARY	10.00	X		X			0.	0.	0.	
(12) MARTHA RADDATZ DIRECTOR	2.00	X					0.	0.	0.	
(13) EILEEN LYNCH DIRECTOR	2.00	X					0.	0.	0.	
(14) GERRY BYRNE DIRECTOR	2.00	X					0.	0.	0.	
(15) BOB JEFFREY DIRECTOR	2.00	X					0.	0.	0.	
(16) CAROLINE HIRSCH DIRECTOR	2.00	X					0.	0.	0.	
(17) JAMES HNAT DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GENERAL MARTIN DEMPSEY DIRECTOR	2.00	X						0.	0.	0.
(19) ROB SHANAHAN DIRECTOR	2.00	X						0.	0.	0.
(20) CRAIG NEWMARK DIRECTOR	2.00	X						0.	0.	0.
(21) DAVID WOODRUFF-THROUGH 7/6/2020 CHAIRMAN	10.00	X		X				0.	0.	0.
<b>1b Subtotal</b> .....								1,597,374.	0.	143,996.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,597,374.	0.	143,996.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **11**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
THREE FURIES LLC 85 DELANCEY STREET, #28, NEW YORK, NY 10002	DIGITAL COMMUNICATIONS AND W	242,211.
MOTHERMAC, LLC 23 CLUB DRIVE, SUMMIT, NJ 07901	IT CONSULTING	152,600.

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



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 9,831,301.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 56,058.					
	<b>h Total.</b> Add lines 1a-1f		9,831,301.				
Program Service Revenue	<b>2 a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		8,210.			8,210.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	152,619.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	153,435.				
	<b>c</b> Gain or (loss)	<b>7c</b>	-816.				
<b>d</b> Net gain or (loss)		-816.			-816.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a OTHER REVENUE</b>	Business Code	600099	2,512.		2,512.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue		900099				
	<b>e Total.</b> Add lines 11a-11d			2,512.			
<b>12 Total revenue.</b> See instructions			9,841,207.	0.	0.	9,906.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	6,976,498.	6,976,498.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	301,975.	301,975.		
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 .....	604,243.	314,548.	180,417.	109,278.
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 .....	2,252,323.	1,649,543.	165,812.	436,968.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	52,859.	41,416.	411.	11,032.
9 Other employee benefits .....	73,317.	57,629.	2,278.	13,410.
10 Payroll taxes .....	181,645.	125,480.	21,507.	34,658.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....				
c Accounting .....	89,171.		89,171.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17	27,500.			27,500.
f Investment management fees .....	170.		170.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,354,099.	1,608,520.	166,670.	578,909.
12 Advertising and promotion .....	20,960.	13,880.	6,555.	525.
13 Office expenses .....	284,662.	167,763.	53,943.	62,956.
14 Information technology .....	19,241.	10,294.	165.	8,782.
15 Royalties .....				
16 Occupancy .....	285,524.	200,140.	28,228.	57,156.
17 Travel .....	63,713.	36,934.	14,806.	11,973.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	6,177.	6,177.		
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	65,162.	55,208.	3,317.	6,637.
23 Insurance .....	16,585.	11,458.	1,853.	3,274.
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 O.)				
a <b>DUES, BOOKS, AND SUBSCR</b>	123,964.	79,970.	20,336.	23,658.
b <b>ORGANIZATION EXPENSE</b>	54,554.	2,700.	32,739.	19,115.
c <b>FEES</b>	29,054.		930.	28,124.
d <b>GIFTS AND AWARDS</b>	11,087.	5,196.	3,227.	2,664.
e All other expenses _____				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	13,894,483.	11,665,329.	792,535.	1,436,619.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)				

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	12,610,559.	<b>1</b>	12,056,811.
	<b>2</b> Savings and temporary cash investments .....	627,984.	<b>2</b>	529,791.
	<b>3</b> Pledges and grants receivable, net .....	8,336,342.	<b>3</b>	4,663,500.
	<b>4</b> Accounts receivable, net .....	1,207.	<b>4</b>	353,224.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	8,007.	<b>8</b>	46,225.
	<b>9</b> Prepaid expenses and deferred charges .....	292,655.	<b>9</b>	348,656.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 476,745.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 400,862.	141,045.	<b>10c</b> 75,883.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....		22,017,799.	<b>16</b>	18,074,090.
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	210,339.	<b>17</b>	332,674.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	27,528.	<b>25</b>	17,957.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	237,867.	<b>26</b>	350,631.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	8,226,781.	<b>27</b>	9,705,802.
	<b>28</b> Net assets with donor restrictions .....	13,553,151.	<b>28</b>	8,017,657.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	21,779,932.	<b>32</b>	17,723,459.
	<b>33</b> Total liabilities and net assets/fund balances .....	22,017,799.	<b>33</b>	18,074,090.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,841,207.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,894,483.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,053,276.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,779,932.
5	Net unrealized gains (losses) on investments	5	-3,197.
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	17,723,459.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

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 12, check only one box.)

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	8085085.	9161766.	16611564.	20152162.	9831301.	63841878.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	8085085.	9161766.	16611564.	20152162.	9831301.	63841878.
<b>5</b> 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) .....						22922802.
<b>6 Public support.</b> Subtract line 5 from line 4.						40919076.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	8085085.	9161766.	16611564.	20152162.	9831301.	63841878.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3,090.	7,065.	2,823.		8,210.	21,188.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	211,934.					211,934.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	18,984.	16,666.	35,611.	532.	2,512.	74,305.
<b>11 Total support.</b> Add lines 7 through 10						64149305.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	63.79 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	65.81 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> 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"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....  ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>	Yes	No
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020



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

2020

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

[X] 501(c)( 3 ) (enter number) organization

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

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

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

[ ] 501(c)(3) taxable private foundation

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

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

General Rule

[ ] 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>BOB WOODRUFF FAMILY FOUNDATION, INC.</b>	Employer identification number  <b>26-1441650</b>
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**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	_____ _____ _____	\$ <u>3,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>581,999.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>295,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BOB WOODRUFF FAMILY FOUNDATION, INC.</b>	Employer identification number  <b>26-1441650</b>
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**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
7	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 200,197.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BOB WOODRUFF FAMILY FOUNDATION, INC.</b>	Employer identification number  <b>26-1441650</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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



Name of organization  <b>BOB WOODRUFF FAMILY FOUNDATION, INC.</b>	Employer identification number  <b>26-1441650</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

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

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

**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 make 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 program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		15,511.	9,797.	5,714.
d Equipment		93,375.	63,590.	29,785.
e Other		367,859.	327,475.	40,384.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>75,883.</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	17,957.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	17,957.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	10,086,791.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-3,197.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	248,951.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	245,754.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	9,841,037.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	170.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	170.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	9,841,207.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	14,143,264.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	248,951.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	248,951.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	13,894,313.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	170.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	170.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	13,894,483.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE FOUNDATION IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON ITS EXEMPT ACTIVITIES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND HAS BEEN CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE. BWF EVALUATED ITS TAX POSITION AND DETERMINED THAT ITS POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON EXAMINATION.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
WEINSTEIN CARNEGIE PHILANTHROPIC GROUP, LLC -	STAND UP FOR HEROES		X	100,000.	27,500.	72,500.
<b>Total</b>				100,000.	27,500.	72,500.

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts .....			
	2	Less: Contributions .....			
	3	Gross income (line 1 minus line 2) .....			
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....			
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			
	11	Net income summary. Subtract line 10 from line 3, column (d) .....			

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue .....			
	2	Cash prizes .....			
Direct Expenses	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. Subtract line 7 from line 1, column (d) .....			

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: WEINSTEIN CARNEGIE PHILANTHROPIC GROUP, LLC

(I) ADDRESS OF FUNDRAISER: 300 WEST 246TH STREET, RIVERDALE, NY 10471



**Part IV** Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
TRUSTEES OF BOSTON UNIVERSITY, BUMC - 72 EAST CONCORD ST - BOSTON, MA 02118	04-2103547	501C3	179,740.	0.	N/A	N/A	WOMEN VETERANS NETWORK (WOVEN)
LEGAL SERVICES CENTER OF HARVARD LAW SCHOOL (PRESIDENT AND FELLOWS OF HARVARD CO - 122 BOYLSTON STREET - JAMAICA PLAIN, MA 02130	04-2103680	501C3	44,635.	0.	N/A	N/A	LEGAL SERVICES CENTER
MISSION UNITED: UNITED WAY OF LONG ISLAND - 819 GRAND BOULEVARD - DEER PARK, NY 11729	11-6042392	501C3	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT VETERAN FOOD INSECURITY
THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK - 230 WEST 41ST STREET - NEW YORK, NY 10036	13-1988190	501C3	99,308.	0.	N/A	N/A	PROVE (PROJECT FOR RETURN AND OPPORTUNITY IN VETERANS EDUCATION)
NPOWER INC. 55 WASHINGTON STREET SUITE 560 BROOKLYN, NY 11201	13-4145441	501C3	25,000.	0.	N/A	N/A	NPOWER TEXAS TECH FUNDAMENTALS
CORPORATE AMERICA SUPPORTS YOU 10 STONE FALCON COURT (HEADQUARTERS) - ST. LOUIS, MO 63367	20-1130252	501C3	50,000.	0.	N/A	N/A	ADJUSTING SERVICES TO MEET THE URGENT COVID 19 EMPLOYMENT NEEDS FOR FEMALE MILITARY &

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 106.**

**3** Enter total number of other organizations listed in the line 1 table **▶ 13.**

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

Schedule I (Form 990) 2020

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
GLADNEY COUNSELING, PLLC 12630 ALDERWOOD DRIVE MISSOURI CITY, TX 77489	20-3741414	N/A	7,960.	0.	N/A	N/A	BWF STRONG STAR TRAINING INITIATIVE CLINICAL STIPEND
STILL SERVING VETERANS 626 CLINTON AVE, SUITE 200 HUNTSVILLE, AL 35801	20-4515040	501C3	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT VETERAN FOOD INSECURITY
FOUNDATION FOR WOMEN WARRIORS C/O JODIE GRENIER FOUNDATION FOR WOMEN WARRIORS 1185 PARK CENTER DRIVE SUITE	20-5523954	501C3	10,000.	0.	N/A	N/A	WOMEN VETERAN EMERGENCY SERVICES
THE MISSION CONTINUES 1141 S. 7TH STREET ST. LOUIS, MO 63104	20-8742553	501C3	50,400.	0.	N/A	N/A	SUPPORTING VETERANS THROUGH COVID-19 VIA ENHANCED VIRTUAL OPERATIONS AND
FAMILY ENDEAVORS, INC. DBA ENDEAVORS - 6363 DE ZAVALA RD - SAN ANTONIO, TX 78249	23-7223078	501C3	130,291.	0.	N/A	N/A	ENDEAVORS VIRTUAL VETERAN WELLNESS PROGRAM (EVVWP)
RUTGERS UNIVERSITY FOUNDATION 7 COLLEGE AVENUE, WINANTS HALL NEW BRUNSWICK, NJ 08901	23-7318742	501C3	134,955.	0.	N/A	N/A	VETS4WARRIORS
RUTGERS UNIVERSITY FOUNDATION 7 COLLEGE AVENUE, WINANTS HALL NEW BRUNSWICK, NJ 08901	23-7318742	501C3	100,050.	0.	N/A	N/A	VETS4WARRIORS WAVE TWO GRANT
VETERANS LEADERSHIP PROGRAM OF WESTERN PENNSYLVANIA, INC. - 2934 SMALLMAN STREET - PITTSBURGH, PA 15201	25-1434643	501C3	25,000.	0.	N/A	N/A	HEROES MATTER
SEMPER FI & AMERICA'S FUND 825 COLLEGE BOULEVARD SUITE 102, PM OCEANSIDE, CA 92057	26-0086305	501C3	25,000.	0.	N/A	N/A	COVID-19 RELIEF FOR WOUNDED, ILL, AND INJURED SERVICE MEMBERS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
THE INDEPENDENCE FUND INC 9013 PERIMETER WOODS DR. STE. E CHARLOTTE, NC 28216	26-0322088	501C3	25,000.	0.	N/A	N/A	INDEPENDENCE@HOME
SUPPORT SIOUXLAND SOLDIERS 1551 INDIAN HILLS DRIVE, SUITE 102 SIOUX CITY, IA 51104	26-0456700	501C3	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT VETERAN FOOD INSECURITY
FORCESUNITED 701 GREENE ST, SUITE 104 AUGUSTA, GA 30901	26-1176267	501C3	85,000.	0.	N/A	N/A	SCSERVES - EMPLOYMENT
RENEWING HOPE 11777 KATY FREEWAY, SUITE 350 HOUSTON, TX 77079	27-0788324	N/A	6,680.	0.	N/A	N/A	BWF STRONG STAR TRAINING INITIATIVE CLINICAL STIPEND
CONNECTICUT VETERANS LEGAL CENTER 114 BOSTON POST ROAD, 2ND FL. WEST HAVEN, CT 06516	27-0963659	501C3	150,000.	0.	N/A	N/A	MEDICAL-LEGAL PARTNERSHIP
FOX VALLEY VETERANS COUNCIL, INC. 2 N SYSTEMS DRIVE APPLETON, WI 54914	27-1009699	501C3	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT VETERAN FOOD INSECURITY
ARTS IN THE ARMED FORCES 220 36TH STREET, B250 UNIT 21 BROOKLYN, NY 11232	27-1409736	501C3	10,000.	0.	N/A	N/A	ARTS IN THE ARMED FORCES 2020 ACTIVITIES AND SERVICES
TEAM RED WHITE AND BLUE INC 5428 EISENHOWER AVENUE ALEXANDRIA, VA 22304	27-2196347	501C3	45,000.	0.	N/A	N/A	TEAM RED WHITE & BLUE INC
CODE OF SUPPORT FOUNDATION 2050 BALLENGER AVENUE, SUITE 400 ALEXANDRIA, VA 22314	27-3485502	501C3	100,000.	0.	N/A	N/A	CASE COORDINATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BASTION COMMUNITY OF RESILIENCE 1901 MIRABEAU AVENUE NEW ORLEANS, LA 70122	27-4383654	501C3	100,000.	0.	N/A	N/A	TELEHEALTH FOR WARRIORS AND FAMILIES
VALENTIA BILINGUAL THERAPY SERVICES, PLLC - 722 PIN OAK ROAD, SUITE 220 - KATY, TX 77494	27-5062231	N/A	19,260.	0.	N/A	N/A	BWF STRONG STAR TRAINING INITIATIVE CLINICAL STIPEND
SPRING BRANCH HEALTH CENTER 800 WEST SAM HOUSTON PKWY, S., SUIT HOUSTON, TX 77042	30-0198705	N/A	6,680.	0.	N/A	N/A	BWF STRONG STAR TRAINING INITIATIVE CLINICAL STIPEND
LEAVE NO VETERAN BEHIND 10 WEST 35TH STREET ROMM 10C901 CHICAGO, IL 60616	35-2302320	501C3	10,000.	0.	N/A	N/A	LEAVE NO VETERAN BEHIND (LNVB)
WOMEN'S BUSINESS DEVELOPMENT CENTER, WBDC - 8 S MICHIGAN AVENUE #400 - CHICAGO, IL 60603	36-3488628	501C3	10,000.	0.	N/A	N/A	THE WOMENS BUSINESS DEVELOPMENT CENTER (WBDC) - FEMPRENEUR ONLINE BUSINESS BASICS BOOTCAMP
UPPER PENINSULA COMMISSION FOR AREA PROGRESS (UPCAP) - 352 BARTON STREET - KINGSFORD, MI 49802	38-1957176	501C3	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT VETERAN FOOD INSECURITY
TRAVIS MANION FOUNDATION 164 E STATE ST DOYLESTOWN, PA 18901	41-2237951	501C3	10,000.	0.	N/A	N/A	TRAVIS MANION FOUNDATION ACTIVITIES AND SERVICES 2020
OPERATION OPPORTUNITY FOUNDATION, DBA WARRIOR-SCHOLAR PROJECT - 1012 14TH STREET NW, SUITE 1200 - WASHINGTON, DC 20005	45-2745669	501C3	80,355.	0.	N/A	N/A	VIRTUAL ACADEMIC BOOT CAMPS AND CCOI WORKSHOPS
SAN DIEGO VETERANS COALITION 3860 CALLE FORTUNADA, SUITE 101 SAN DIEGO, CA 92123	45-3180885	501C3	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT VETERAN FOOD INSECURITY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
VETERANS YOGA PROJECT PO BOX 6472 ALAMEDA, CA 94501	45-3606064	501C3	22,440.	0.	N/A	N/A	MINDFUL RESILIENCE YOGA-ONLINE STREAMING (MRYOS)
WELCOME HOME ALLIANCE FOR VETERANS OF MONTROSE - 4 HILCREST PLAZA WAY - MONTROSE, CO 81401	45-4103919	501C3	8,000.	0.	N/A	N/A	LOCAL PARTNER COVID STIMULUS
CARING FOR MILITARY FAMILIES: THE ELIZABETH DOLE FOUNDATION - 600 NEW HAMPSHIRE AVE, NW 10TH FLOOR - WASHINGTON, DC 20037	45-4292692	501C3	20,000.	0.	N/A	N/A	EMERGENCY ASSISTANCE AND SOCIAL SUPPORT FOR MILITARY AND VETERAN CAREGIVERS
OPERATION MILITARY FAMILY CARES 19807 80TH PLACE W EDMONDS, WA 98026	45-4643068	501C3	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT VETERAN FOOD INSECURITY
LAKE COUNTY VETERANS AND FAMILY SERVICES FOUNDATION - 100 S ATKINSON ROAD, UNIT 110 - GRAYSLAKE, IL 60030	45-4739957	501C3	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT VETERAN FOOD INSECURITY
HEADSTRONG PROJECT, INC. 641 LEXINGTON AVENUE, 25TH FLOOR NEW YORK, NY 10022	45-5261907	501C3	25,394.	0.	N/A	N/A	HEADSTRONG PROJECT VETERANS MENTAL HEALTH - COVID-19
CITY OF FARGO 225 4TH ST N; P.O. BOX 2083 FARGO, ND 58102	45-6002069	N/A (GOV)	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT VETERAN FOOD INSECURITY
NATIONSWELL 2585 BROADWAY, #217 NEW YORK, NY 10025	46-1774676		50,000.	0.	N/A	N/A	NATIONSWELL SUMMIT 2020
FOURBLOCK FOUNDATION 230 PARK AVE, 29TH FL NEW YORK, NY 10169	46-3575713	501C3	28,697.	0.	N/A	N/A	FOURBLOCK PEER-TO-PEER CAREER READINESS COACH PROGRAM

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
FOURBLOCK FOUNDATION 230 PARK AVE, 29TH FL NEW YORK, NY 10169	46-3575713	501C3	15,000.	0.	N/A	N/A	FOURBLOCK PEER-TO-PEER CAREER READINESS COACH PROGRAM
SPERBER COUNSELING, PC 10911 DUNLAP ST. HOUSTON, TX 77096	46-3635639	N/A	6,680.	0.	N/A	N/A	BWF STRONG STAR TRAINING INITIATIVE CLINICAL STIPEND
HAWAII VET 2 VET INC. 550 HALEKAUWILA STREET, SUITE 307 HONOLULU, HI 96813	46-3851550	501C3	5,500.	0.	N/A	N/A	LOCAL PARTNER COVID STIMULUS
VETERANS SUPPORT COUNCIL, INC. 2457 E WASHINGTON STREET, SUITE F INDIANAPOLIS, IN 46201	46-4747247	501C3	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT VETERAN FOOD INSECURITY
BUNKER LABS NFP INC 125 S. CLARK ST, WEWORK - 17TH FLOOR CHICAGO, IL 60603	47-1474802	501C3	150,483.	0.	N/A	N/A	VIRTUAL PROGRAMMING, RESOURCES, AND COMMUNITY SUPPORT FOR MILITARY-CONNECTED
NEXTOP, INC. 2929 MCKINNEY STREET HOUSTON, TX 77003	47-1492344	501C3	203,154.	0.	N/A	N/A	VETERAN EMPLOYMENT PROGRAM
AMERICAS WARRIOR PARTNERSHIP 1190 INTERSTATE PARKWAY AUGUSTA, GA 30909	47-1606321	501C3	10,000.	0.		N/A	2020 ANNUAL WARRIOR SYMPOSIUM
NORTHERN MICHIGAN VETERANS COALITION - P.O. BOX 1615 - GAYLORD, MI 49735	47-3467894	501C3	10,000.	0.		N/A	LOCAL PARTNER STIMULUS TO COMBAT VETERAN FOOD INSECURITY
ARMED SERVICES ARTS PARTNERSHIP 2461 EISENHOWER AVE, FLOOR 2 ALEXANDRIA, VA 22314	47-4007504	501C3	100,000.	0.		N/A	SUSTAINING & SCALING ASAP'S COMMUNITY ARTS PROGRAMS THROUGH COVID-19 PANDEMIC

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
COMBINED ARMS 2929 MCKINNEY ST., SUITE A HOUSTON, TX 77003	47-5648923	501C3	255,024.	0.		N/A	COMBINED ARMS COVID-19 RESPONSE & RURAL COMMUNITY EXPANSION
CAPITAL AREA FOOD BANK INC. 4900 PUERTO RICO AVE NE WASHINGTON, DC 20017	52-1167581	501C3	9,000.	0.		N/A	CAPITAL AREA FOOD BANKS COVID-19 RESPONSE: PROVIDING MEALS FOR FOOD INSECURE FORT BELVOIR
TUESDAY'S CHILDREN 10 ROCKEFELLER PLAZA, SUITE 910 NEW YORK, NY 10020	52-2347446	501C3	125,000.	0.		N/A	YOUTH MENTORING FOR POST-9/11 MILITARY FAMILIES OF THE FALLEN
PENTAGON FEDERAL CREDIT UNION FOUNDATION - 2930 EISENHOWER AVE - ALEXANDRIA, VA 22314	54-2062271	501C3	20,000.	0.		N/A	COVID-19 EMERGENCY FINANCIAL RELIEF PROGRAM
PENTAGON FEDERAL CREDIT UNION FOUNDATION - 2930 EISENHOWER AVE - ALEXANDRIA, VA 22314	54-2062271	501C3	6,860.	0.		N/A	NFL COVID-19 GRANT
EMORY UNIVERSITY 12 EXECUTIVE PARK DRIVE, 3RD FLOOR ATLANTA, GA 30329	58-0566256	501C3	49,119.	0.		N/A	EMORY HEALTHCARE VETERANS PROGRAM
MISSION UNITED - UNITED WAY OF CENTRAL GEORGIA - 277 MARTIN LUTHER KING JR. BLVD, SUITE 301; P.O. BOX 1302 - MACON, GA 31202	58-0639811	501C3	10,000.	0.		N/A	LOCAL PARTNER STIMULUS TO COMBAT VETERAN FOOD INSECURITY
START CORPORATION 420 MAGNOLIA HOUMA, LA 70360	58-1687098	501C3	45,500.	0.	N/A	N/A	TRANSITIONAL LIVING FOR VETERANS
FURNITURE BANK OF METRO ATLANTA 908 MURPHY AVE SW ATLANTA, GA 30310	58-1815194	501C3	29,920.	0.	N/A	N/A	VETERAN EMPLOYMENT PROGRAM - COVID-19 REPONSE

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
VOLUNTEERS OF AMERICA OF FLORIDA, INC - 405 CENTRAL AVE, SUITE 100 - ST. PETERSBURG, FL 33701	58-1856992	501C3	128,341.	0.	N/A	N/A	LIFE SAVING TELE-HEALTH SERVICES
HEART OF FLORIDA UNITED WAY, INC. 1940 CANNERY WAY ORLANDO, FL 32804	59-0808854	501C3	50,000.	0.	N/A	N/A	HFUW MISSION UNITED RECOVERY FUND
MISSION UNITED - UNITED WAY OF MIAMI-DADE - 3250 SW 3 AVENUE - MIAMI, FL 33129	59-0830840	501C3	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT VETERAN FOOD INSECURITY
UNITED WAY OF LAKE & SUMTER COUNTIES / MISSION UNITED - 32644 BLOSSON LANE - LEESBURG, FL 34788	59-1143758	501C3	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT VETERAN FOOD INSECURITY
PROJECT HEALING WATERS FLY FISHING PO BOX 695 LAPLATA, MD 20646	61-1518154	501C3	84,700.	0.	N/A	N/A	FLY TYING PROGRAM
AMERICAN CORPORATE PARTNERS 2 GRAND CENTRAL TOWER, 140 E. 45TH NEW YORK, NY 10017	61-1556042	501C3	25,098.	0.	N/A	N/A	VETERAN MENTORING PROGRAM
SOUTHEAST LOUISIANA LEGAL SERVICES P.O. BOX 2867 HAMMOND, LA 70404-2867	72-0877422	501C3	60,945.	0.	N/A	N/A	SOUTHEAST LOUISIANA LEGAL SERVICES (SLLS) - COVID-19 VETERANS LEGAL ADVOCACY PROJECT
LEGAL AID SERVICES OF OKLAHOMA, INC. - 2915 N. CLASSEN BLVD., STE. 500 - OKLAHOMA CITY, OK 73106	73-1022203	501C3	52,000.	0.	N/A	N/A	LEGAL AID SERVICES OF OKLAHOMA, INC. (LASO)
FAMILY HOUSTON 4625 LILLIAN STREET HOUSTON, TX 77007	74-1152613	501C3	150,000.	0.	N/A	N/A	RETURNING HOME

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
THE COUNCIL ON RECOVERY P.O. BOX 2768 HOUSTON, TX 77252	74-1173235	501C3	79,809.	0.	N/A	N/A	CLINICAL THERAPY, RECOVERY COACHING AND INTENSIVE CASE MANAGEMENT FOR VETERANS WITH
EASTER SEALS OF GREATER HOUSTON, INC. - 4888 LOOP CENTRAL DR, SUITE 200 - HOUSTON, TX 77081	74-1238418	501C3	200,000.	0.	N/A	N/A	SUPPORTING POST-9/11 VETERANS DURING THE COVID19 PANDEMIC
EASTER SEALS OF GREATER HOUSTON, INC. - 4888 LOOP CENTRAL DR, SUITE 200 - HOUSTON, TX 77081	74-1238418	501C3	150,000.	0.	N/A	N/A	SUPPORTING POST-9/11 VETERANS DURING THE COVID19 PANDEMIC
GOODWILL INDUSTRIES OF HOUSTON 1140 WEST LOOP NORTH HOUSTON, TX 77055	74-1285095	501C3	153,954.	0.	N/A	N/A	VETERANS PROGRAM
LONE STAR LEGAL AID 500 JEFFERSON, 12TH FLOOR HOUSTON, TX 77002	74-1537787	501C3	239,316.	0.	N/A	N/A	LONE STAR LEGAL AIDS MILITARY AND VETERANS UNIT
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE, MC 7828 - SAN ANTONIO, TX 78229	74-1586031	170	428,393.	0.	N/A	N/A	STRONG STAR TRAINING INITIATIVE: GULF COAST EXPANSION
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE, MC 7828 - SAN ANTONIO, TX 78229	74-1586031	170	10,000.	0.	N/A	N/A	5TH ANNUAL SAN ANTONIO COMBAT PTSD CONFERENCE, OCTOBER 22-23, 2020
THE COUNCIL ON ALCOHOL & DRUG ABUSE - COASTAL BEND - 1801 S. ALAMEDA SUITE 150 - CORPUS CHRISTI, TX 78404	74-1696491	501C3	60,060.	0.	N/A	N/A	PROJECT LINK
UT HEALTH SCIENCE CENTER, DEPARTMENT OF PSYCHIATRY - 1941 EAST ROAD - HOUSTON , TX 77054	74-1761309	170	6,680.	0.	N/A	N/A	BWF STRONG STAR TRAINING INITIATIVE CLINICAL STIPEND

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
UT HEALTH SCIENCE, TRAUMA AND RESILIENCE CENTER - 1941 EAST ROAD - HOUSTON, TX 77054	74-1761309	170	93,520.	0.	N/A	N/A	BWF STRONG STAR TRAINING INITIATIVE CLINICAL STIPEND
MONTROSE CENTER 401 BRANARD ST., 2ND FLOOR HOUSTON, TX 77006	74-2050245	501C3	48,505.	0.	N/A	N/A	MITIGATING THE IMPACT OF COVID-19 ON LGBTQ VETERANS
THE MONTROSE CENTER 401 BRANARD ST., 2ND FLOOR HOUSTON, TX 77006	74-2050245	501C3	7,960.	0.	N/A	N/A	BWF STRONG STAR TRAINING INITIATIVE CLINICAL STIPEND
FAMILIES IN CRISIS, INC. P.O. BOX 25 KILLEEN, TX 77029	74-2172517	501C3	25,000.	0.	N/A	N/A	FAMILIES IN CRISIS, INC. VETERANS' ASSISTANCE PROGRAM
HOUSTON FOOD BANK 535 PORTWALL ST. HOUSTON, TX 77029	74-2181456	501C3	201,244.	0.	N/A	N/A	VETERANS COVID-19 RESPONSE
UNIVERSITY OF HOUSTON-VICTORIA 3007 N. BEN WILSON ST. VICTORIA, TX 77901	74-6001399	POLITICAL SUBDIV	13,360.	0.	N/A	N/A	BWF STRONG STAR TRAINING INITIATIVE CLINICAL STIPEND
MISSION UNITED: UNITED WAY OF TARRANT COUNTY - 1500 NORTH MAIN STREET, SUITE 200 - FORT WORTH, TX 76164	75-0858360	501C3	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT VETERAN FOOD INSECURITY
WEST TEXAS COUNSELING & GUIDANCE 36 E TWOHIG, CACTUS HOTEL, 6TH FLOOR SAN ANGELO, TX 76903	75-1561599	501C3	18,509.	0.	N/A	N/A	WEST TEXAS COUNSELING AND GUIDANCE
TRI-COUNTY BEHAVIORAL HEALTHCARE 233 SGT. ED HOLCOMB CONROE, TX 77304	76-0032662	501C3	143,172.	0.	N/A	N/A	VETERANS SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BLUE STAR FAMILIES, INC. PO BOX 230637 ENCINITAS, CA 92023	80-0369895	501C3	30,000.	0.	N/A	N/A	BLUE STAR FAMILIES ACTIVITIES AND SERVICES
REGION 9 VETERANS COMMUNITY ACTION TEAM (R9VCAT) - 5860 GEDDES ROAD - SUPERIOR TWP, MI 48198	81-5122939	501C3	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT VETERAN FOOD INSECURITY
MERGING VETS AND PLAYERS 8225 SUNSET BLVD WEST HOLLYWOOD, CA 90046	81-2878851	501C3	159,322.	0.	N/A	N/A	MERGING VETS AND PLAYERS
CLEAR PATH FOR VETERANS NEW ENGLAND - 8 CHICATABUT AVE - NORFOLK, MA 02056	82-0681735	C CORP	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT VETERAN FOOD INSECURITY
KESSLER COUNSELING SERVICES 1101 N. THOMPSON STREET CONROE, TX 77301	82-2439797	N/A	7,960.	0.	N/A	N/A	BWF STRONG STAR TRAINING INITIATIVE CLINICAL STIPEND
AFTER ACTION NETWORK 2401 SUMMIT STREET KANSAS CITY, MO 64108	82-2585601	NONPROFIT ORGANI	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT VETERAN FOOD INSECURITY
SAN LUIS OBISPO VETERAN SERVICES COLLABORATIVE - P.O. BOX 14014 - SAN LUIS OBISPO, CA 93401	82-3188207	501C3	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT VETERAN FOOD INSECURITY
EAST TEXAS VETERANS COMMUNITY COUNCIL (ETVCC) - P.O. BOX 392 - FLINT, TX 75762	82-4140973	501C3	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT VETERAN FOOD INSECURITY
VETS' COMMUNITY CONNECTIONS 7110 WOODLAND AVE TAKOMA PARK, MD 20912	82-4702420	501C3	10,000.	0.	N/A	N/A	VETS COMMUNITY CONNECTIONS 2020 ACTIVITIES AND SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
VETERANS COALITION OF SAN LUIS VALLEY - P.O. BOX 975 - ALAMOSA, CO 81101	82-4765394	501C3	5,500.	0.	N/A	N/A	LOCAL PARTNER COVID STIMULUS
GUIDED PATHWAYS, LLC 18806 CENTENA SPRINGS DR. CYPRESS, TX 77429	82-5213219	N/A	6,680.	0.	N/A	N/A	BWF STRONG STAR TRAINING INITIATIVE CLINICAL STIPEND
CLEARHOPE COUNSELING AND WELLNESS 6021 FAIRMONT PKWY, STE 200 PASADENA, TX 77505	82-5487029	N/A	13,360.	0.	N/A	N/A	BWF STRONG STAR TRAINING INITIATIVE CLINICAL STIPEND
STATE OF WYOMING - WYOMING MILITARY DEPARTMENT - 5410 BISHOP BLVD - CHEYENNE, WY 82009	83-0208667	N/A (GOV)	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT VETERAN FOOD INSECURITY
KRULAK MARINE ALLIANCE OF ALABAMA 1561 MONTGOMERY HWY HOOVER, AL 35216	83-1275935	501C3	5,500.	0.	N/A	N/A	LOCAL PARTNER COVID STIMULUS
REVELLE FOUNDATION 16093 WEST CORONADO RD GOODYEAR, AZ 85338	83-3062783	501C3	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT VETERAN FOOD INSECURITY
CMR CLINICAL COUNSELING AND CONSULTING SERVICE - 2407 MAYWOOD RUN COURT - FRESNO, TX 77545	84-2932298	N/A	7,960.	0.	N/A	N/A	BWF STRONG STAR TRAINING INITIATIVE CLINICAL STIPEND
GATEWAY COMMUNITY VETERANS ENGAGEMENT BOARD - 7273 NORTHMOOR DRIVE - ST. LOUIS, MO 63105	84-3617068	501C3	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT VETERAN FOOD INSECURITY
FLOURISH BEHAVIORAL HEALTH AND WELLNESS, PLLC - 23010 GABRIEL SUITE 202 - NEW CANEY, TX 77357	84-4207168	N/A	6,680.	0.	N/A	N/A	BWF STRONG STAR TRAINING INITIATIVE CLINICAL STIPEND

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
COURAGEOUS COUNSELING 2455 N. FRAZIER ST. APT 712 CONROE, TX 77303	84-4298641	N/A	7,960.	0.	N/A	N/A	BWF STRONG STAR TRAINING INITIATIVE CLINICAL STIPEND
TECHNICAL ASSISTANCE PARTNERSHIP OF ARIZONA - 2929 N. CENTRAL AVE SUITE 1550 - PHOENIX, AZ 85012	86-0975231	501C3	100,000.	0.	N/A	N/A	ARIZONA COALITION FOR MILITARY FAMILIES
TECHNICAL ASSISTANCE PARTNERSHIP OF ARIZONA - 2929 N. CENTRAL AVE SUITE 1550 - PHOENIX, AZ 85012	86-0975231	501C3	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT VETERAN FOOD INSECURITY
CITY OF LACEY 420 COLLEGE STREET SE LACEY, WA 98503	91-0819427	N/A (GOV)	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT VETERAN FOOD INSECURITY
SERVICES FOR THE UNDERSERVED, INC. 463 SEVENTH AVENUE, 17TH FLOOR NEW YORK, NY 10018	91-1918247	501C3	204,236.	0.	N/A	N/A	S:US VETERANS SERVICES AND SUPPORTIVE HOUSING - COVID-19 RESPONSE
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS - 3033 WILSON BLVD, SUITE 300 - ARLINGTON, VA 22201	92-0152268	501C3	50,000.	0.	N/A	N/A	COVID-19: SURVIVOR CARE FOR MILITARY SURVIVORS
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS - 3033 WILSON BLVD, SUITE 300 - ARLINGTON, VA 22201	92-0152268	501C3	25,000.	0.	N/A	N/A	2020 SPONSORSHIP
SWORDS TO PLOWSHARES VETERANS RIGHTS ORGANIZATION - 401 VAN NESS AVE., SUITE 313 - SAN FRANCISCO, CA 94102	94-2260626	501C3	100,000.	0.	N/A	N/A	SUPPORTIVE SERVICES FOR HOMELESS AND LOW-INCOME VETERANS
NATIONAL ABILITY CENTER 1000 ABILITY WAY PARK CITY, UT 84060	94-3025807	501C3	20,824.	0.	N/A	N/A	VIRTUAL RECREATION AND COMMUNITY BUILDING FOR VETERANS AND THEIR FAMILIES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
UNIVERSITY OF CALIFORNIA, LOS ANGELES FOUNDATION - 10945 LE CONTE AVE, SUITE 3132 - LOS ANGELES, CA 90021	95-2250801	501C3	112,127.	0.	N/A	N/A	VETERAN FAMILY WELLNESS CENTER
INNER CITY LAW CENTER 1309 E. 7TH ST LOS ANGELES, CA 90021	95-3697572	501C3	150,841.	0.	N/A	N/A	HOMELESS VETERANS PROJECT MEDICAL LEGAL PARTNERSHIP
PEOPLE ASSISTING THE HOMELESS 340 N. MADISON AVENUE LOS ANGELES, CA 90004	95-3950196	501C3	50,000.	0.	N/A	N/A	VETERAN CONNECTIONS
UNITED STATES VETERANS INITIATIVE (U.S.VETS) - 1200 BINZ ST., SUITE 290 - HOUSTON, TX 77004	95-4382752	501C3	100,000.	0.	N/A	N/A	EMERGENCY SERVICES FOR VULNERABLE VETERANS AND FAMILIES
U.S.VETS-HOUSTON 1200 BINZ ST., SUITE 290 HOUSTON, TX 77004	95-4382752	501C3	10,020.	0.	N/A	N/A	BWF STRONG STAR TRAINING INITIATIVE CLINICAL STIPEND

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
INDIVIDUAL RESPITE/RECREATION/SOCIALIZATION	2	3,232.	0.	N/A	N/A
IVF FINANCIAL ASSISTANCE	32	149,493.	0.	N/A	N/A
CLINICAL STIPENDS TO TRAIN MENTAL HEALTH PROVIDERS IN THE TEXAS GULF COAST REGION	25	149,250.	0.	N/A	N/A

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

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 SHOULD CONTAIN A BRIEF DESCRIPTION OF THE ACTIVITIES, RESULTS, AND PROBLEMS (IF ANY) WHICH WERE INVOLVED IN EXECUTING THE PROGRAM.

PART II, LINE 1, COLUMN (H):



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CORPORATE AMERICA SUPPORTS YOU

(H) PURPOSE OF GRANT OR ASSISTANCE: ADJUSTING SERVICES TO MEET THE URGENT COVID 19 EMPLOYMENT NEEDS FOR FEMALE MILITARY & VETERANS

NAME OF ORGANIZATION OR GOVERNMENT: THE MISSION CONTINUES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING VETERANS THROUGH COVID-19 VIA ENHANCED VIRTUAL OPERATIONS AND SOCIALIZATION OPPORTUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: BUNKER LABS NFP INC

(H) PURPOSE OF GRANT OR ASSISTANCE: VIRTUAL PROGRAMMING, RESOURCES, AND COMMUNITY SUPPORT FOR MILITARY-CONNECTED ENTREPRENEURS

NAME OF ORGANIZATION OR GOVERNMENT: CAPITAL AREA FOOD BANK INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL AREA FOOD BANKS COVID-19 RESPONSE: PROVIDING MEALS FOR FOOD INSECURE FORT BELVOIR MILITARY FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: THE COUNCIL ON RECOVERY

(H) PURPOSE OF GRANT OR ASSISTANCE: CLINICAL THERAPY, RECOVERY COACHING AND INTENSIVE CASE MANAGEMENT FOR VETERANS WITH SUBSTANCE USE DISORDERS

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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 on 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 (such as 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

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

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

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

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

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANNE MARIE DOUGHERTY CHIEF EXECUTIVE OFFICER	(i)	243,336.	77,880.	0.	13,499.	29,542.	364,257.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STANLEY MARSHALL LAUCK CHIEF GROWTH AND MARKETING	(i)	214,223.	56,250.	0.	14,063.	24,088.	308,624.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARGARET HARRELL CHIEF PROGRAM OFFICER	(i)	225,170.	56,250.	0.	26,000.	242.	307,662.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NANCY BERGLASS NVI, PRESIDENT (FORMER)	(i)	107,907.	0.	126,989.	11,458.	0.	246,354.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TODD DUSO CHIEF OPERATING OFFICER	(i)	176,706.	45,000.	0.	9,000.	9,279.	239,985.	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)							

**Part III** Supplemental Information

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

PART I, LINE 4A:

NANCY BERGLASS - SEVERANCE PAYMENT, \$126,989

PART I, LINE 7:

BONUSES MAY BE PROVIDED TO EMPLOYEES AT THE DISCRETION AND APPROVAL OF THE CHIEF EXECUTIVE OFFICER. THE CHIEF EXECUTIVE OFFICER'S BONUS WOULD BE APPROVED BY GOVERNANCE.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

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](http://www.irs.gov/Form990) for instructions and the latest information.

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	56,058.	COST
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 ( )				
26 Other ( )				
27 Other ( )				
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 V, Donee Acknowledgement **29** **0**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2020



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

BOB WOODRUFF FAMILY FOUNDATION, INC.

Employer identification number

26-1441650

FORM 990, PART VI, SECTION A, LINE 1:

EXECUTIVE COMMITTEE IS COMPOSED OF THE CHAIRMAN, VICE-PRESIDENT, SECRETARY  
AND TREASURER OF THE BOARD. THE EXECUTIVE COMMITTEE HAS FULL POWER OF THE  
BOARD DURING INTERVALS BETWEEN BOARD MEETINGS ON ANY MATTERS REQUIRING  
ACTION BY THE DIRECTORS, SUBJECT TO LIMITATIONS OUTLINED IN THE BYLAWS.

FORM 990, PART VI, SECTION A, LINE 2:

DAVE WOODRUFF AND LEE WOODRUFF - FAMILY RELATIONSHIP. DAVE WOODRUFF WAS THE  
CO-CHAIRMAN FOR A PORTION OF THE YEAR. HE RESIGNED FROM THAT ROLE AND  
BECAME AN EMPLOYEE OF THE FOUNDATION AS THE CHIEF DEVELOPMENT OFFICER. LEE  
WOODRUFF WOULD NOT PARTICIPATE IN ANY COMPENSATION DISCUSSIONS REGARDING  
DAVE WOODRUFF.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED  
ON INFORMATION PROVIDED BY THE ORGANIZATION. ONCE THE DRAFT IS AVAILABLE,  
IT IS PROVIDED TO MANAGEMENT FOR THEIR REVIEW WITH ANY COMMENTS OR  
CORRECTIONS BEING INCORPORATED INTO THE FILING. THE FINANCE COMMITTEE THEN  
REVIEWS THE FORM 990 IN CONJUNCTION WITH THE FOUNDATION'S AUDITED FINANCIAL  
STATEMENTS MAKING COMPARISONS FOR CONSISTENCY AND ACCURACY. A COMPLETE COPY  
OF THE 990 IS THEN PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY BEFORE IT  
IS FILED.

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

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization BOB WOODRUFF FAMILY FOUNDATION, INC.	Employer identification number 26-1441650
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OF INTEREST POLICY AND THEIR RESPONSIBILITY FOR COMPLIANCE. THE CHIEF EXECUTIVE OFFICER AND DIRECTOR OF OPERATIONS SHALL ANNUALLY REVIEW ALL SUCH DECLARATIONS AND ADVISE THE BOARD OF DIRECTORS CONCERNING POTENTIAL CONFLICTS INDICATED BY THE DECLARATIONS, IF ANY. INDIVIDUALS DETERMINED TO HAVE A CONFLICT OF INTEREST WILL BE EXCLUDED FROM ANY DISCUSSION AND/OR APPROVAL OF RELATED TRANSACTIONS. PROCEEDINGS RELATING TO A CONFLICT OF INTEREST ARE DOCUMENTED IN WRITING IN BOARD MINUTES.

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE REVIEWS COMPARABLE SALARY DATA FROM SEVERAL SOURCES TO ENSURE THE COMPENSATION IS IN LINE WITH SIMILAR ORGANIZATIONS. THE DECISION IS DOCUMENTED VIA EMAIL COMMUNICATIONS BETWEEN COMMITTEE MEMBERS. THIS WAS MOST RECENTLY COMPLETED IN 2020.

THE COMPENSATION OF OTHER OFFICERS IS DETERMINED BY THE CHIEF EXECUTIVE OFFICER IN CONSULTATION WITH THE BOARD CO-CHAIRS AND COMMITTEE MEMBERS. COMPARABLE SALARY DATA FROM SEVERAL SOURCES IS USED TO ENSURE COMPENSATION IS IN LINE WITH SIMILAR ORGANIZATIONS AND JOB DESCRIPTIONS. THIS WAS MOST RECENTLY COMPLETED IN 2020.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, AZ, DE, ID, NV

FORM 990, PART VI, SECTION C, LINE 18:

THE FORM 990 ARE AVAILABLE UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE. THE FORM 1023 IS AVAILABLE UPON REQUEST.



Name of the organization BOB WOODRUFF FAMILY FOUNDATION, INC.	Employer identification number 26-1441650
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## FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WOULD BE AVAILABLE UPON REQUEST.

## FORM 990, PART IX, LINE 11G, OTHER FEES:

## OTHER PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	1,196,699.
MANAGEMENT AND GENERAL EXPENSES	69,072.
FUNDRAISING EXPENSES	413,355.
TOTAL EXPENSES	1,679,126.

## FUNDRAISING SERVICES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,610.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,610.

## PEO SERVICES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	18,713.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,713.

## PROGRAM SERVICES:

PROGRAM SERVICE EXPENSES	51,420.
MANAGEMENT AND GENERAL EXPENSES	0.

Name of the organization <b>BOB WOODRUFF FAMILY FOUNDATION, INC.</b>	Employer identification number <b>26-1441650</b>
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<b>FUNDRAISING EXPENSES</b>	<b>0.</b>
<b>TOTAL EXPENSES</b>	<b>51,420.</b>

**INFORMATION TECHNOLOGY:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>107,239.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>28,920.</b>
<b>FUNDRAISING EXPENSES</b>	<b>30,640.</b>
<b>TOTAL EXPENSES</b>	<b>166,799.</b>

**COMMUNICATION SERVICES:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>253,162.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>29,400.</b>
<b>FUNDRAISING EXPENSES</b>	<b>77,167.</b>
<b>TOTAL EXPENSES</b>	<b>359,729.</b>

**TEMPORARY SERVICES:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>0.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>17,955.</b>
<b>FUNDRAISING EXPENSES</b>	<b>57,747.</b>
<b>TOTAL EXPENSES</b>	<b>75,702.</b>

<b>TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A</b>	<b>2,354,099.</b>
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